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JOURNAL

OF

Practical Medicine and Surgery.

Art. 6240.

Efficacy of Oxygen Baths in Senile Gangrene.—Practical Value of the Pulverisation of Medicated Fluids.—Imperforate Anus; Mr. Guersant's Procedure.—Abnormal Anus Opening into the Vagina.—Chaps of the Nipple; Local Remedies Injurious to the Infant; Dangers of Nipple-Shields Manufactured with Adulterated Caoutchouc.

In another part of the present number (Art. 6253), our readers will find the particulars of a communication made by Professor Laugier, to the Academy of Sciences, on the Efficacy of Baths of Oxygen-gas in Senile Gangrene. The learned surgeon of the Hôtel-Dieu, after referring to the theoretic data on which the medication is founded, stated that he had resorted to the method in two cases; the subjects were aged respectively seventy-five and seventy-six years, and in neither was any anatomical change in the circulating system apparent on the closest examination. The pulsation of the *dorsalis pedis* artery was perfectly distinct in both instances, and there was no reason to suspect disease of the coats of this blood-vessel. The mortification was for two years and a half preceded by considerable pain in the foot, especially at the instep, and beneath the second toe,

The only treatment adopted consisted in placing the foot for one hour every day in a bath of oxygen gas, by means of a very simple and easily-constructed apparatus.

The gas was generated in a retort, containing chlorate of potash, and communicating by a bent tube, with a phial in which it passed through water; thence another tube, safely luted, conducted the oxygen into an ox-bladder. The latter was supplied with two other orifices, one for the admission of the foot, the other for the escape of the superfluous gas. An India-rubber band tightly fixed the bladder to the ankle, and the heating apparatus was a common spirit-lamp.

After five or six days' treatment, the pains decreased, the gangrenous patches contracted and assumed a roseate hue, and in a very short time, all pain and tenderness entirely disappeared. The second patient is still under treatment, but the first, who was admitted into the Hôtel-Dieu on the 17th of March, has left the Hospital. At the beginning of April, the eliminative process was far advanced. On the 10th, the eschar fell away, exposing a superficial and healthy-looking wound. The oxygen baths were persevered in, and complete cicatrisation was effected on the 24th of April.

— The inhalation of pulverised fluids, a question on which Mr. Poggiale presented four months ago to the Academy of Medicine a report, of which we published an abstract, has again given rise to a brief discussion.

After complimenting the learned reporter on the precision and perfect fairness of his statement of the facts, Mr. Durand-Fardel examined the principles which regulate the various procedures of inhalation; comparing pulverisation with the latter, he endeavoured to establish the amount of utility of the method in the treatment of thoracic disease. M. Démarquay's experiments tending to show the penetration, in animals, of a pulverised solution of sesquichloride of iron into the minutest divisions of the bronchi, and into the intimate texture of the lung, are, in Mr. Durand-Fardel's opinion, far from conclusive. What is true for the rabbit may not be equally true for the human subject; and if pulverised fluids do actually penetrate beyond the trachea, it is probable that they undergo changes of temperature and of composition, calculated materially to affect their curative properties. The orator further remarked, in confirmation of this view of the matter, that from all the clinical experiments on record, the benefits of the method would appear to be limited to affections of the mouth, fauces, larynx, and trachea. Hence, Mr. Durand-Fardel concludes, that, for the deeper seated-organs, it is more rational to have recourse to the inspiration of vapours and gases, which alone can be placed in immediate contact with the mucous lining of the bronchi.

The inhalation of pulverised fluids, even confined within these bounds, is a most valuable resource, highly creditable to the inventor, Mr. Sales-Girons, but further experiment will, perhaps, extend the range of its applications. We indulged for a moment in the hope that Mr. Trousseau would adduce in support of this anticipation, some instances of a nature to show that although medicated spray does not, perhaps, actually reach the bronchial divisions without loss of heat or chemical change, it may possibly exercise on the more deep-seated parts of the respiratory organs, an indirect action of a beneficial description. To our great regret, the learned Professor did not entertain this aspect of the question. He addressed the Academy after Mr. Durand-Fardel, merely confirming that gentleman's observations, and briefly alluded to the good effects of Mr. Sales-Girons' method in granular angina, œdema glottidis, specific laryngitis, but refrained from expatiating more at large on the pathology of diseases of the organs of respiration.

"The inhalation of pulverised mineral waters," said the Professor, "is productive of most remarkable therapeutic effects. I have, for my part, found it especially beneficial in granular angina, a disease termed in England *Clergyman's sore-throat*, frequently observed in singers, public speakers, and in all professions which require active vocal exertions. An eminent singer, who has bestowed much attention on scientific inquiries on the functions of the larynx, Mr. Bataille, has availed himself of this mode of treatment with the greatest success, and it has enabled him to resume a distinguished and profitable career, which he had for a time been compelled to interrupt.

"Twelve months ago, a woman who had been admitted into the Hôtel-Dieu, for small-pox, was suddenly seized with œdema of the glottis; the symptoms were so urgent that life was immediately imperilled, and I requested Mr. Robert to perform tracheotomy; before resorting to the knife, I thought it advisable, however, to give a trial to the inhalation of a pulverised solution of tannin; the relief was so instantaneous that the operation was postponed; the inspiration of the pulverised fluid was repeated at short intervals, and on the very same evening a perfect cure was effected.

"I was enabled quite recently to prolong, by the same procedure, the life of another patient suffering from tuberculosis, who also was attacked with œdema of the glottis; she was a pregnant woman on the eve of labour; the method referred to saved her for the time, and enabled her to reach the period of parturition.

"In syphilitic disease of the larynx, I have also found this medication most beneficial."

We may now, therefore, positively assert that the pulverisation of medicated fluids supplies the practitioner with a perfectly original and efficacious method of treatment, in laryngeal and pharyngeal affections. With regard to the bronchi and lungs, the effectual agency of the medication requires further experimental demonstration, and if it is confirmed by facts, it will become the duty of clinical observers, to describe with all desirable precision, its mode of action, effects, indications, and disadvantages, and to compare its power in the treatment of thoracic disease, with that of the other methods of exhibition of mineral waters.

— At the Society of Surgery, Mr. Depaul presented an infant, who supplies an illustration of the good effects of simple incision in cases of occlusion of the anus. When the operation was performed the child was three days old, the abdomen was distended and sonorous in front, but dull on percussion at the sides, especially in the left iliac fossa. On introduction of the finger into the *cul-de-sac*, which occupied the place of the natural orifice of the intestine, a membrane about five lines in thickness was felt, protruding slightly; during the screams of the infant it was the seat of obscure fluctuation. The operation consisted in puncture with a

narrow bistoury guided along the finger. Mr. Depaul then enlarged the aperture on the sides and at the back. The immediate escape of gas, and subsequently of meconium testified to the success of the procedure.

In the discussion which ensued, Mr. Trélat commended the diagnostic measures adopted by Mr. Depaul; percussion of the colon may supply useful information as to the extent of the occlusion. With regard to the operation itself, the results would, in his opinion, have been even more satisfactory, had the intestine been brought down, and attached to the skin.

Mr. Guersant next addressed the meeting, and described as follows the procedure he recommends, and the instruments he has used in similar cases.

After ascertaining the degree of protrusion at the perineum, the surgeon, if the infant is of the male sex, removes the contents of the bladder, and leaves the catheter in the urethra, in order to use it for the purpose of separating the urinary reservoir from the rectum. In little girls, the urine should also be drawn off, and the catheter inserted into the vagina, in order to increase the distance between the intestine and uterus, which is thus raised in the direction of the symphysis pubis. These preliminary measures having been completed, the actual operation should be proceeded with, and a small grooved trochar, incurvated so as to correspond with the concavity of the sacrum, should be inserted in front of the os coccygis, along the curvilinear course of the bones. When the intestine is supposed to have been reached, the blade is withdrawn, and if meconium escapes through the canula, a rod bearing a screw at its distal extremity, is adapted to the latter. The rod and canula, thus connected, form a convenient conductor in case further incision be required, or may be used for the purpose of placing an India-rubber tube in the rectum.

This procedure enables the surgeon, if he thinks fit, to introduce, after the removal of the canula, an instrument which Messrs. Bonnafont and Guersant have both been long in the habit of using to stretch the foreskin in the operation of phymosis, in order to grasp and draw down the extremity of the intestine, in case it should be desirable to secure it, after careful dissection, to the skin. The enlargement of the aperture made by the trochar, should be proceeded with as follows: The knife should be passed along the groove existing on the concavity of the trochar, which can readily be turned to the sides or back.

Finally, the operator should be provided with a small syringe, fitting into the canula; an injection can thus be made, and the inspissated meconium diluted in such a manner as to allow of its free egress.

This injection should never be attempted without the assistance of the canula, because, as Mr. Richet remarked, the fluid might otherwise pass into the cellular structures of the pelvis.

Mr. Morel-Lavallée, the president, having inquired if Mr. Guersant had often resorted to this *modus operandi*, was informed by the learned member, that he had frequently and successfully operated in this manner. When the puncture has thus been performed, said the Professor of the Hospital for Infancy, it is much easier to dissect the rectum and bring it down so as to fix it to the skin and prevent contraction. The freedom of the orifice should be further insured by the daily introduction of the little finger, a proceeding of obvious utility.

— We may also notice an interesting case, in which the intestine opened by a narrow sinus in front of the hymen, at the lower part of the vulva. The particulars were related to the Society of Surgery, and we extract the following details from the minutes of the proceedings of that Association, published in the *Union Médicale*.

The subject was an infant, born on the 7th of May, 1860, to visit whom Dr. Berrut was summoned to Marseilles on the 11th of the same month. The meconium oozed through the narrow aperture we have mentioned, and its escape had been facilitated by injections of warm water.

A grooved conductor was inserted into the tract, and its extremity was distinctly felt at the perineum; the surgeon performed an incision on the mesial line, in an extent of two-thirds of an inch, terminating at the spot usually occupied by the anus, and a transverse cut was also made at the anterior part of the longitudinal division. Mr. Berrut ascertained that, by this operation, he had exposed the intestine, which deviating from its natural course, was incurvated forwards. At a few lines from the aperture of the tract, he opened the intestine in four-fifths of its circumference, and drawing it down, secured it by five sutures, to the section of the skin.

These proceedings occupied a considerable time, and were interrupted by violent convulsions. Primary union was, however, safely effected between the rectum and the integument, and the ligatures were withdrawn on the sixth or seventh day. The intestine discharged its contents freely and frequently; the mucous membrane protruded slightly, and on the most superficial contact, fæcal matter escaped, a part of the liquid excrement making its way at the same time through the vulvar sinus.

After an interval of four months, as the child was progressing favourably, Mr. Berrut divided transversely the portion of the rectum attached to the fistular orifice; he performed a mere section, without resorting to suture, and also incised the remaining portion of the tract, from the recently separated region of the rectum to the vulvar aperture. The wound healed without difficulty.

In the course of a month, however, the anus contracted in so powerful a manner, that the functions of the bowel became again imperilled. Large tents were introduced, but caused such evident distress, that they were perforce abandoned. Mr. Berrut then had recourse to polished wooden rods, which he himself inserted twice a day for a minute at a time. Subsequently the father of the infant undertook this little operation, and passed three times a day the dilator, gradually increasing its size, and lengthening the time of its application. This method in the space of four months, completely overcame the constriction, and the motions became easy and regular. The contents of the intestine are now retained by the natural contraction of the sphincter, and escape only under the influence of expulsive efforts.

— Public attention has of late been called to a point of some interest connected with the welfare of new-born infants, namely, to the poisonous action exercised on the nursling by various local remedies employed for chaps of the nipple, and to feeding-bottles and nipple shields of india-rubber containing metallic oxides.

At a recent meeting of the medical society of the hospitals, Mr. Guérard pointed out the dangers for the infant of a popular method adopted for the cure of sore breast. The remedy consists in embrocations over the nipple with a fluid of unknown composition, the part being afterwards covered with a thin cap of lead, which is left as long as possible *in situ*, the patient carefully abstaining at the same time from any lotion of the breast. Mr. Guérard has remarked that the metallic plate shortly becomes covered with a layer of carbonate or acetate of lead, due to its contact with the acidified milk, and as very minute doses of any preparation of lead may occasion colics or cerebral symptoms, the danger to the child is obvious, if it takes the breast under these circumstances.

Teats, nipple-shields, the stoppers of feeding-bottles in vulcanised india-rubber, are in certain cases objectionable for the same reason. Dr. Eulemberg, a german hygienist of considerable celebrity, was the first who invited attention to the fact. Having noticed that some infants seemed reluctant to take these appliances into their mouths, that others, after having been nursed in this manner, suffered from vomiting, or other disturbances of the digestive organs, Mr. Eulemberg caused the caoutchouc employed in the fabrication of these instruments to be analysed by an able chemist, Mr. Richter, who demonstrated the presence of twenty per cent. of oxide of zinc in the india-rubber submitted to his inspection. The *Annales d'Hygiène*, on the other hand, supply us with the results of experiments performed at Duisbourg on the same substance, which fully confirm Mr. Richter's statement. Certain nipple-shields yielded as much as fifty per cent. of a mixture of chalk and oxide of zinc, in others, thirty-eight and thirty-five per cent. was discovered, and in some eighteen per cent. of *carbonate of lead*. The Royal Medical College

of the Rhenish provinces reported accordingly, and denounced the use of vulcanised caoutchouc containing oxides of lead or of zinc as extremely dangerous. At Dusseldorf and Berlin (July and August, 1861), the authorities ordered the shops where these objects are exposed for sale, to be visited by inspectors, and threatened the persons engaged in the trade with severe penalties in case commodities of this description, manufactured with *adulterated* india-rubber, were in future offered to the public.

Vulcanised caoutchouc, *i. e.*, caoutchouc combined with various proportions of sulphur, requires the addition of no other ingredient for the development of the properties that make it valuable. But, as it is sold by weight, some manufacturers do not scruple to add, besides the sulphuret of carbon and chloride of sulphur used in the preparation, other less innocent compounds, such as oxide of zinc, carbonate of lead, sulphuret of antimony, and even a mixture of sulphur and sulphuret of arsenic.

After pointing out the evil, the decrees promulgated on the subject indicate the remedy by describing the physical characteristics of teats made of *pure* caoutchouc. The latter present one or two visible sutures; their section is even, brown and shining; they are thin and elastic, and their texture is semi-transparent and brownish. The teats manufactured with adulterated caoutchouc have no joining; their section is dull, greyish, and dotted with white specks; they are thicker, unelastic and perfectly opaque. Another important difference is that the former float, and the latter sink when placed in water.

It is not impossible that Mr. Guérard's apprehensions with regard to the secret remedy he has denounced, or that the accusations brought forward against adulterated india-rubber, may be somewhat exaggerated. But when competent, sagacious, and experienced men warn us of a peril, it is but proper to take note of their suggestions, and to act with caution. With regard to teats and nipple-shields, the discrimination between those that are innocuous, and those which may be injurious is easy. As to the leaden cap, although it is left *in situ* forty-eight hours only, it is safer to prohibit its use altogether, and to resort to Mr. Legroux's excellent protective appliance, consisting in the formation of an artificial epidermis, calculated to resist all the efforts of suction, and which may be termed the true antidote of chaps of the nipple. (*a*)

Art. 6241.

LA CHARITE.

(mr. beau's wards.)

Favourable Influence of Antimonial Cholera on the Progress of Typhoid.—Acrodynia; Sulphurous Baths.—Stercoral Collection; Deceptive Appearances resembling Hematocele.

Although Mr. Beau prescribes medicine with a very sparing hand in general, those who attend his visits at La Charité, cannot fail to remark how frequently he takes advantage of the therapeutic effects of the tartar-emetic and ipecacuanha mixture.

The diseases observed in hospital, being in great part developed under the influence of the physical and moral destitution too common among the working classes, often present, as a prominent or secondary element, a dyspeptic condition which often assumes the characters of gastric disturbance, and imperatively calls for the exhibition of emetics. The therapeutic action of this class of remedies is proportionate to the amount of bilious matter rejected by the stomach, and copious emesis always relieves, when it does not entirely cure, the symptoms. Even without interrogating the patient, the physician can perceive, by the improvement in his countenance, that the emetic was the proper medicine to prescribe. This method speedily restores appetite, when the drug has acted with sufficient energy; in the contrary case, the results are less gratifying. When a sufficient quantity of bile has not been rejected, the object of treatment is defeated.

It sometimes happens, on the other hand, that the emetic action has been powerful, and yet amelioration does not follow; indeed, the drawn face, and sunken eyes of the patient clearly indicate an aggravation of his condition. In these cases, the physician is usually informed that after copious emesis, frequent stools have been passed. This is a most interesting form of artificial cholera, which may be called *antimonial* doubtless unimportant; when compared to the Asiatic form of the complaint, but which would rapidly assumed the gravity of the latter, if the use of emetics was persevered in. Symptoms of this description speedily subside when the medicine is discontinued.

This variety of cholera yields spontaneously, an assertion illustrated once more by the history of a patient recently admitted into the wards, of which the following is a brief abstract:

The subject of the case was a man suffering from feverishness, loss of appetite, and erratic pains in the joints; it was difficult to say whether these were the premonitory symptoms of eruptive, typhoid, or rheumatic fever, but, as the principal morbid manifestations were fever and articular pain, Mr. Beau exhibited sulphate of quinine as an arterial sedative. No improvement whatever followed in the course of the next twenty-four hours, and as the signs of gastric disturbance were then, on the contrary, better marked, Mr. Beau prescribed the following antimonial mixture:

℞ Antimonii potassio-tartratis, gr. ij.;
Pulv. Ipecacuanhæ, ℈j.;
Aquæ, ℥iv.

To be taken in two doses, with an interval of ten minutes. This medicine, exhibited on the 3rd of May, brought on severe symptoms of antimonial cholera, but on the morrow, spontaneous improvement took place. On the 5th, appetite was, in some measure, restored, and an eruption of varioloid made its appearance.

This is a singular and interesting form of cholera. It never proves fatal, but is especially deserving of attention, inasmuch as it occasionally checks suddenly the development of diseases which might have an unfavourable issue. Thus, Mr. Beau has, on several occasions, remarked at hospital Cochin, that it arrested at once the progress of incipient typhoid. Direct incompatibility of the two diseases with each other is not, of course, susceptible of positive demonstration, but it is an instructive and important fact that in cases in which typhoid fever was undeniably present that pyrexia was *entirely suppressed*, by the violent commotion consequent on the exhibition of powerful emetics.

— We noticed, among other interesting cases in Mr. Beau's wards, a patient, aged thirty, who suffers from *acrodynia*.

Outwardly, this woman presents no signs of ill-health; she appears even inclined to stoutness, but to estimate at its proper value this external characteristic of a sound condition, it should always be compared with the former state of the individual, a method which sometimes leads to the discovery that the apparent embonpoint is in fact but an attenuation of the system. Such was the case in this instance.

Two years ago, the subject of the present remarks, enjoyed perfect health, *and was stouter than at present*. At the age of twenty-one, she underwent much mental suffering, which,

(*a*) Gold-beater's skin, says Mr. Bouchut in his *Hygiene de la Première Enfance*, is a substance well calculated to answer the required purpose, but it must be agglutinated with a substance insoluble in saliva, milk, or perspiration. Collodion rendered elastic by the addition of ten drops of castor-oil, and twenty-two drops of essence of turpentine to the ounce, is an appropriate agglutinant.

Mr. Bouchut then reproduces *verbatim* Mr. Legroux's description of his plan of operation.

"A thin layer of elastic collodion should be spread in a radius of about fifteen lines around the nipple, and a piece of gold-beater's skin, perforated in several places with a pin, should be laid over. The collodion must not be applied over the nipple, as its contact would be productive of considerable pain.

"When it is necessary to nurse the child, the appliance should first be moistened with a little sugar and water, in order to restore its softness; the gold-beater's skin accommodates itself to the enlargement of the organ to which it continues to afford effective protection, and the sores and chaps generally heal in a few days."

Legroux further remarked, that in several cases of inflammatory swelling consequent on the disease of the nipples, this plan, by permitting lactation to be continued, had brought about a cure in a very short time.—The Editor

as usual, exercised an immediately unfavourable influence on the stomach. Dyspeptic symptoms, of various forms, set in, such as gastralgia, flatulence, pyrosis, yawning, uncertainty of appetite, a sense of epigastric weight, etc. In a secondary manner, she became subject to intercostal neuralgia, sharp lancing pains being experienced in the sides, and the intercostal nerves being especially tender between the shoulders in the spinal region. Gastric dyspnœa and guttural dysphagia followed, a combination of symptoms fairly representing hysteria, although no convulsive attacks supervened. She ultimately lost both flesh and colour, and became anæmic.

This is the history of many patients, and under similar circumstances, various forms of diathesis are readily developed, either from the agency of causes inherent in the individual himself, or extraneous and hostile in their nature. If a predisposition to tuberculosis had lurked in the system in the present case, this woman would most probably have become consumptive. She escaped this contingency, and may be considered fortunate in having passed unscathed through so dangerous an ordeal; but an affection of a different order lay in wait for her. In consequence of the dyspeptic and debilitated state gradually induced, doubtless assisted by a special idiosyncrasy, a spasmodic and rheumatic affection of the interossei muscles set in. Contraction of these structures first began in the hand, but has since yielded, and for the last three months, the patient has complained of pain in the legs and feet. She at first found it impossible to stand, the plantar region became exquisitely tender, and the skin of that part was found, on inspection, of a pale roseate hue, and covered with myriads of droplets of perspiration.

At first, the case might have been mistaken for one of mere cutaneous neuralgia, but further examination established its true nature, and showed it to be an instance of a well-specified disease, known under the denomination of *acrodynia*.

This complaint, which had doubtless existed before in a sporadic form, suddenly assumed the characters of an epidemic in the year 1828. It appeared in schools, asylums, and barracks, and isolated cases were likewise observed in Paris. It occupied the hands, feet, or shoulders, lasted four or five months and more, and, occasionally, induced permanent paralysis. It was sometimes complicated by the presence of œdema or erythema. In many patients, it co-existed with gastric disturbance, and yielded to measures calculated to relieve the latter. Seven years since, Mr. Beau had an opportunity of observing the disease in a cattle-driver, who, at night, suffered so violently from acrodynia of the feet, that his rest was utterly broken, and his screams were unappeasable; appetite was entirely destroyed, delirium and death followed, but dissection failed in pointing out any appreciable anatomical change.

This termination is fortunately unusual; acrodynia, when uncomplicated, has seldom a fatal issue. In the patient now alluded to, the intensity of the symptoms is moderate, and their persistency is perhaps due to the unsatisfactory general condition of her system. The local sedative applications which habitually give relief in similar cases have, however, here entirely failed, and sulphurous baths have, on the contrary, been productive of benefit. They will, therefore, be persevered in, but in this disease the practitioner must cautiously feel his way, and test the efficacy of various modes of treatment; electricity, chloroform, *baume tranquille* (vide p. 146, vol. 1. Engl. Edit.), or sulphurous baths must be tried in succession, until the remedy most appropriate to the requirements of each case has been discovered.

— A girl, aged twenty, was also admitted into the same wards for symptoms of an obscure character, which she had suffered from for a month. On examination, dyspepsia and amenorrhœa, together with extreme constipation, were ascertained to exist. Her bowels had not been relieved for upwards of thirty days. Mr. Beau, by attentive percussion, detected considerable dulness in the left iliac region, and the tenderness of the abdomen, on pressure, was such as to suggest at first the idea of hæmatocele. The symptoms, however, being also indicative of stercoral accumulation, the Professor at once prescribed aperients, which were rejected by the stomach. Enemas containing croton-oil were then resorted to, and some slight relief having followed the first injection, the treatment was continued with sustained good effects. In the course of a week the tumour gradually decreased, and finally disappeared almost entirely. A laxative was then exhibited, which met with no obstruction, and a complete cure was effected in a few days.

We shall revert to this subject on another occasion. Our object at present is merely to illustrate the utility of at once meeting the urgent indication arising from protracted constipation, in cases of abdominal disease of a dubious character.

The Medical Circular.

CLINICAL LECTURE.

ON INJURIES OF THE NOSE.

By ALEXANDER URE, Esq.,
Surgeon to St. Mary's Hospital, and Lecturer on Clinical Surgery.

Wounds of the nose heal readily. Your aim should always be to procure direct union. When the wound is extensive, and presents a flap, it will be expedient to introduce a few points of suture with fine silver wire, in order to secure exact coaptation of the cut edges, and thus prevent an unseemly scar. You have recently had the opportunity of seeing a patient under my care in the Accident Ward, who met with a severe lacerated wound of the nose from a fall. The edges of the wound were held together by means of sutures, and cloths dipped in cold water were sedulously applied. He had an attack of erysipelas of the face, which speedily subsided, and the wound healed nicely and without deformity. It seems hardly necessary to allude to the unlikelihood of reuniting a nose which has been completely severed. The annals of surgery, however, are not wanting in the records of cases where accidents of this kind have resulted favourably. The most remarkable instance is that detailed by Garengeot ('Oeuvres de Chirurgie,' tom. iii., p. 55) where the nose of a man, bitten off in a fight, and thrown in the dirt, was, after the lapse of half an hour, replaced, and eventually adhered. Should the wound be caused by a sharp pointed instrument, which has penetrated near the root of the nose, taking the direction of the base of the skull, and perforating the cribriform plate, it may readily enter the brain. Accordingly, under such circumstances, it behoves you to watch the patient assiduously, and to prescribe suitable measures for warding off, or allaying cerebral disturbance. Penetrating wounds of the nose sometimes take the course of the orbit. Here emphysema of the eyelids will ensue, should the patient make a forcible expiration.

Contusions of the nose occasion more or less effusion of blood, and ecchymosis, which may extend to the eyelids. They are often attended with fracture and displacement of the bones. It deserves notice, moreover, that they often determine accumulation of blood and the formation of abscess under the mucous membrane, which may induce headache and febrile symptoms.

Fractures.—Under this head are included fractures of the nasal bones, and, also, of the ascending process of the superior maxillary bone. These fractures are not very common, but are the most frequent of any of the fractures implicating the upper jaw. Owing to their small size, the bones of the nose are very strong, and are, moreover, firmly connected with the frontal and superior maxillary bones; and, being fashioned like a vault, are capable of resisting a considerable amount of external violence. Fractures are met with at all ages, except, perhaps, in early infancy. They result from falling on the face, or from severe blows inflicted in front or on one side, or from a projectile traversing the orbit or the mouth. Sometimes the fracture is slight, and attended with little or no displacement; at other times it is comminuted, and the fragments are pushed to the side, or driven into the nasal fossæ, producing notable disfigurement from the flattening or obliquity of the nose which necessarily follows. Fractures of the latter description are accompanied with severe bruising, and occasionally laceration of the integuments, and considerable swelling, which tend to conceal the displacement unless a searching examination be made immediately after the occurrence of the accident. The importance of instituting a narrow scrutiny in such instances cannot be too strongly urged; for if the displacement be overlooked, irremediable deformity will, in all likelihood, result. Bleeding from the nose is an ordinary concomitant, and in a case instanced by Rossi, the hæmorrhage proved rapidly fatal. Emphysema now and then supervenes in the face

and eyelids, especially when there is laceration of the pituitary membrane, and the patient happens to blow his nose in order to clear it of any loose fragments.

Where the lachrymal passages have been rendered impervious by impacted fragments, they may suffer inflammation and suppuration, and intractable lachrymal fistula may ensue. In like manner, contracted condition of the nasal fossæ may result from ill-united fractures of this organ.

The consecutive inflammation may occasionally induce abscess under the integument, or between the mucous membrane and bone, and if the suppuration be prolonged, partial necrosis may take place.

The nasal process of the superior maxillary bone with the nasal bones form, so to speak, the arch of the nose. The junction of the two nasal bones is supported by the nasal spine of the frontal bone, and the perpendicular plate of the ethmoid bone. Hence fracture of the nasal bones with *impaction* cannot happen without fracture of the perpendicular plate of the ethmoid.

Alarming symptoms referable to the brain often follow severe fracture of the nose. They have been attributed to displacement of the cribriform plate of the ethmoid bone, in consequence of the perpendicular plate of the same bone having been forced upwards. The cribriform plate, however, is not so prone to give way as many believe. It is the strongest part of the ethmoid, and is firmly connected with the frontal by the margins of the interorbitar fossa. Hence displacement of this plate can scarcely occur without fracture. It is far more rational to ascribe the head symptoms to commotion of the brain, the inevitable sequel of extreme violence, in this situation, and more particularly if the nasal eminence of the frontal bone be at the same time implicated. The following case in point: A man was brought into the Hospital, and came under my care, who had had the bridge of his nose shattered by the kick of a horse. He was stunned at the time, but recovered consciousness. In the course of three days delirium set in, and continued till within a day of his decease. He succumbed from exhaustion. The body was examined after death. There was a large open wound of the nose, from which pus exuded. The bridge of the nose was completely destroyed, a few loose fragments of bone only remaining. The ascending processes of both superior maxillary bones were gone, so that the orbits were opened into. The nasal cavities, ethmoidal cells, and frontal sinuses communicated freely by a large gaping wound. The fracture had not extended to the cranial cavity, and its contents were perfectly natural. We thus find serious head symptoms manifested in the sequel of fracture of the nose, and adjunct parts, without any appreciable lesion of the brain or its membranes, or of the horizontal plate of the ethmoid bone. It cannot be gainsaid that there may be simultaneous fracture of the cribriform plate of the ethmoid together with fracture of the nasal bones. In the event of fracture having damaged the dura mater and arachnoid membrane, the effect will be a serous discharge from the nostrils.

The diagnosis is sometimes difficult, as above stated, on account of the swelling of the soft parts adjoining.

The prognosis is, for the most part, favourable, unless the accident is complicated with mischief elsewhere, as in the above instance. Consolidation takes place in from fourteen to twenty days; according to Hippocrates in ten days only. In a case referred to by M. Malgaigne in his work on 'Fractures,' the vitality of the bones was such that they united, as it were, by first intention; there were no traces, either inside or outside, of any osseous deposit indicating provisional callus, and the fracture healed so as to leave almost no sign of any separation.

With respect to treatment, if the fracture is simple and unattended with displacement, you may leave it entirely to nature, otherwise the depressed portions must be raised without delay from within outwards, and this procedure is materially helped by the liquid effusion which takes place. It consists of carrying into the nostril a finger, a pair of dressing forceps, or some such instrument, to push up the fragments, while with the fingers of the other hand they are righted from without. Any abiding support is seldom required, as there is no muscular action to influence displacement. Should there not be sufficient steadiness, a dossil of lint, or small canula, may be introduced carefully, so as to distend the upper part of the cavity. For lateral deviations, if unyielding adhesive strips are inadequate, resort may be had to a cap of lead, or of gutta percha, exactly fitted to the nose. For an unusually complicated case, a special apparatus may be needed, such as that contrived by Dubois, and described by M. Malgaigne.

It is a singular fact, that the earliest application o the agglutinative bandage was made by Hippocrates, in reference to fracture of this organ. He directed the nose to be covered with a glue made from flour of March wheat, the object seeming to have been to fasten the nose to an exterior mould solid enough to keep it in form. Where the nose had been distorted to either side, it was attempted to keep it in place by means of a thong of leather smeared with *tanrocolla*, or glue.

With regard to the complications above pointed out, little need be said. Hæmorrhage will generally yield to the employment of cold; it has been stanched by simply holding up the arm. A young man was thrown down, with his face to the ground, and sustained a fracture of the nose, from which there was copious bleeding. Cold lotions having failed to check the latter, he was directed to raise his arm perpendicularly; the hæmorrhage ceased immediately, and did not recur. The propelling force of the heart was thus distributed, because, having to urge the column of blood up the arteries of the arm, it would act with less momentum on the carotids.

Emphysema commonly subsides without treatment. Splinters, if quite detached, may be removed, not otherwise. Should abscess form, it ought to be opened through the mucous membrane, as incision of the integument is to be avoided as far as possible, in order to prevent an unseemly scar.

If much deformity remains after the solid union is established in the instance of fracture of the nose, it is impossible to effect improvement in appearance by any surgical interference with the osseous structure. Good may be done, however, by bringing the cartilaginous framework into a suitable direction by means of its subcutaneous separation from the bone. Dieffenbach had a deformity of this kind to deal with, in which the nose lay upon the left cheek, with the right nostril upwards, and the left downwards. He carried a tenotome under the skin outside the nostril, divided the alar and dorsal cartilages at their junction with the bones, did the same on the other side, and in the septum, so that the cartilaginous part of the skeleton of the nose was perfectly moveable, and could be restored to its proper place. The cure is said to have been perfect.

I shall briefly conclude with pointing your attention to luxation of the nasal bones, simply for the purpose of making you cognizant of the fact that "the nose has been put out of joint," although the accident is one of extreme rarity. The possibility of this casualty is, indeed, admitted by Benjamin Bell and by Heister, but there is only one authentic case of complete displacement on record. M. Bourguet, surgeon to the hospital at Aix, has published, in the 'Revue Medicale,' for August, 1851, the remarkable instance in question of luxation of the bones of the nose, without fracture of either of these bones, or of the superior maxillary bone. A young man, twenty-two years of age, fell from a cabriolet; the left side of the nose happened to strike against the angle of the footpath; the nose had deviated to the right in its upper third, while at its lower part it had its natural direction; the skin was raised to the right by the lower margin of the bones of the nose; to the left there was a depression, behind which there was a prominence formed by the ascending process of the superior maxillary bone; above and to the same side there was this prominence formed by the upper margin of the left nasal bone; above that prominence, an empty space, corresponding to the articular surface of the frontal. The finger passed externally over the nasal bones did not detect any sign of fracture.

To obtain reduction, the following plan was resorted to: the litte finger of the right hand was introduced within the left nostril; the thumb of the same hand being applied upon the superior margin of the bone, which was prominent under the skin opposite the tendon of the left orbicularis muscle. A simple swing movement—that is to say, making straight the lower part, and pressing upon the upper part, allowed the left nasal bone to slip into its place; the slight prominence which remained on the right side was effaced by pressing from without inwards. All trace of deformity was thus removed, and the nose could be moved without the displacement being reproduced.

M. Verduc, a French medical man, mentions his being called to see a young surgeon who had luxated *one* of the nasal bones by a fall, as he judged, from the nose being twisted. To replace the bone, a little stick wrapped in a linen rag was introduced into the nostril with the right hand, pushing the bone strongly upward; while the left thumb was pressed upon the root of the nose; reduction was effected with a slight noise, and the cure was accomplished without any mechanical aid.

Diseased Meat.—At a recent meeting of the Police court, Sheriff Hallard presiding, Willian Robb, a flesher, residing in Causewayside, pleaded guilty to a contravention of the Police Act, in so far as on the 7th instant he had in his possessi on, in Lord Cockburn street, the dressed carcase of a cow which had died of disease, and was in a state unfit for human food. Robb was fined 10*l*. or thirty days' imprisonment. The fine was paid. Mr. Linton stated that he understood there was an individual residing not far from Edinburgh who fed pigs on the flesh of diseased cattle, but that when he got a carcase which he thought might pass with a little dressing up, he sent it to the market for human use.—Edinburgh Courant.'

An Indian Medical Graduate.—It is with much pleasure we notice (says the 'Bengal Hurkaru') that Baboo Chunder Coomar Dey, at the late university examination, obtained the degree of Doctor of Medicine, the first ever conferred in this country. The examination was of an exceedingly rigid character, and we congratulate this young man on the distinction he has so honourably gained. He has pursued his medical studies chiefly under the tuition of Dr. Goodeve. He is, we are told, proficient in seven languages, and in 1856 translated a German work into English. We shall always feel pleasure in recording similar instances of ability and its rewards, affording, as they do such example to the young students of India

LECTURES.

NATURAL ONTOLOGY;

OR,

THE SCIENCE OF ANIMATED BEINGS:

In a Series of Lectures first delivered at the Museum of Natural History, but now revised and corrected.

By M. FLOURENS,
Professor of Natural History in the College of France, &c. &c

(Continued from page 420.)

LECTURE XL.

In these paleontologic studies I have confined myself to facts and have not touched on any theories. The theories are chiefly two. The one may be called the theory of *successive creations*, and the other the theory of the *unity of creation.*

The theory of successive creations was that of Cuvier, and is now nearly that of everybody. The theory of the unity of creation was that of M. de Blainville. Let us examine a moment this last theory, which has been but very little discussed, and merits at least the attention of the physiologist. I will endeavour to collect and sum up here, I will not say the *proofs*, for that word would be too strong, but the *reasons* that most seem to militate in favour of the *unity of creation.* I take them from the great work of M. de Blainville. (*a*) These reasons are of three sorts; and may be called—1st, *zoological;* 2nd, *physiological;* and, 3rd, *philosophical* Let us now examine each of these reasons.

1st. The first and principal zoological reason is taken from the *unity of the animal kingdom.* There is not a twofold animal kingdom, a fossil kingdom, and a living kingdom. Each of them, taken separately, is but a part of the other, which, when united, form a perfect whole. They adapt and adjust themselves one to another, exactly as parts severed from a bas-relief fall into their places, when a bas-relief is being restored. In this way it is, as we have said, that the *plesiosaurus* comes between reptiles and the amphibia; that the *pterodactyle* connects birds with reptiles, &c.

Another *zoological* reason: the living group of pachydermata is one of the most mutilated and incomplete, and contains but eight genera, and each of these genera—elephant, horse, pig, &c.—presents a different type. Each of them seems isolated, and without direct relation with its congeners. But when the fossil pachydermata are brought into comparison with the existing pachydermata, the isolation of the latter disappears. The fossil pachydermata, which are very numerous, range themselves by their living congeners, and connect them together, so that the group of pachydermata, thus restored, offers a complete and harmonious whole. Could the naturalist reconstruct and *restore* the animal kingdom with fossils, as M. de Blainville has, in more than one part, so happily attempted, if the latter really belonged to a different kingdom? The unity of *the animal kingdom* being established, M. de Blainville deduces from that the *unity of creation.*

Cuvier said, when commencing his great labours, "Let any one ask why so many remains of unknown animals are found. . . . . and it will be seen how probable it is that they belonged to beings of a world anterior to our own. . . . . beings whose place is filled up by those that exist at the present day, to be, perhaps, some day destroyed in a similar manner, and their place occupied by others."

The theory of *successive creations* was, implicitly, contained in these memorable words. Cuvier's finest work, his *Discourse on the Revolutions of the Surface of the Globe,* seems to have had but one object,—that of developing and commenting on them; and he terminates that discourse by a phrase that may be given as the sum of all that thirty years of meditation and study had most profoundly imprinted on his great mind. "What is certain is this, that we are now at least in the midst of a fourth succession of terrestrial animals, and that after the age of reptiles, after that of paleotheriums, after that of mammoths, mastodons, and megatheriums, an age has now come in which the human species, aided by some domestic animals, peacefully rules and cultivates the earth."

Cuvier, therefore, admitted four epochs in the development of life on the globe—1st, the epoch of molluscs, fishes, and reptiles; 2nd, that of the paleotherinms; 3rd, that of the mammoths and mastodons; and 4th, that of man. Thus much being laid down, we ought not to find any animal of a given epoch mixed with those of another epoch, nor any of the animals of the present age among the animals of the age of the mammoths and mastodons; nor any animal of the mammoths among animals of the paleotheriums; nor any animal of the age of the paleotheriums—that is, any mammal (for, according to Cuvier, there were no mammals before the *paleotheriums*) in the age of the great *reptiles*, &c.

Now, the great reptiles, the plesiasaurus, the megalosaurus, &c., are found in jurassic limestone, where, consequently, no mammals whatever should be discovered. Yet, even in the time of Cuvier, there were found in the oolithic schists of Stonesfield—which are of the jurassic epoch—small inferior maxillæ, which were, by Cuvier himself, recognised as maxillæ of mammals of the order of the didelphs. Richard Owen has, from these débris, established two genera of fossil marsupials—the genus *thylacotherium* and the genus *phascolotherium.* (*a*)

Cuvier, on the other hand, looked on the non-existence, among fossils, of *quadrumanes* as an ascertained fact. According to Cuvier, these animals belong only to the last epoch—that is, to our own. Now, Richard Owen, Lartet, and others, have discovered, in more recent times, bones of quadrumanes, and that, too, in more than one place. Lastly, it is not man alone (to whom Cuvier assigns the exclusive character of the present epoch)—and so far seemingly with reason—that M. de Blainville pretends should exist, and even to have been found among fossil species. "Cuvier," says he, "deduces a final proof of these revolutions from the gratuitous negation of fossil human bones, of which there had been discoveries in his time, and of which there have been many since. To give support to this negation, he makes a distinction—'I say that human bones have never been found among fossils properly so called, or, in other words, in the regular strata of the surface of the earth.' This distinction, purely gratuitous, is contradictory, and cannot be admitted; for human bones have been found with the bones of lost animals discovered in the regular strata, and which have there no other character than in alluvial grounds: in one case the same bones would therefore be fossil, and in the other case they would not, for the mere reason that you would not admit as fossil the human bones with which they are found. But, then, human bones have been found in the regular strata. This last proof, therefore, like all the others, falls to the ground, and with it the theory of successive revolutions and irruptions, and repeated creations, which are a deduction therefrom."

3rd. *Physiological Reasons for the Unity of Creation.*—The great *physiological* reason is, that the sensible physiologist cannot admit the creation of a single *living being* without the direct intervention of God, without a miracle, and that it will always be prudent not to multiply miracles where there is no necessity for them.

We have seen that the elephant now extant, and the fossil elephant (the Indian elephant and the elephas primigenius) differ from one another so slightly, that Blainville, despite the authority of Cuvier, considered them as of one and the same species. But let us suppose that it is Cuvier who is in the right, and that these two elephants in reality form two distinct species; the difference assuredly cannot be great if it escaped the penetration of Blainville. Must it be supposed that the Supreme Creator, for so slender a difference, twice entered on the work of creation—first for the fossil elephant, and again for the elephant of the Indies?

From elephants let us pass on to *horses.* Here Cuvier plainly declares that the fossil horse cannot be distinguished from the living horse. "The genus *horse* was then also in existence. His teeth, in myriads, accompany those of the animals we have just named; . . . but it is impossible to say whether it was or was not one of the existing species, since the skeletons of these species are so much alike that a distinction cannot be formed from isolated fragments."

He says, in reference to the stag and ox—"the bones of stags and oxen, collected in certain caverns and in the clefts of certain rocks, are sometimes, in those situations, especially in the caverns of England, accompanied by bones of elephants, rhinoscerotes, hippotami, and those of the hyena, which are sometimes found in various alluvial strata with the same pachydermata; consequently, they are of the same age; but it is still no less difficult to say in what they differ from the stags and oxen of the present day."

4th. *Philosophic Reasons.*—These are rather an objection against the theory of *successive creations* than a direct argument in favour of the *unity of the creation.* The theory of successive creations rests only on *incomplete facts.* Nothing can be so restricted and imperfect as our explorations hitherto. Where are the localities in which they have been undertaken? To chance we owe the discovery of those rich deposits and vast caverns—the depôt of Sansan, the caverns of the south of France, &c.

How is it possible, with facts so imperfect, to propose views that can be more than provisional? No man was so much alarmed as was Cuvier with his own theory. "When I maintain," says he, "that stormy banks contain the bones of various genera, and alluvial strata those of several species no longer extant, I do not pretend that a new creation could be necessary in order to produce the species now extant; I merely say, that *they did not exist in the places where we at present see them, but must have been brought thither from other localities.*" This is shifting the question in no slight degree, and especially, and most dexterously (or at least very happily) removing from it the enormously embarrassing load of *new creations.* "Let us suppose, for example," continues M. Cuvier, "that some grand irruption of the ocean covered with a mass of sand or other débris the continent of New Holland; it would bury under it the bodies of kangaroos, phascolomes, dasyures, perameles, lizards, and ornithorynchi, and would wholly destroy the species of

(*a*) Ortéographic.

(*a*) Other mammals have been found, since Cuvier, in jurassic grounds, the *spalacotherium*, the *triconodon*, the *plagiaulax*, &c.

all these genera, since none of them now exist in other countries. Let the same revolution leave dry the numberless small straits that separate New Holland from the continent of Asia, a way would be opened up for elephants, rhinosceroses, buffaloes, horses, tigers, and all the other Asiatic quadrupeds, which would now become inhabitants of a country where hitherto they had been unknown. Now, let a naturalist, after having well studied the whole of this living nature, set about excavating the soil on which it treads, and he will there discover the remains of beings that are altogether different. What New Holland would be on the supposition we have made, Europe, Siberia, and a great part of America, are in reality; and it will, perhaps, be some day found, when the various countries of New Holland have themselves been examined, that they have all undergone similar revolutions, if not mutual exchanges, of their productions; for,—let us carry the supposition still farther—after this transportation of Asiatic animals into New Holland, if we admit a second revolution that would destroy Asia, their primitive country, they who should see them in New Holland, their second country, would be no less embarrassed to know whence they came, than we now are to discover the origin of our own."

I am persuaded that the future of the great problem that now occupies us—that of a *unique* creation, or of *manifold* creations—lies altogether in the ingenious and judicious views of Cuvier. They who speak of *new creations*, use an expression which they do not exactly understand. As Cuvier has said, there have been *exchanges;* there have been losses, and many losses; many species have been destroyed; but have there really been new *creations?*

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

JUNE 4TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

Dr. MADGE related a

CASE OF A LARGE FIBROUS TUMOUR IMPEDING DELIVERY.

Mrs. H——, aged twenty-seven, primipara, well-formed, in good health, and who had gone her full time, was taken with slight labour pains on the morning of May 21st. On making an examination in the after-part of the day, I found the pelvis occupied by a large round tumour, which at first appeared to me to be the child's head. It seemed, however, to be lifting up, as it were, and pushing forwards the posterior wall of the vagina. It was low down, and came lower with every pain, and seemed to fill up every niche in the pelvis. The os uteri could not be found. Next day the tumour was occupying precisely the same position. The pains were still slight, and not frequent; the patient was in her usual health and spirits. With considerable difficulty, and by hooking my finger high up behind the symphysis pubis, I was enabled to reach the os uteri; it was directed forwards, dilated to about the size of a crown-piece, and, as well as I could make out, some part of the breach presented. (Dr. West, Mr. Spencer Wells, and Mr. Newton met me in consultation.) As some parts of the tumour felt soft and yielding, a trocar was introduced, and a small portion of fluid drawn off. Vain attempts had been previously made to push the tumour above the brim of the pelvis. Chloroform having been administered, the opening in the tumour was enlarged. Mr. S. Wells was then enabled to push the tumour upwards, and by means of a blunt hook the buttock was brought down. The child, when born, had some faint signs of life, but could not be made to breathe. In the early part of the following day the patient seemed to be doing well. A few hours afterwards, by fits and starts, she became very excitable, and could not be persuaded to lie still. Peritonitis set in in the afternoon, and she died on the third day after confinement.

Autopsy, eighteen hours after death.—The peritoneum was universally inflamed, and here and there were large dark-red patches; there was but little effused lymph. Some of the small intestines—a good deal distended with gases—were slightly glued together. The tumour was lying above and in a line with the uterus, nearly reaching by its upper border the epigastrium. It was attached to the posterior aspect of the fundus uteri by a large pedicle, and had thus been allowed to drop into the pelvis at or before the commencement of labour. I removed the uterus and tumour together; the whole weighed four pounds, the tumour forming, perhaps, a third of the weight. Involution of the uterus had not proceeded to any extent. The length from the fundus to the os uteri was eight inches, and the width at the widest part of the body seven inches and a half. The lining membrane was reserved for after examination. External surface studded with small fibrous tumours, the size of walnuts. No old adhesions about the broad ligaments, tubes, or ovaries. Diameter of large tumour, six inches and a half; it consists of fibro-cellular tissue, of a dusky-white colour, with irregular channels containing fluid, enclosed in a capsule of apparently uterine substance and fibres. The fibres of the capsule are so intimately blended with the white tendinous fibres of the interior, that enucleation would have been very difficult, if not impossible. (The preparation was accompanied by a drawing.)

TWIN (*I*) ABORTION.

Mr. J. C. LANGMORE showed a twin abortion. One fœtus, apparently of between three and four months, which was flattened, and had been dead some time, was expelled at the fourth catamenial period, after very slight pain, the placenta being retained and the hæmorrhage inconsiderable. After waiting three hours he consulted Dr. Priestley, who removed the placenta; and on again introducing the finger into the uterus to remove the clots, brought away a second and perfect ovum of about four weeks; it was adherent near the fundus; its members were healthy, and the embryo, as seen through the amnion, was fresh and vascular. The whole circumstance seemed to raise a strong presumption in favour of superfœtation having occurred.

A discussion then took place respecting the question as to the existence of superfœtation in this case, Dr. Priestly believing it to be an instance of the kind, but an opposite opinion being expressed by Dr. Routh and Dr. Madge. Dr. Braxton Hicks also remarked no the presence of certain appearances militating against this view of the case. Finally, it was determined that a committee, consisting of Dr. Harley and Dr. Tanner, should be appointed to report on the specimen at the next meeting.

Dr. AVELING, of Sheffield, exhibited his

"POLYPIRITE,"

for crushing through the necks of uterine polypi. It consists of a hook, a slide, and a screw. In using the instrument, the hook alone is first passed over the neck of the polypus; the slide is then pushed up as far as it can be made to go by the hand; and then, by means of the screw, the operation is completed by forcing the blunt blade of the slide into the concavity of the hook, and through the neck of the polypus. Dr. Aveling stated that he and others who had used the polypirite had found its application easy, rapid, and safe, and in no instance had he heard of the slightest hæmorrhage having followed its employment. The present instrument (which may be had from Messrs. Weiss) he considered a great improvement on two other instruments of a similar kind which he had invented in 1849 and 1857.

Dr. ROSE read a paper

ON A NEW DESCRIPTION OF NIPPLE SHIELD, AND ON THE TREATMENT OF SORE NIPPLES

Frequently failing in the successful application of the various mechanical appliances to be found for the protection of sore nipples, the author had had some glass shields made by Messrs. Gilbertson, of Ludgate hill, from a model which he (Dr. Rose) supplied, based upon the following principles:—1st. That the cylindrical portion should be long enough to ensure a space or vacuum between the end of the nipple when fully drawn out, and the end of the shield. 2nd. That the diameter should be sufficiently large to render strangulation of the nipple impossible. 3rd. That the shield should be smooth and unyielding, so as to avoid friction. 4th. That it should be transparent so that the flow of milk may be observed, and the position of the nipple ascertained. 5th. That the substance used for the mouthpiece should, as nearly as possible, resemble the parent's nipple, so arranged that it cannot collapse and allow the child to suck-in air. All these indications were entirely fulfilled by the shields exhibited, and the author stated that he had not met with a single case in which they had failed to answer the purpose for which they were designed. The application of a saturated alcoholic solution of gum benzoin and glycerine in equal proportions in all stages and in every variety of chapped and tender nipples was strongly advocated, together with the use of the shield as long as tenderness existed.

Dr. GRAILY HEWITT communicated a

CASE OF DOUBLE UTERUS, WITH SIMULTANEOUS GESTATION.

Mr. Grace was summoned by his father to see a patient in labour for the fourth time, aged twenty-six. Twice previously there had being premature birth; the third child did not live. When first seen by Mr. Grace, labour had been going on for fifteen hours; the waters had escaped. On examination, a hand was found presenting in the vagina, and the os about half dilated; but lying posterior to this another os was discovered, with the head of a child presenting Septum between the two half an inch thick, and extending up as far as could be reached. The anterior os was dilated, the child turned, and delivery effected. The placenta then followed. The child was dead, and apparently seven months old. The posterior os was next dilated, turning effected, and a live child extracted, which survived only a few hours. The placenta of the second child was expelled without difficulty. Both children were females, equal in development. No flooding or other complication interfered with the perfect recovery of the patient.

Dr. GRAILY HEWITT observed that the case, for the particulars of which the Society was indebted to Mr. Grace, was a very unusual and interesting one. In the elaborate work of Kussmaul on the Malformations of the Uterus, which contained a large collection of cases of various kinds, there were only two specifically recorded precisely similar to that observed by the Author of the paper. The case of Mr. Grace resembled other cases of double uterus recorded by Kussmaul in respect of the feebleness of the uterine pains, said to have been observed. Abortion and premature labour seemed especially liable to occur in cases of double uterus, and this fact was corroborated by the case then before the Society.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 2, 1862.

MR. KIERNAN AND THE COLLEGE OF SURGEONS.

Once more we appeal to the Council in behalf of the claims of Mr. Kiernan to a seat at the Board of Examiners. On Thursday last, a meeting of the Council was held to fill up the vacancy, when ten members voted in favour of Mr. Kiernan, and ten against him. After several trials the same result ensued, so that it was necessary to adjourn the meeting.

This is a crisis for the College. Its reputation as a scientific body is at stake in this election. Mr. Kiernan is one of the first anatomists in Europe, and his presence at the Board of Examiners would enhance the dignity of the College in every University and Medical School on the Continent. He is, moreover, we believe, the only member of the Council to whom the honourable distinction of the Copley medal has been awarded. Surely the Council cannot overlook these claims. Mr. Kiernan is not a man of mere conventional status, but an original genius, a scientific anatomist of whom the College feels proud. The Council cannot pass him over without injuring its own good repute. He has had also a long experience as an Examiner, having acted in that capacity, for twenty years, at the University of London. We do hope, when the Council next meets to decide this question, that Mr. Kiernan's claims will be acknowledged in an unhesitating and generous spirit.

RED TAPE.

The 'American Medical Times' expatiates with a scorching wrath on the shortcomings of the American Government in failing to provide proper succour for the sick and wounded soldiers, now fighting the battles of the Union. This topic, unfortunately, is too familar to the English eye. The Crimean campaign made us acquainted with the horrors of war in all their ghastliness, and of the inefficiency of an unprepared government in all its hopeless and embarrassing ineptitude. The English heart groaned over the sufferings it was unable to alleviate, and resolved that no more, in this generation at least, should such avoidable woes disgrace the humanity of the national administration. The consequence has been that in our subsequent expeditions our troops have been provided with every necessary comfort, and they have retained their health as well in camp on a foreign soil as in barracks at home. On the march in the depth of a Canadian winter last year, our troops maintained their bodily vigour and mental cheerfulness, in a degree that exceeded our liveliest anticipations; and the nation felt deeply gratified that its efforts to protect the lives of its defenders had been eminently successful. On the same continent south of the Potamac, where the divided hosts of America are now contending with all the fierceness of civil hatred, and making the rank soil sweat with brothers' blood, a very different tale has reached our ears. Here the privations and mortality of the Crimean campaign are renewed, but on a scale far greater, and amid circumstances that forbid us to hope for effectual amelioration.

The public journals of America do not appear to deal frankly with this dreadful topic, being moved to secrecy either by fear of the government or from the apprehension of discouraging the people's zeal for this calamitous war. The 'American Medical Times,' however, does not recognise these influences, and has given us a peep behind the scenes which may make us all pray that this fratricidal contest may speedily be brought to a close. In the article to which we have alluded, the editor of that journal remarks:

"But when we pass from the free, spontaneous activity of our voluntary organisations to the sphere of official duties, we pass, as it were, from the tropical to the polar regions. All is now formality and frigidity. If there is a heart to feel, the features are stiffened, and cannot relax with sympathy; the hand is paralysed, and can give no aid. The power to relieve human suffering, sorrow, and death, are idle incentives to exertion. The official moves in a circle, his feet bound, and his eyes blindfolded. He seems deaf to all entreaties, and insensible to every appeal. He sees nothing, hears nothing, knows nothing beyond the limits of the official seat on which he has grown callous by long and undisturbed sitting. Red tape, official routine, dull and insensible formalism, are the curse of our government, and but for the generous activity of voluntary societies, would be the ruin of our armies. From every quarter we hear the same universal complaint of want of preparation, of tardiness to meet the exigencies of battles, and, in consequence of the sacrifice of human life, with a vast amount of needless suffering. The horrors of the battle-fields of Bull Run, Fort Donaldson, Pittsburgh Landing, Williamsburgh, &c., can never be written, and yet all occurred under circumstances which allowed of more or less complete preparation. The battle of Bull Run took place under the immediate inspection of the official head of the Medical bureau; it was planned weeks beforehand, and admitted the most ample medical provision; yet the nation has not and never will cease to thrill with horror at the mention of its name, and the recollections of the terrible sufferings which followed the disaster. At Fort Donaldson the poor sufferers remained for days uncared for, lying on the snow; not because succour was not at hand, for private bounty had furnished an ample supply and freely offered it; but because an official, rejoicing in the glittering bauble 'U.S.,' could not unwind the red-tape which bound his official legs, in forty-eight to sixty hours. Pittsburgh Landing found the same army utterly unprepared in its Medical Department for battle, and the first assistance that reached the sufferers came from Chicago, hundreds of miles distant, by private hands, after the news of the battle was received. Here was exhibited 'blood-red-tape' in its brightest colours. Tardiness and tedious formality marked every movement for days, while hundreds of wounded were weltering in their blood, unable to move a step from the spot where they fell. The recent battle of Williamsburgh was but a repetition of the same scenes, with all their sad and harrowing consequences. The wounded were left unprovided with attendants, shelter, or means of transportation, except of the rudest character. The principal provisions for the immediate care of the sick and wounded were, as in nearly every instance, made by the Sanitary Commission or charitable associations.

"In our military hospitals we find the same want of earnest and systematic labour. The sick and wounded are waiting at the threshold before the building is in readiness to receive them, though the emergency was long foretold; many of the hospitals are poorly provided with the necessary stores, though there is an abundance bound up in red-tape, near at hand. The removal of convalescents to distant localities is attended with the same delays, disappointments, and often-repeated failures. The difficulties attending transportation often seem insurmountable, so circuitous is the channel through which the proper authority makes known its behests.

"We recur to these facts with sorrow and shame. The genius of our government should make its official acts as free and prompt as are the sympathies of the people. War has its exigencies, and one of the most notable will be, we trust, the rejuvenation of every department of government. Already has it purged the Medical Bureau of much of its dulness, and energised its decrepid members with younger blood, and a more elastic spirit. This work of reform should not cease until every department is purified, and energy and efficiency supplant dulness and stupidity."

What is this but the cry of our own press reverberating from the Potamac,—Routine, red-tape and unpreparedness causing the disorganisation and ruin of armies, and impoverishing the state of its men, material, and money? There may be something of our Anglo-Saxon *laissez faire* in this muddle of incompetency; if so, let us not fail to profit by the lesson, and for the future, set a better example.

THE KING OF THE BELGIANS.—The last bulletin of the health of his Majesty, posted up at the Palace, but not published by the Belgian 'Moniteur,' announces that he continued to improve slowly. The improvement only applies to the pulmonary affection, as the medical men agree in declaring that the extraction of the calculous matter still remaining in the bladder can alone put an end to his Majesty's sufferngs. A fresh operation is to take place in a few days.

SUMMARY OF THE WEEK.

THE CORONERSHIPS.

The writ for the election in the Central District has been issued. The nomination will take place on Friday, the 4th July, and the polling on the following Monday. Since our last issue Dr. Challice has most properly retired and left the field free to Dr. Lankester, who is now the sole Medical Candidate for that District. Dr. Gwyn has also heeded our advice and withdrawn his pretensions, but we are sorry to say he has done so in behalf of the legal candidate—Mr. Bird. So much for *esprit de corps*. Dr. Mushet is now *the* Medical Candidate for the Western District, and will, we hope, have the support of every Medical Practitioner. It is much to be regretted that these contests cannot be conducted in a fair and open manner; but that men should come into the arena who have no serious intention of abiding the great issue. They play out a little plot of their own. We have already shown how these minor interests traverse the course of the more important drama. These manœuvres and undercurrents are rarely deemed deserving of notice, and it is not worth our while to dilate upon them in the present instance, as they are not likely to do any harm. Let them, therefore, remain in the darkness where they have been transacted.

THE SURREY COUNTY HOSPITAL.

The promoters of this Institution are going a-begging for a plan; they wish to establish a model hospital, and desire to be informed of the best method of construction. The Rev. Mr. Hatchard is particularly anxious to be helped to the formation of a correct judgment on the point. We can scarcely believe that this gentleman has not heard of the "Cottage" plan; but if he have not, we now tell him that this is the only one that will give him such a hospital as he desires. We know the timidity of men in dealing with new principles which they have not originated; but surely enough has been written and said about the Cottage plan, to justify the Rev. Mr. Hatchard and his colleagues in founding their proposed institution on this principle. Should they fail to do so, they may be assured that theirs will not be the "Model" institution they are ambitious of making it.

HANDCOCK *v.* WEBB.

It is with much satisfaction we find that Mr. Webb, of Pimlico, has been acquitted of a charge of indecently assaulting the plaintiff, one of his serving maids. The girl, being disobedient, was ordered to leave the defendant's service; this she resented, and raised a dispute about her wages, the result of which was a scuffle; a mob collected, and the girl charged Mr. Webb for an indecent assault. It is unnecessary to recapitulate the details of the case; the Jury were satisfied of Mr. Webb's innocence, and acquitted him. Mr. Webb is a general practitioner of much respectability, and has probably suffered deeply, both in mind and professional position, from such a cruel charge.

LONDON PUMPS.

Some time ago there was a formidable attack made upon the dignity and usefulness of the London pumps; and as the pumps are venerable institutions, they found many friends to defend their vested interests. Recently, indeed, under the joint protection of Dr. Lionel Beale and the City Chamberlain, the Pumps have shown a determination to carry the tide of battle into the ranks of their opponents. The City Chamberlain denies that the surface sewage of London penetrates to the wells that supply the pumps; and Dr. Lionel Beale maintains that the salines in well-water do not injure its quality, though he admits that decomposing animal matter entering the wells has poisoned many people, and might do so again; but this is an accident. He thinks that it would be beneficial "if we could supply the public with good spring-water instead of the mawkish stuff supplied by our present water companies;" and he points out means of effecting this object. We are very much of Dr. Beale's opinion, and are not sorry to find that the pumps have so respectable an apologist.

LADY DOCTORS.

It might seem selfish on our part to discountenance the attempts made by certain ladies to become Medical practitioners. In the metropolis they have managed to obtain a footing in some of the schools; but an attempt which they have recently made in Edinburgh to be admitted to the College of Physicians has met with a repulse. It is true the claims of the ladies were rejected by only two votes; and it is not improbable, therefore, that they may succeed on another occasion. What of that? Ladies never can succeed in the general service of the Profession. They may act with efficiency in purely medical cases; but in surgery, operations, and midwifery, their success would be only exceptional. Women, as a rule, have not that coolness and firmness necessary to encounter the severe accidents incidental to these branches of practice. They may act the part of midwives as they do already, but beyond that we do not expect much from their assumption of Medical duties.

We tell them, too, we cannot do without them in their domestic capacity; we prize them too much as amiable attendants, sympathising nurses, cosy comforters, and not always bad cooks and bed-makers, to be satisfied with their desire to turn off to other departments of duty. What shall we do if the ladies turn doctors, and lawyers, and printers, and we know not what besides? Let the dear souls be content to chronicle grocery bills and crochet cotton nightcaps; what can they desire to do that can contribute more to *our* happiness? For surely they are not so selfish as to think only of their own! And how can *they* be happy if *we* are not? Let them re-consider the case, and remain the good wives and daughters they are, and were from the beginning intended to be; though, we must confess, Eve was not half so good a wife as she ought to have been, and has left a bad example.

Association of Medical Officers of Asylums and Hospitals for the Insane.—Agenda for the Annual Meeting, to be held at the Royal College of Physicians, Pallmall East, on Thursday, July, 3, 1862.—12 noon. The Committee of Management meet at the Royal College of Physicians. 1 p.m. Annual General Meeting of the Association at the Royal College of Physicians. 1. Dr. Lator will resign the chair to Dr. Kirkman, the President elect; 2. Dr. Kirkman's address from the chair; 3. Receive the report of the Treasurer; 4. Election of President (and place of meeting) for 1863; 5. Annual election of officers—viz., Treas., Editor of the Journal, General Sec., Secretaries for Scotland and Ireland, two Auditors; 6. Election of new members; 7. The following communications will be read:—*a.* 'On the Cottage Asylum System,' by Dr. Mundy, of Moravia; *b.* 'On Middle-Class Hospitals for the Insane,' by Dr. Maudesley; *c.* 'On the Modes of Death among the Insane,' by Dr. Bucknill; *d.* 'On the Special Utilisation of Asylum Sewage,' by Dr. Robertson (with a ground plan of eighteen acres of meadow land thus irrigated at the Sussex Lunatic Asylum). The annual dinner will be held at the Star and Garter, Richmond, at 6 p.m. precisely; tickets, 1*l.* 1s., inclusive. Members proposing to dine are particularly requested to send their names to Dr. Robertson. Trains leave Waterloo Station (ten minutes' walk from the College of Physicians) for Richmond at 4.50 and 5.15, returning from Richmond at 10.35, due at Waterloo at 11.10.

The Botanic Gardens at Chelsea.—Some time ago the Apothecaries' Society, complaining of the burden of maintaining the gardens, offered to the College of Physicians, who stand next in rotation as trustees, to surrender the charge. The Society we understand, has recently rescinded their former resolution, and have announced their intention of keeping up the garded as a School of Botany. It is, however, surmised that some arrangement relative to another disposition of the property in contemplated in concurrence with the heirs-at-law of Sir Hans Sloane.

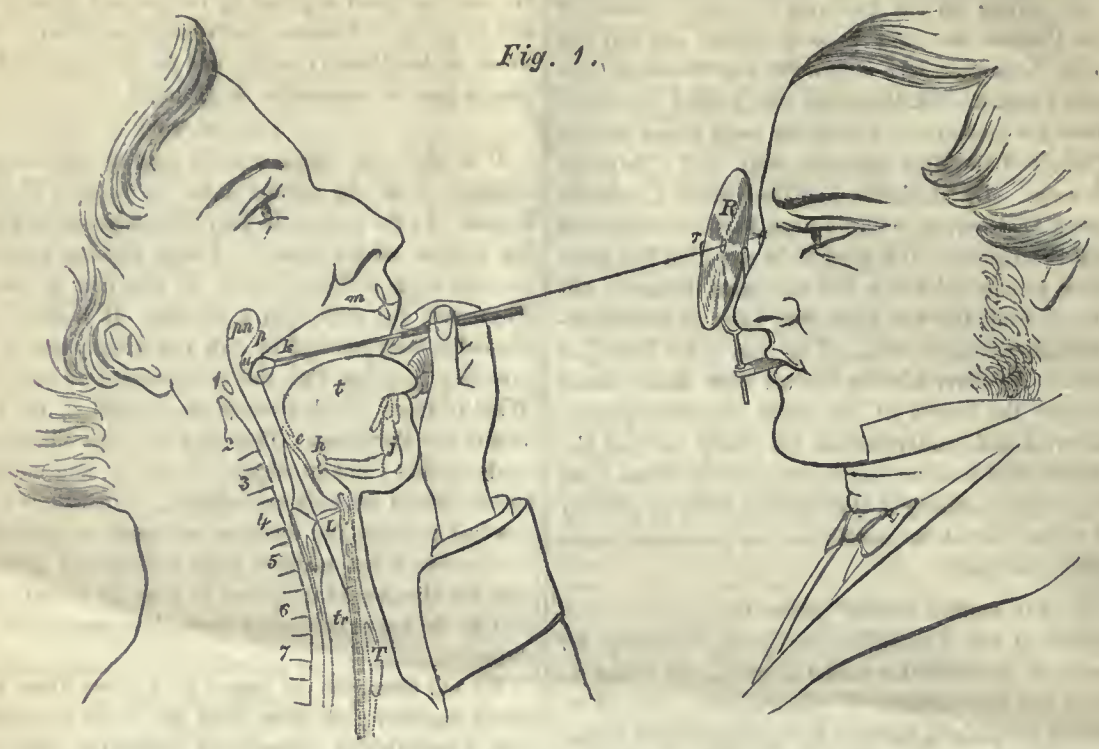
THE HISTORY OF THE LARYNGOSCOPE.

By JAMES YEARSLEY, Esq.,

Surgeon to the Metropolitan Ear Infirmary, Sackville street.

(Continued from page 454, vol. xx.)

Fig. 1.



Just as Professor Czermak has traced in the above woodcut his means by which an observer can explore the larynx at the present day, did Avery perform the experiment with his own apparatus in 1846. This point being established, we have now to consider what have been the results hitherto obtained, and how far such means are available in the ordinary practice of a surgeon or physician. I am afraid I must answer the latter question at once negatively, not only as the result of my own experience, but from observations here and there to be found in the works of Czermak, and others.

Notwithstanding the very commendable efforts of Dr. Czermak to stimulate others to practise the art in which he is himself so great an adept, we find him candidly saying that "the introduction of the mirror with facility and confidence, and, consequently, without any unusual excitement of the back part of the mouth; its prompt application to the most favourable and least sensitive spot; the habit of detecting and recognising the reflected image, particularly of those regions but little known and when the parts are moveable; the directions to be given to the individual undergoing examination to perform certain movements and to assume the attitude necessary to the most favourable arrangements of the various parts of the mouth and pharynx; in fine, the regulation of the light and of the visual direction—all these circumstances require a degree of practice and dexterity which can be attained only by *great perseverance*, conjoined with some preliminary knowledge, and some amount of natural skill.

"Those circumstances will always be very grave obstacles for the beginner, and will cause those physicians to hesitate in the employment of the laryngoscope, who do not intend to make a *specialty* of laryngoscopy."

But there is another element in the question which would militate more than all in limiting the practice of the art to a few—namely, the amount of time required for the successful exploration of any one individual case. It is not that there may be many Czermaks, many practised manipulators, but the misfortune is that every new patient requires a certain amount of training before you can apply your means of exploration satisfactorily—each throat must be coaxed into quiet submission; that watchful sentinel, the epiglottis, must be conciliated before he will permit you to peep over his shoulder into the depths of the passage it is his province to protect. Notwithstanding all these difficulties—these impediments to a general adoption of the method—it must be admitted that the value of the proceeding is not lessened by the exclusiveness of application.

There is already too much recorded in its favour to leave a doubt in the mind of anyone that in every large city one practitioner, at least, should be expert in the use of the laryngoscope.

By any determined student these difficulties may be surmounted; and when he has obtained confidence in himself, which experience and practice will give him, he will also know that by patience and *education* the most irritable throat in the most awkward of patients will be brought to submit readily to his manipulations.

In the few weeks I have myself applied the instrument, *secundum artem*, I have, on more than one occasion, been greatly aided by it in my diagnosis and treatment. My own personal experience of its use will be given in detail at no very distant period. My present purpose is limited to a mere historical account of these new means of exploration, and a reference to cases in which its utility has been plainly demonstrated. Thus do I hope to second the efforts of Professor Czermak in inducing others to test its capabilities. (*a*)

In the course of a long practice, I have never yet met with a throat, however irritable at first, in which I could not by tact, by coaxing, or by educating it, and biding my time, accomplish all I may have desired in the way of operations. So with laryngoscopy and rhinoscopy; by patience, perseverance, tact, and the necessary practice, the most intractable of throats may be made subservient to the required manipulations.

The following directions are given by Dr. Czermak for the examination of a patient's larynx by means of the laryngoscope:—

"The person examined places his hands upon his knees, the upper part of the body is advanced forwards, the neck bent onward, the nape slightly inclined backward, the mouth widely opened, the tongue flattened and held a little without.

"The observer is seated in front of the person to be examined; he places in his mouth the handle which supports the illuminating mirror, and looks through the central opening. The laryngeal mirror, introduced into the back part of the mouth with the right hand, is illuminated by the light which is projected from the illuminating mirror; the left hand can be placed upon the shoulder of the person examined, and steadies the chin and the nape, or in holding a tongue depressor, which we can often trust to the patient himself.

"In the first place, the illumination of the back part of the mouth and the mutual position are regulated; then the laryngoscope is heated, and its temperature regulated by the touch. After these preliminaries are gone through, we request the patient to open the mouth wide, and alternately to inspire deeply and to pronounce the sound *ah;* during this we endeavour to place the back of the laryngoscope against the uvula and the velum palati, to sustain these parts a little, and to give to the mirror a convenient inclination; at times it is impossible to avoid touching the posterior wall of the pharynx; the examination is directed by the image we thus obtain."

(*a*) I have been taken to task for acting contrary to the sentiments expressed in this Journal in an editorial article published June 18, headed 'Foreign Medical Interlopers.' I am as adverse as the writer of that article to foreigners engaging in practice in this country, and consider every man a traitor to his brethren who encourages them to do so; but, in upholding Professor Czermak, I am guilty of no such treachery. This gentleman is Professor of Physiology, and I have his authority for stating that, in no case does he prescribe. His vocation is simply to aid by the laryngoscope in diagnosis, and here his mission ends.

Since the publication of the foregoing directions, Dr. Czermak at the suggestion of Dr. Stoerk, of Vienna, is in the habit of holding the tip of the tongue in many cases, instead of using the tongue depressor.

The Woodcut, Fig. 1, in the foregoing page, represents CZERMAK'S LARYNGOSCOPE in its application, with a section of the throat and neck of the person examined.

1 to 7—the bodies of the Seven Cervical vertebræ.
p—the Soft Palate.
u—the Uvula.
pn—the Superior or Nasal Portion of the Pharynx.
m—the Palate Process of the Superior Maxillary Bone.
t—the Tongue.
h—a Section of the Hyoid Bone.
j—the Inferior Maxillary Bone.
e L—the Epiglottis and the Larynx, with a Section of the Cartilages.
tr—the Trachea.
T—the Thyroid Body.
k—the Laryngeal Mirror.
R—the Large Reflector, perforated by a Round Hole in the centre.
r—the Axis on which the Reflector moves.

The mouth-piece of the large Reflector *R* is held by the observer between the molar teeth.

The Reflector may also be held by means of a forehead frame, which adjusts itself like a pair of spectacles.

The rays of the sun or a good moderate lamp are concentrated by means of the Reflector on the Laryngeal Mirror, which is placed against the soft palate and uvula, *p u*.

The Laryngeal Mirror, *k*, introduced with the right hand, which supports itself on two fingers resting on the jaw, as represented in the engraving, is maintained at such an inclination, that it throws the light downwards, and illuminates the parts to be examined, and, at the same time, reflects the images of these parts into the eye of the observer. If, for instance, everything is disposed as the woodcut shows, the observer can look through the Larynx into the Trachea.

In order not to complicate the drawing, the observer's left hand is omitted; it may either be used to support the head in its position, or to depress the tongue with a Spatula, &c.

(To be continued.)

REVIEW OF BOOKS.

Manual of Midwifery. By Alfred Meadows, M.D.

There is no lack of handbooks on the obstetrical branch of Medical practice; but most of those, on a small scale, are limited to the purely practical points that present in the various emergencies of parturition. This little book comprises every branch of the subject, is clearly written, and is equally valuable to the student and the practitioner.

On Mammary Signs of Pregnancy. By J. Lumley Earle, M.D.

This little monograph is dedicated to the physician whose book on midwifery we have just noticed. The evidence of pregnancy derived from the state of the mammæ is no doubt liable to fallacy. Dr. Earle properly observes:

"It is only after the careful and minute examination of a large number of breasts, that we can attain sufficient confidence to form an opinion from the mammary changes. If the breasts of a dozen women were to be examined successively, they would probably be found to differ very much from each other; for example, the breast of one woman who was in the third month of pregnancy might present an areola an inch and a half in diameter; while another presented an areola only an inch wide in the last month of gestation; then the next two, one pregnant and the other not, might possess follicles on the areola; while another *enceinte* presented none, and so on."

The author notices the various elements of a diagnosis, such as size, pain, venous enlargement, white streaks or scars, areola, state of the nipple, &c., &c., and points out the circumstances in which these signs may give either deceptive or reliable evidence. We need go over these details, but we quote the conclusions to which Dr. Earle has arrived:

"The following is a summary of the most important points connected with the mammary signs of pregnancy, and the relative value of each sign.

"1. Both breasts should be examined.

"2. Any of the mammary signs may be found absent in an individual case; but the instances are rare in which all the mammary signs are absent at the same time.

"3. The mere enlargement of the breast as apparent to the eye is of no value in the diagnosis of pregnancy, while the sensation imparted to the finger by the hypertrophied condition of the proper gland structure is of considerable importance.

"4. The pain is the least valuable of all the mammary signs.

"5. The enlargement of the veins is a very important sign, especially when the enlargement is considerable, and above all when the veins traverse the areola; as far as I have at present noticed, venous branches traversing the areola are characteristic of pregnancy.

"6. The white streaks or scars are conclusive evidence of a present or former pregnancy, and, in the generality of cases, it is an easy matter to distinguish whether they are the products of a previous or present gestation.

"7. The increase of the diameter is most important in primiparæ.

"8. The increase of the colour of the areola is most important in the latter months of pregnancy and in primiparæ.

"9. The raised condition of the areola is characteristic of pregnancy, and is most frequently present in primiparæ.

"10. A shining appearance of the areola like polished wood is very characteristic of pregnancy.

"11. The secondary areola is a conclusive sign, and is generally most distinctly marked in primiparæ.

"12. The nipple is of no, or very slight, importance in questions of pregnancy.

"13. The branny scales on the apex of the nipple, though not characteristic of pregnancy, are of great value if they exist in large quantities, and if a small amount of fluid can also be expressed from the nipple.

"14. The mere projection of the follicles is of no importance unless they are present in a large number; but are conclusive evidence of pregnancy if they contain sebaceous material.

"15. The areola should be placed on the stretch in doubtful cases; (*a*) because if no follicles are present, those depicted in Fig. 3 may be brought into view by this means; (*b*) if follicles are present with an apparent absence of the sebaceous matter, the artificial extension of the areola may make that secretion visible.

"16. The follicles are seldom present in primiparæ.

"17. In multiparæ, the most important mammary signs during the early months of pregnancy is the sebaceous-containing follicle.

"18. In primiparæ, the most important mammary signs during the early months are the presence of milk in the breasts, and the raised condition of the areola.

"19. The mammary signs do not assist us much in determining the period of pregnancy at which a woman has arrived."

We must add that the author exhibits considerable power of discrimination, and has treated this subject in a sensible manner, and without any unnecessary pretence.

REVIEW OF THE PERIODICALS.

The 'American Medical Monthly.' *The Domain of Medical Police* in this journal, is a good summary of the objects and purposes of sanitary science. Of course, sanitary science means the annihilation of the causes of disease, to express which idea a new name has been invented—*Nosophthory!* The following paragraph reports a telling fact:

"The fertile and abused subject of Quarantine I must pass by. Good in its place, how bad is it out of place!

"In the protection of localities, it is believed that the most desirable quarantine is a dirt quarantine. 'Annihilate or exclude dirt, *i.e.*, putrefiable animal and vegetable detritus, and no migratory or malignant morbific poison can sustain its existence even if its cause be imported to the spot!' Thus, it is maintained that, by sanitary reform, all malignant epidemics are preventable; and it is interesting to know that this has been proved, even as regards plague, once the most destructive of all pestilences, and looked upon as the very type of contagion! It has now, so to speak, died out in those cities of the East to which it was formerly a frequent visitant, if not an endemic. Long ago it was finally excluded from all the parts of Western Europe, not by quarantine, but by improved local sanitary arrangements! Its fountain-head, the great Oriental capital, Cairo, before the time of Mehemed Ali, many times lost tens of thousands of inhabitants by its visitations. From here it spread, devastating over Egypt and the world! The viceroy named, and his son, Ibrahim Pasha (though unaware of the stupendously beneficial results of the undertaking), removed the hills between Boulâq and the mouth of the Nile, and transformed an immense swamp in the heart of the city, and the *recepticle* of all its filth, into a park, (or olive and fruit-bearing pleasure garden—the 'Esbekiah.') Other local sanitary arrangements were enforced, and now Cairo *(and with it, all humanity)* is free from plague!"

Dr. PETERS continues his observations on *Cainca* in the same journal.

The 'American Medical Times' contains a lecture by Dr. JACOB on *Dentition and its Derangements*, which exhibits a good grasp of his subject. Dr. A. CLARK, Professor of Pathology, contributes some *Remarks on Albuminuria*, made before the New York Academy

of Medicine. The Author does not agree with Dr. Wilks and others who think that the term "Bright's Disease" includes two or three different affections—observing :

"Now, Sir, with reference to this matter, it seems to me that the large white kidney, which is exceedingly well characterised in its appearance, and which has its own particular symptoms, is after all, but the result of a diseased action, which, by a little modification, can produce the small and contracted kidney, and that Wilk's additions are intermediate forms, and really the preparations in the kidney for one or other of these two characteristic conditions. I suppose it is proper to say, that Dr. Bright himself, in the paper which he published in 'Guy's Hospital Reports,' in the year 1836, page 381, while he seems to prefer the opinion that these different forms are really different stages of one disease, still holds the following language : 'There may, however, be some reason to doubt whether the different states of the organ are not rather evidence of modifications in the diseased action, than correct indications of the duration of the disease.' That, I believe, is the true view, Sir."

There is also a reprint in this journal of a paper on *Vaginismus with the method of Treatment*, by Dr. J. Marion Sims. We extract the following :

"In a case of vaginismus, the gentlest touch with the finger, a probe, or even a feather, produces the most extraordinary agony. The sensitiveness is at all parts of the vaginal outlet, is very great at the meatus urianus, and on each side of it, just where the hymen takes its origin ; is greater still on the vulvul or outer face of the hymen, near the orifice of the vulvo-vaginal gland, and greatest at the sulcus or reduplication from the vulval orifice. Often, the most sensitive point of all is at the fourchette, where the hymen projects upwards. I have often heard patients shriek with terror and agony, exclaiming that I was thrusting a dagger into the body, when I merely touched the sensitive points with a camel's hair pencil or a soft feather ; and again these same patients have declared that they felt comparatively nothing when I have had the parts held asunder, so as to pass a probe into the vagina, making forcible pressure against the internal or vaginal surface of the hymen, thus proving that, while the outer face of the hymen was supersensitive, its inner surface was normal. In all cases, the mere spasm of the sphincter is painful, and in many cases the sphincter ani feels almost as hard as a ball of ivory. Indeed, one of my patients supposed it to be a tumour to be cut out before she could be cured. The spasm of the sphincter is pathognomonic of the disease ; the supersensitiveness, diagnostic. The fact is more delicately shown by touching the outer surface of the hymen, particularly at its reduplication, with a soft camel's hair pencil.

"*Treatment.*—I shall not detain you with a rehearsal of the steps by which the proper treatment was finally determined ; enough has been said already to show that it was not accidental, as my observations extended from May, 1857, to August, 1859. The treatment consists in the removal of the hymen, the incision of the vaginal orifice, and subsequent dilatation. The last is utterly useless without the others, but is essential to easy and perfect success with them.

"I usually make two operations, though all may be done in one. Placing the patient, etherized, on the left side, I seize the hymeneal membrane with a pair of forceps, just at its junction with the urethra on the left side, and, putting it on the stretch, clip it with properly-curved scissors till the whole of it is removed in one continuous piece. In some cases the hæmorrhage is sufficient to require a compress of lint, thrust into the mouth of the vagina, while in others it is unimportant. In two cases the bleeding was excessive, but was easily controlled by the liquor ferri persulphatis. The cut usually heals in three or four days, after which the operation for radical cure may be performed.

"Notwithstanding the removal of the thick, sensitive hymen, the cicatrix marking the original place at the mouth of the vagina is excessively sensitive, and, in some instances, feels hard and tense, as if a small cord were constricting the outlet. This I formerly divided at different points, and in divers ways, during the course of experiments, and finally arrived at the following method as being the surest and best :

"Place the patient, fully etherized, on the back, as in the position for lithotomy, pass the index and middle fingers of the left hand into the vagina, separate them laterally so as to open the vagina as widely as possible, putting the fourchette well on the stretch. Then make a deep cut with a common scalpel through the vaginal tissue on the right of the mesial line, bringing it from above downwards, and terminating at the raphe of the perineum. This cut

forms one side, the left, *d*, *b*, of a . Then pass the knife again into the vagina, still dilating with the fingers as before, and cut in like manner on the opposite side from above downwards, uniting the two incisions at the raphe as shown by the line *d b*, which is to be extended quite to the perineal integument, and through its upper border, as shown by the dotted line *b c*. Each cut will be nearly two inches long, extending from about half an inch above the upper border of the sphincter vaginæ, across the sphincter for about half an inch, and down to the perineal raphe for nearly an inch more. Of course, this will vary in different subjects according to the development of the tissue in each. To perfect the cure, the patient will wear for a time a properly-adapted vaginal dilator. I use an instrument usually made of glass, sometimes of silver, or other metal silvered or gilt. I prefer glass, because it is cheap and easily kept clean, while, being transparent, it is easy to see how the wound is progressing without removing the instrument. Moreover, some patients have insisted that a glass instrument is more comfortable and less irritating than one of metal. I am not prepared to say whether this be true, yet there may be both truth and philosophy in the assertion, as one substance is the worst conductor of heat, and the other among the best. The dilator is sometimes introduced as soon as the operation is finished, especially if there be much hæmorrhage, which always ceases immediately in consequence of the pressure of the instrument. But most generally I do not order it for twenty-four hours after the operation, when it is worn two, three, or four hours. Its introduction is attended with a sense of soreness, but with none of the peculiar, agonising suffering, characteristic of the original disease. The instrument is usually worn for two hours in the morning, and two or three hours in the evening, more or less, according to the tolerance of the patient. I have been often astonished at the rapidity with which the cuts heal, the process being seemingly facilitated by the pressure of the glass dilator, which is to be worn daily for two or three hours, or until the parts being entirely cured, and all sensitiveness removed, the patient may be pronounced competent to fulfil comfortably and pleasantly the duty of a wife.

"The dilator is about three inches long, sometimes a little more, slightly conical, open at one end and closed at the other, and of different sizes, varying from an inch to an inch and a nalf in diameter. At the largest part near the outer extremity, there is a depression on one side for the urethra and neck of the bladder. It is open at the outer end to allow the pressure of the atmosphere to hold it in the vagina, which it does very effectively. When closed at both ends, a T bandage is necessary, and the instrument often slips. I found that a perfectly round cylinder, on being worn for three or four hours, always irritated the urethra and neck of the bladder ; hence, the urethral depression on one side, which also materially aids its self-retaining power."

The 'British American Journal.' Dr. De Bonald contributes a paper to this journal on the *Philosophy of Respiration and the Pneometer*. The author considers the effects of a sufficient, an insufficient, and an abnormal respiration on the various functions of life and the production of disease ; he then describes his new instrument the *pneometer*, which is intended to determine the expansibility of the lungs in all directions. The result ascertained from the use of this instrument conjointly, with the observations of others, are thus stated :

"From the conclusions we have drawn from the labours of authors who have written on respiration, conjoined with our own observations, the succeeding laws would appear to be established ; 1, That the quantity of air respired governs the quantity of blood ; 2, That the quantity of blood governs the weight, size, and height of the body ; 3, That every cubic inch of air respired represents very nearly a pound of blood ; 4, That every pound of blood in the body is equivalent to eight or ten pounds of the weight of the body ; and 5, That twenty-four pounds in weight of the body are about equivalent to an English foot in the height of the body."

The 'Medical Times and Gazette' commences with a report, by Dr. Wilde, of Dublin, on the *Number, Sexes, and Condition of the Blind*, with a narration of the means used for the maintenance and education of the blind in Ireland. The following paragraphs give us the leading statistics of the malady :

"In 1851 an attempt was made in Ireland (and, I believe, for the first time in the British Isles, or in any part of Europe) to note and classify the total number of persons labouring under diseases of either a permanent or temporary nature on a particular day. Among the former were enumerated the blind, of those who were, as expressed by the Census forms, 'quite destitute of sight.' From the returns so obtained we learned that upon the night of March 30, 1851, no less than 3,883 persons—1,426 males, and 2,427 females—were labouring under ophthalmia, of whom 3,465 were in the workhouses, auxiliary workhouses, and workhouse hospitals ; 236 were in Infirmaries, Fever, and General Hospitals, &c., and the remainder at their own homes. At that time the disease prevailed most in the County Cork, where as many as 1,133, or 1 in every 50 of the population on a particular day were affected. Taken in quinquennial periods, the ages at which the greatest number of

persons were effected with ophthalmia were '10 and under 15,' and from 5 to 10. Of the entire number affected, 84,136 were under 15 years of age.

"In the analysis of the potato failure, and the great famine and pestilence of 1846 to 1852, the Census Commissioners reported as follows upon the ophthalmia :—'As the sequel to the great pestilential period described in the report upon the tables of pestilence, &c., epidemic ophthalmia burst forth, and from the year 1849 to 1852, both inclusive, as many as 118,805 cases occurred in the Union Workhouses of Ireland alone, besides vast numbers in the rural districts, as well as in the different cities and towns. The disease prevailed most during the warm weather of June, July, August, and September. In the June of 1851 no less than 5,244 cases occurred.'

"According to the account of the Poor-law Commissioners, who for several years published statistical reports of this disease (as it appeared in the workhouses), sight was partially injured in 1,925 cases; in 1,270 one eye was lost; and in 517 both eyes were destroyed; so that, according to this calculation, 1 in every 35 of those affected suffered more or less. The total numbers who suffered from ophthalmia in the Irish Workhouses during the thirteen years from 1848 to 1861, both inclusive, was 199,773, or little short of *two hundred thousand*. Taking the summary of the months of all these years together, we find the disease at its minimum in December, when the average is 8,978, to July, when it rose to 25,290; after which it gradually decreased to the end of the year.

"With respect to the number of blind, we found from the inquiry instituted in 1851 that they amounted to 7,587, or 1 in every 864 of the population, the sexes being in the proportion of 100 males to 111·45 females. The proportion to the population varied from the town of Drogheda, where there was but one in 1,685, to, the city of Cork, where there was 1 blind in 447 persons. According to the provincial summaries, Connaught presented the least, and Munster the greatest number in relation to their populations. The proportion of the blind in Ireland was, according to the statistics then published, the greatest of any country of Europe except Norway, where, according to the returns made in 1845, the proportion was 1 blind to every 452 inhabitants.

"Of the Irish blind returned in 1851, there were 995 in workhouses; 4,920 in the rural, and 1,672 in the civic districts, or towns and cities composed of 2,000 inhabitants and upwards. Of the total number, 394 were pensioners from the British army."

Dr. Wilde then enumerates the numerous institutions established for the maintenance or relief of the blind.

Dr. Ephraim Cutter, of 3 Lansdowne place, Brunswick square contributes a paper on the *Veratrum Viride* as a physiological and therapeutical agent. This drug is said to be most efficacious in pneumonia, and Dr. Cutter thus explains its action in that disease:

"Compare it with venesection, once so much resorted to in these cases. The effects of depletion may be classed as three-fold :—(1.) It lessens the force of the current of blood, and diminishes its rapidity, thus guarding against its too forcible impulse upon the seat of inflammation; (2.) It exerts a sedative influence upon the nervous system, whose excitability is increased in proportion to the extent of the inflammation; (3.) it impairs the quality of the blood by a direct withdrawal of a portion of its solid and fluid constituents. As the blood soon regains, by endosmosis, its quantity but not its quality, it often renders a second and third depletion necessary, and still further diminishes the powers of life by an abstraction of successive amounts of chemical and histological elements which, at least, it requires time to replace. Now, the Veratrum Viride seems, both from its physiological and therapeutical use, to have the good effects of venesection—namely, the first and second mentioned, while it does not have the third indicated effect, which is the cardinal injurious and objectionable feature in blood-letting. Again, even when bleeding is well borne, it is a remedy that cannot be persisted in—to say nothing of that large class of patients whose easily-impressed nervous systems forbid further depletion, although the primary one has been followed by an increase of organic action even greater than before the operation. On the contrary, the Veratrum Viride may be used for an indefinite period with safety, and having once brought the economy under its influence by full and double doses, if necessary, the impression may be maintained by less doses, keeping the pulse at the desired point as long as the indications remain. (Dr. P. D. L. Baker, Eufala Ala. 'Southern Medical and Surgical Journal,' September, 1859.)

"It is very readily seen that if in pneumonitis, for instance, the pulse is at 120, and it is reduced to 60 or 70 or 80 beats per minute, the benefit gained is this :—'You very greatly diminish both the amount of the blood poured into the lungs in a given time, and the force with which it is ejected from the heart; you diminish the number of respirations, from the fact that you have diminished the functional activity of the lungs, and in this manner afford them such a degree of repose as is most favourable to a speedy resolution of the disease.' (Dr. W. Rogers, Green Island, New York, 'American Medical Monthly,' June, 1828, p. 410.) Whether this theory be accepted or not, the Veratrum Viride has been found practically to act thus."

The mode in which the remedy is administered is thus described :—

"In these cases it is the practice to push on in full doses of eight minims once an hour, till nausea, vomiting, paleness, and coldness of the skin, diaphoresis, diuresis, tingling in the extremities, inability to move the muscles, and a sense of prostration and impending death, observed by patient and friends, ensue. Thirty-two minims once an hour have thus been given in a case of puerperal peritonitis, and with a relief to the alarming symptoms. Having once thus established these effects, they are allowed to subside a little, and then kept up by smaller doses. Should they be too severe, they can be obviated by the free administration of alcoholic stimulants and opiates, as was done about thirty years ago by the subject of Example 3. And here it may be remarked that the writer's father, Mr. Benjamin Cutter, of Woburn, is in the habit of administering the Veratrum Viride to his puerperal fever cases, especially in wine, as a vehicle, and that he is very well satisfied with its results, thus combining a sedative and stimulant.

"*Toxicological Effects.*—No well authenticated case of poisoning has yet come to the knowledge of the committee. No doubt the nervous force could be overwhelmed readily enough, but the vomiting is a great safeguard. An invalid lady took, just as she was getting into her chaise to ride fifteen miles, fℨj. of the tincture by mistake for a preparation of iron she was using for a tonic. In half an hour she vomited it, and experienced the full effects of the drug. Still she prosecuted her journey, and recovered in a day or two. This is the largest dose known by the writer to have been given. Cases occur, once in a while, where patients thinking that if a few doses are doing them so much good, more will cure them entirely; where it has been given in double doses by different nurses not acting in co-operation; and where a child has drank it, not knowing what it was. In these the full effects being produced, both patient and friends are alarmed, and send in haste for the Physician, thinking the patient dying. He finds the case as stated, and on using the stimulants, or without, the bad symptoms soon pass off. The patient's anticipations of a speedy recovery have been known to have been realised in some cases. For this reason the writer would insist upon giving the Veratrum Viride in some simple vehicle, so that a teaspoonful of the mixture will represent the dose, and when nausea or vomiting begin to be felt, to stop and diminish the dose. The Veratrum Viride is given to persons of both sexes and all ages.

"Compared with digitalis the Veratrum Viride is sure, prompt, and not cumulative, according to the gathered experience. Compared with antimony its effects are not as permanent, it does not seem to directly change the character of the blood, and does not purge.

"The Veratrum Viride fails, so does opium and quinine. Our Physicians feel safe in calling it as reliable as any other article of the Materia Medica.

"In closing, the writer would state that he is provided, for testing, with a supply of the tincture, with root, seed, and botanical specimens,—the root having been collected under his own immediate supervision, and the tincture made by himself, being a similar preparation as that tested and employed by both the Middlesex East District and the Massachusetts Medical Societies. Any druggist can be supplied by addressing the writer,—Care of Thomas Morson and Son, 19 Southampton Row, marked "Order." He would be pleased also to give any further information, either by pamphlet or personal address to Medical men collectively or individually."

Dr. Hulford contributes the following *Three Facts in Physiology and their Meaning:*

"Professor Marey has proved by his ingenious experiments, that throughout the whole body all pulsations commence at the same time. This is now an established fact; but how is it to be explained? Only upon the principle of the auriculo-ventricular opening being closed to the mitral valve previous to the contraction of the ventricle. That this, also, is an established fact I have elsewhere shown. But both of these facts—the one based upon observations upon the periphery, the other upon observations upon the centre, are made still more probable by a third, known to most operating Surgeons—viz., that in ligaturing the femoral artery, if the vein be accidentally wounded, the bleeding immediately ceases on the application of a ligature to the artery. Not only are there many cases on record of this accident, but I myself once witnessed it in the hands of one of the most skilful and painstaking Surgeons. It was supposed by some present that only a small branch to the vein had been injured; but the patient dying, the femoral vein was found to have been wounded. To see whether the hæmorrhage from the vein ceased because the force from the heart was cut off, I performed the following experiment fifteen times, and with the same result :—A ligature was placed loosely round the femoral artery of a rabbit, and the vein opened a little lower down; it bled

freely; the ligature around the artery was then tightened, and the hæmorrhage ceased immediately. Here are, then, three facts full of interest to the physiologist—full of interest because they point the same way, saying to us,—Look at the distended left ventricle, with its mitral valve already *in situ*, the arteries of the body also full; the ventricle now propels its blood into the already full but not distended arteries; the larger ones yield immensely, the next in size less so, and the smallest least of all; the whole arterial system is acted upon as a cylinder of fluid, and the blood is propelled by the heart through the capillaries into the veins.

"The thoughtful Physician will gather from this that whenever, from thickening or deposit, the mitral valve cannot be raised by auricular, but requires, in addition, ventricular force, then must we expect retardation and weakness of the arterial current, with consequent sluggishness of the venous stream, local congestions, anarsaca, &c.

"One suggestion as regards ligaturing the femoral artery: Would it not be better to pass the aneurism-needle from the outer side instead of, as I believe is usually done, from the inner side? the vein getting so often external to the artery before the giving off of the profunda."

The 'Lancet.' Mr. WHITE COOPER'S *Memorabilia of Ophthalmic Surgical Practice* are continued in this Journal; and Mr. CONWAY EVANS contributes an article on the *Chlorine and Milk Treatment of Scarlet Fever and the Typhoid Fevers.* Milk is the panacea for fever, according to Mr. Evans; and its peculiar virtue is owing to the fact that it is converted in the stomach into "curds and whey." The author shall speak for himself:

"In giving milk to the fevered system, you have at once this most refreshing fluid generated in the stomach, and an unirritating solid formed, which in a greater or less degree repairs the waste of the living substance. The gastric juice converts the milk into what is popularly termed "curd and whey."

The author describes an epidemic of scarlet fever which came under his notice. The mortality at first was very severe, but Mr. Evans having, it would seem rather by luck than good guidance, prescribed a gargle in a particular case, the patient swallowed it, and unexpectedly recovered. Upon the authority of the nurse, the credit of the cure was given to this remarkable gargle. That our readers may not be in ignorance of this remedy, we extract the following sentence:

"About the fifth day the nurse said: 'She has been better, Sir, since she used that last gargle; the great restlessness is gone, the rambling talk has ceased, all putrid smell from the breath and evacuations has left. I believe,' she continued, 'it was the gargle which did it, for she swallowed the first dose.' This gargle was composed of a solution of the chloride of lime, alum astum, compound tincture of iodine, water, and a little tincture of capsicum.

Again:

"The nurse was so positive as to the cause of this favourable change, that she was directed to add a drachm of the solution of the chloride of lime to two pints of tepid water, with a little lemon-juice and sugar, and give it as a diet-drink to the patient. This, with a gruel and sago diet, an ammoniated effervescent mixture, and an occasional dose of rhubarb and grey powder and James's powder, were given, until it was safe to administer tonics and good diet. The disease spreading, the same diet-drink was adopted, and the use of chlorine extended by directing the body to be sponged, with tepid water containing it, twice a day. After the adoption of this treatment no fatal case occurred."

It is evident that the nurse deserves the credit of this success; but after all it would be difficult to say to what the cures were owing—whether to the chloride of lime, the ammoniated effervescent, the rhubarb, the grey powder, the James's powder, the tepid sponging, and so forth, for it is evident that Mr. Evans carried more than one arrow in his quiver, and shot them all. The administration of chlorines in fever is no therapeutic novelty. Dr. JAMES ARNOTT publishes a paper on *Local Anæsthesia from Cold* in the same journal.

ENTOMOLOGY.—Mr. Drury's entomological cabinet, recently sold in London, contained no less that 11,000 insects. One specimen of Scarabæus Goliathus sold for twelve guineas and a half.

THE NEW COLLEGE OF PHYSICIANS, DUBLIN, from the design of Mr. W. G. Murray, is now in course of erection. It is considered that the building will be extremely well adapted to the uses of the College.

GENERAL CORRESPONDENCE.

POISONING BY SULPHATE OF ZINC.

To the Editor of the Medical Circular.

SIR,—On reading the two cases of poisoning by sulphate of zinc, related by Dr. Fowler, I have been forcibly reminded of a case that once occurred to myself. In the summer of 1858, I went to take charge of the practice of the late Dr. Jackson, of Holytown. Only a few days after landing, happening to be in the laboratory rather late one night, a girl came in and asked for a dose of salts. The drawers in the shop, absurdly and carelessly enough, had no labels, so that I had to guess at the contents. But unfortunately, one of them was open, and thinking it to be the material required, I filled up a paper without weighing, and handed to the girl. The following evening, I received rather a hurried message from the same girl, saying that her mother had been taken suddenly ill. On arriving at the house, I found it almost crowded with people, and my first duty was to cause the majority of them to make a speedy exit. My next care was to turn attention to the patient, who I found to be a middle-aged woman, lying dressed upon the bed. On asking her what was wrong, I received no answer, and on laying my fingers on her pulse, I was not a little alarmed when I found it quite imperceptible. I then directed a few hurried questions to the husband, and he, in rather a savage manner, told me that the "*medicine*" I had given her had produced the whole of this, and ended by saying that he did not believe it was Epsom salts at all, as it had a far bitterer taste, and she had immediately vomited on swallowing the draught. A very small quantity of the solution still remains in the cup, so after testing this, the truth at once flashed across my mind; I had committed a grievous mistake; I had given *sulphate of zinc*, instead of Epsom salts. What was to be done? There my patient lay, pulseless, cold, collapsed, the heart beating feebly, and occasionally cramped in the extremities. Seizure by officers, imprisonment, trial in a court of justice, a verdict of manslaughter, probably penal servitude; these and a thousand reflections fleeted across my cranium in an instant.

Not a moment was to be lost, so I summoned all my presence of mind, and issued certain hurried directions to those in the room, to obtain warm bottles and warm bricks, while I myself seized a teapot by the fire, and poured out a quantity of hot tea, which most fortunately was in it.

This I mixed with a full teaspoonful of aromatic spirit of ammonia, and administered in divided doses. Meanwhile, hot bricks and bottles were procured and applied around her person, while I apportioned a limb to each attendant, and directed them to rub most assiduously with warm flannel. Before I arrived, she had had a most copious evacuation of the bowels, though none afterwards. The first portions of tea were immediately vomited, and she continued to retch for some time after, though gradually the stomach became tranquillised and retained the warm fluid.

Our efforts were continued for nearly two hours, when, at length, I had the ineffable satisfaction and relief of seing her look up and say, "Oh! Doctor, what a shame it was to give me that medicine." Never shall I forget the mental relief I thus obtained. The stomach was now quite quiet, and by the steady administration of the warm tea and aromatic ammonia, her pulse soon regained its normal strength, and the natural temperature returned. For some time she continued to suffer from pains and discomfort in the stomach and bowels, which, however, gradually subsided, and she recovered her wonted health.

Respecting the quantity taken in this case, I should say, certainly not less than ℥j., probably an ℥iss. Not having weighed the drug, I am unable to speak positively, but from the bulk, I should say nearer ℥iss. than ℥j.

The excellent effects of the warm tea seem to bear out the remarks of Dr. Fowler, as to its administration as an antidote.

The above case should, along with others constantly occurring, act as a warning to druggists and surgeons who have laboratories, to keep all their bottles and drawers properly labelled.

Yours, &c., J. BRISBANE, M.D.

Galashiels, 20th June, 1862.

THE CARMICHAEL PRIZES, WITH REMARKS BY THE TESTATOR ON MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—Every now and then inquiries are made in the Medical journals respecting those prizes which were offered by bequest for the best and second-best essays on the state of the Medical Profession, "with a view to render it a more respectable and efficient body." Such being the avowed object, the Profession at large is interested in the matter, and in knowing why the benevolent intentions of the testator have not been carried out. No special conditions or programme were imposed upon the writers of the essays, though certain suggestions were made as to the topics to which their attention ought to be more especially directed. The award of the prizes was to rest with the Committee of the College of Surgeons of Ireland, which, however, unwarrantably delegated the

power to three of its members, and it is scarcely necessary to say that so small a junta would be more likely to be biassed in their judgment, or to entertain circumscribed views on the subject, than the larger body. Several essayists responded to the appeal, and having devoted a considerable share of my attention to the medical organisation of this and other countries, I sent in an essay which entered fully into the consideration of the various parts of the question; but although favourably spoken of in the report made on the essays, it was nevertheless stated not to have fulfilled all the conditions of the programme.

A short time ago, I addressed a letter to the President of the College, stating the above-mentioned circumstances, and reminding the Council that competitors were induced to take the trouble of composing essays in the *bonâ fide* expectation that the prizes would be awarded as directed. I further stated that portions of my essay had been published at my own cost, and had been very favourably reviewed in several Medical and other journals in England, America, France, and Germany, but that I could not put myself to any more expense in publishing the remaining parts—treating of medical studies, hospital elections, examinations, private practice, &c.—and that I had reason to believe the real cause of the rejection of my essay was the suggestion I made to substitute for the numerous existing licensing bodies three central Examining Boards—in London, Dublin, and Edinburgh—(which suggestion, as tending to deprive the Dublin College of its licensing privilege, was not likely to be approved by the adjudicators) and I submitted to the Council, as no further steps had been taken with regard to this bequest, whether some compensation from that fund should not be made to those competitors whose essays were highly spoken of, and who used their best endeavours to second the wish of the testator. To this letter I received an answer to the effect that the Council were not empowered to comply with my request.

My chief object in competing, was the anticipation that my essay, if published under the sanction of a Medical body, that showed itself to be actuated by higher motives than a desire to promote its corporate interests, or to retain privileges if proved to be incompatible with the interests of the Profession, would attract more attention, and be likely to do more good than if merely emanating from myself individually. Besides, I think it unjust, that when a sum of money was specially allotted by a wealthy and eminent member, to the purpose of endeavouring to improve the Profession, others less favourably circumstanced should have to make sacrifices, and be left to their own unaided efforts to achieve this object. That no essay superior to mine could be produced, was proved by the fact, that though the amount of the prizes was subsequently doubled, none was forthcoming; and the futility of the excuse, that it did not fulfil the conditions of the programme, is likewise shown by the amount of matter comprised in upwared of 400 folio pages of MS., and by the encomiums of the press upon the parts already published. Moreover, my attention having been just called to the observations made by Mr. Carmichael himself, as President of the Medical Association of Ireland (as reported in the 'Dublin Medical Press' June, 1820), I there find suggestions for improving the state of the Profession very analogous to those offered in my essay. As these observations, so forcibly expressed, are nearly as applicable to the state of matters at the present juncture, as to that existing at the time they were uttered, and as they seem to be especially *à propos* to the results of the recent division in the Medical Council, respecting the regulations promulgated in opposition to its authority, and to the spirit of the Medical act, by the Council of the College of Surgeons—inasmuch as they tend to show the incorrigible nature of some of the corporate bodies, and point out the most efficient remedy for the evil; no apology is needed for making the following extracts from them.

"That men, incompetent to the due performance of this duty (the charge of the health and lives of the community), are everywhere to be met with, is obvious to every one. But it could not be otherwise, since there are eighteen (at the present day many more) chartered corporations or colleges, empowered to grant licenses to practise, which, instead of competing with each other, to supply for the public service, the most highly-qualified and well-informed practitioners exert, a miserable rivalship only in the accumulation of money. This state of the Profession calls loudly for legislative interference to prevent a continuance of the evils which must, in consequence, be inflicted on society.

"If it (Warburton Bill) does not lay the axe to the root of the evil, and deprive the several existing corporate bodies of their licensing power, who thus, in the abandonment of all principle, sell their honours to the highest bidders, but lowest in point of competence, they may as well allow the present system of misrule and abuses to remain unmolested. The people are not judges of the qualifications of a Medical man, therefore the necessity that a paternal government which watches over the health of the people should take special care to provide them with well-educated practitioners in medicine, leaving *then* the market open where the selection can only fall on a *materiel* of good quality. Physic and surgery should in education be combined; and pharmacy encouraged as a science distinct from both. There should be but three licensing bodies, one in each capital of the empire, who should, by frequent communication, preserve uniformity of education, and equality of examination. It is only in this way that the ranks of a Profession, at present crowded to excess, and sadly interfering with each other, can even *in prospectu*, be legitimately thinned. The license thus obtained would permit the possessor to practice either physic or surgery, or both in every part of the empire.

"When the number of licensing bodies is reduced to three, and the qualification to be permitted to practise shall be raised to a much higher standard than at present, the Profession, from this cause alone, will rise in public estimation, for society will no longer be inundated, as it is by unnecessary and struggling hordes of Medical men. There is no thinking or candid man in the circle of our Profession, that does not admit the absolute necessity of Medical Reform. At present, the public are totally destitute of protection against the schemes of interested or ignorant pretenders to Medical science. Not only the health but the life and liberty of any individual is at the mercy of the man who chooses to dub himself doctor. Let not, therefore, secret and underhand manœuvres of interested individuals be permitted to oppose the welfare of the public. Our object is to raise the qualification of candidates to the very highest standard, and thus to elevate the Profession itself, by keeping out the tag-rag-and-bobtail, that unfortunately for its character, and the interests of society, are, from the abuse of the licensing power, every day making their way into its ranks. While I admire the thirst and energy of not a few members of our Profession in seeking for Reform. I cannot but lament the apathy of too many of our brethren respecting the state of Medical practice. If no *esprit de corps*, or feeling of honourable professional pride can excite them, perhaps self-interest may; and let them recollect that must arise from union, which, when better organised, must advance the interests of the Profession, not only collectively but individually."

I am, &c., EDWIN LEE.

London, June 16. 1862.

THE LARYNGOSCOPE AND "PULVERISATION OF FLUIDS."

To the Editor of the Medical Circular.

SIR,—A very interesting addition to, or carrying out of the objects of, the laryngoscope has been recently made in what is termed the apparatus for "pulverisation" of fluids, by means of which a patient with ulcerated larynx, or irritable cough, is enabled to breath a fine spray for hours at a time, as if standing on the side of a ship in a breeze; this apparatus essentially consists of a matter like an ordinary quart syringe, in which certain atmospheric pressure is given to some ounces of fluid which are thrown out in a very fine single graduated column, as fine almost as a hair, with enormous force, but which, impinging on a fragment of gauze, is broken into a beautiful bland, easily respired "spray." This inhalation of spray is so like inhalation of chloroform that it is very deserving of the notice of the Profession; in hæmoptysis or bleeding from the lungs or wind-pipe, by using a solution of acid or tannin, it acts like a charm. Even such medicines as iron or iodide of potassium, or quinine added to the solution, and simply breathed in form of "spray," reach the minutest air-cells, and may be detected at once almost in the urine of an animal exposed to its action. In what is termed clergyman's sore throat, it promises to be most valuable, as also in syphilitic ulcers of the pharynx and larynx, or in those apocryphal cases where it is said the solid nitrate of silver, or sponge charged with the nitrate have been passed through the chink of the glottis. In whooping-cough, if the patient is made to breath a little spray and a few drops of chloroform, the effect is magical, as also in asthma.

The apparatus is rather expensive; Charrière has some as dear as 80 francs, and 100 francs; but I would strongly advise all visitors to the "Exhibition" in passing the French court to ask for Charrière, and he will, if requested, set the apparatus at work; and I need not say oculis subjecta fidelibus, &c., how much more, satisfactory that is than mere description.

The chief surgeons in France are indeed now quite sanguine that the inhalation of this medicated "spray" has already worked such wonders in syphilitic diseases of the throat that tracheotomy in such affections will be entirely abolished. I am, Sir, &c.,

CHARLES KIDD, M.D.

Sackville street, June 21.

P.S.—The Medical Societies are closed, or I had intended to exhibit the apparatus at some of them, as I do not think it is as generally known as it deserves to be.

SINGULAR CASE OF LOSS OF HAIR.

SIR,—I beg to communicate the following singular and, I believe, unique case of the total and persistent loss of hair from the entire of the human body. I am, Sir, &c.,

R. M. FORSAYETH, M.D.

Templemore, June 17, 1862.

"J C., head gardener in the employment of John Carden, Esq

Barnane, about forty-eight years of age, spare, thin, of not very temperate habits, continually labouring under dyspepsia, loss of appetite, and uneasiness in the epigastric region, but otherwise healthy, and from the nature of his employment, of active habit. He was attacked about four months ago with sudden headache and general illness, towards evening with much sickness, pain and uneasiness at pit of stomach, so as to alarm his wife. He went to bed and got some hot drink, when feeling better he fell asleep, and awoke early in the morning well as usual, but on his wife turning round to look at him, she exclaimed, 'what has become of your hair!' He at once discovered that not a vestige of hair existed upon his head, face, or any other part of his body. Eyebrows, eyelashes, whiskers, beard, &c., all having shared alike the same fate, taking place during the brief space of five or six hours.

"The most extraordinary feature in this unique case is, that up to this day, now about four months, I cannot discover any tendency whatever towards the reproduction of the lost hair. The chief inconvenience which he labours under results from motes, &c., flying into his eyes, by reason of the absence of the eyelashes. It is also remarkable that all his former complaints disappeared instanter. Appetite now so keen, he must get food upon rising from bed; he also has gained flesh; his skin is softer, fairer, and fresher than before, and so much altered in appearance, for the better, that although I am acquainted with him for years, yet I did not immediately recognise him when first we met, after this unusual occurrence, upon the terrace at Barnane."—'Dublin Medical Press.

To the Right Honourable Lord Palmerston, M.P., and to Sir Robert Peel, M.P.

The Memorial of the Medical Officers of Dispensaries and Workhouses in the Counties of Sligo and Leitrim,

SHEWETH,—That the application of Medical science to the promotion of the public health, and the prevention and Medical treatment of disease, being an object of national importance, and a public duty of continued toil, responsibility, and peril to the Medical Officers, your Memorialists, therefore, submit these and other grounds in support of their claim to be included in any Bill to be brought before Parliament for the superannuation pensions of Poor-law Medical Officers.

The long course of Medical education and examinations in Medical science and practice required by law to qualify Medical Officers for their special public duties, and also to aid the Crown in criminal prosecutions, and the public and corporate bodies in many matters of Medical, police, and sanitary science, give them claims superior to those of any other officers in the public service for adequate salaries and superannuation pensions from the State; for no other public officers have such onerous, responsible, and dangerous duties to discharge—liable to be called upon every day, Sunday not excepted, at all hours, by night and day, and so exposed to all weathers and forms of contagion, regardless of their own health, that their lives may be said to be a continual sacrifice to their public duties. The Medical Officer of a dispensary cannot calculate upon one hour of his own time—all seems pre-engaged by the very nature of his public duties, which are rigidly exacted by prescribed rules.

Your Memorialists pray that the same amount of public justice that is being afforded by superannuation pensions to assistant barristers, to petty sessions clerks, to county surveyors, and to the Medical Officers of county prisons and lunatic asylums, may be extended to the Medical Officers of dispensaries and workhouses in Ireland. Neither of these officials so provided for by law are required to devote their whole time to the duties of their respective offices; while the Officers of the Poor-law Medical Department are the only class which the State has hitherto neglected to protect by superannuation pensions in return for their immense physical and mental sacrifices, many of whom become disabled by long service, and, in consequence, are liable to be superseded—superannuated without pensions.

Your Memorialists, therefore, pray that, as the salaries of the Poor-law Medical Officers in England are paid in half from the Consolidated Fund, that superannuation pensions be paid from that source to the few Medical Officers in Ireland who may survive twenty years such severe service, their premature mortality being greater than that in the most unhealthy dependencies of the British Crown. (See report by Drs. Stokes and Cusack, 1848.) In the year of famine-fever, 1847, one-fifteenth of the Medical men were cut off by that epidemic, and their lives were refused insurance, except on very hazardous premiums. Your Memorialists respectfully urge the vital interests of the Medical life guards of the nation, and pray that their claims may receive your favourable consideration.

(Signed by)

ROBERT LYNN, A.B., M.B., F.R.C.S.I., Physician, Sligo Gaol and Sligo Dispensary, Chairman.

TRAVERS HOMAN, M.D., F.R.C.S.I., Medical Officer, Sligo Workhouse, Physician, Co. Sligo Fever Hospital.

W. R. HAMILTON, M.D., M.R.C.S. Eng., Medical Officer, Carney Dispensary, Co. Sligo.

THOMAS DAVIS, M.D., M.R.C.S. Eng., Lurganboy Dispensary, Co. Leitrim, and Medical Officer, Manorhamilton Workhouse.

EVONY CARMICHAEL, L.R.C.S.I., Medical Officer, Cliffony Dispensary, Co. Sligo.

THOMAS MURRAY, L.R.C.S.I., Medical Officer, Manorhamilton Dispensary, Co. Leitrim.

JOSEPH LOUGHEED, M.D., M.R.C.S. Eng., Medical Officer, Ballymote Dispensary, Co. Sligo.

THOMAS BURROWS, M.D., L.R.C.S.E., Medical Officer, Riverstown Dispensary, Co. Sligo.

SAMUEL MCNUNN, L.R.C.S.I., Medical Officer, Gurteen Dispensary, Co. Sligo.

THOMAS M. NASH, M.D., L.R.C.S.I., Medical Offier, Drunkeeran Dispensary, Co. Leitrim.

HENRY THOMPSON, L.R.C.S.I., Medical Officer, Dromahair Dispensary, Co. Leitrim.

JAMES MCMUNN, M.D., Medical Officer, Dromore West Workhouse and Dispensary, Co. Sligo.

ROBERT MCMUNN, M.D., Medical Officer, Skreen Dispensary, Co. Sligo.

JAMES D. VERNON, M.D., M.R.C.S. Eng. Medical Officer, Tubercurry Workhouse and Dispensary, Co. Sligo.

OWEN MCMANUS, M.R.C.S. Eng. L.S.A. Medical Officer, Coolang Dispensary.

JAMES TUCKER, M.D., M.R.C.S. Eng. Medical Officer, Sligo Dispensary, Secretary.

At a meeting of the Medical Officers of dispensaries and workhouses of the counties of Sligo and Antrim, held in Sligo 21st June, 1862, Dr. Lynn in the chair (Dr. Tucker, Secretary), it was proposed by Dr. Davis (Manorhamilton), and seconded by Dr. Lougheed (Ballymote)—"That the Memorial now read by Dr. Tucker, our secretary, be adopted, and that copies of it be be addressed to Lord Palmerston and to Sir Robert Peel, as the expression of our united sentiments."

Births, Marriages, and Deaths.

BIRTHS.

ATWOOD.—On the 11th ult., at Clarendon road, Notting hill, the wife of W. A. Atwood, Esq., M.R.C.S., of a daughter.

BUBB.—On the 13th ult., at Welwyn, Herts, the wife of H. Warner Bubb, M.D., of a daughter.

SEABROOK.—On the 18th ult., the wife of T. Seabrook, M.D., of Brompton, Kent, of a daughter.

SMITH.—On the 17th ult., at Upper Belgrave place, the wife of H. M. Duncan Smith, M.D., of a son.

THOMAS.—On the 20th ult., at St. Clear's, Carmarthenshire, the wife of John Little Thomas, Esq., M.R.C.S., of a son.

MARRIAGES.

ADAMS—HALLAM.—On the 18th ult., at Stoke-next-Guildford, Henry Adams, L.R.C.P.E., to Louisa Stott, daughter of Samuel Hallam, Esq., M.R.C.S.

DURHAM—ELLIS.—On the 18th ult., at the Church of St. Stephen-the-Martyr, Marylebone, Arthur Edward Durham, Esq., F.R.C.S., of Brook street, Grosvenor square, and of Trinity square, Southwark, Assistant-Surgeon to Guy's Hospital, to Mary, youngest daughter of William Ellis, Esq., of Lancaster terrace, Regent's park.

GRAY—LEWIS.—On the 24th ult., at Glasgow, Alexander C. Gray, M.D., of Goswell road, London, to Mary, daughter of W. Lewis, Esq., of Glasgow.

DEATHS.

ADAMS.—On the 18th ult., John Adams, of Uttoxeter, Staffordshire, formerly of the Potteries.

BLIGH.—On the 2nd ult., at the Vicarage, Riccall, Yorkshire, Robert Bligh, L.S.A., Lond., aged 62.

DARLING.—On the 13th ult., at Russell square, Jane, daughter of George Darling, M.D., lately deceased.

DAWSON.—On the 15th ult., at Wray Castle, Windermere, Margaret, the wife of James Dawson, Esq., Surgeon.

JESSOP.—On the 21st ult., at 4 Royal crescent, Cheltenham, Walter Jessop, M.R.C.S., Eng., Surgeon to the Cheltenham General Hospital and Dispensary, Cheltenham Dispensary for Diseases of Women and Children, and Cheltenham Ophthalmic Hospital, aged 34.

MACRAE.—On the 23rd ult., at 3 Edwardes place, Kensington, Alexander Macrae, M.D. Univ. King's College, Abern., L.R.C.S. Edin., Surgeon (January 26, 1858) to H.M.'s 97th Regiment of Foot, aged 34.

MAXWELL.—May 8, at Happy Hut, Metcalfe, Jamaica, James Maxwell, M.D., late of Evandale, aged 67.

MCSWINEY.—On the 16th ult., at Charlotte quay, Cork, Valentine McSwiney, M.D. Univ. Edin., L.R.C.S. Edin., of Macroom, co. Cork, aged 55.

MEDICAL NEWS.

Royal College of Physicians of London.—At the Comitia Majora held on the 25th ult., the following gentlemen having undergone the necessary examination, were duly admitted Members of the College:—Philipson, George Hare, M.B., Newcastle-on-Tyne; Taylor, John, M.D., Queen's-road, Bayswater; Willis, Francis, M.B., Braceborough, Stamford;—At this Comitia the following officers were elected for the ensuing year:—*Censors:* Dr. Budd, Dr. A. Farre, Dr., Birkett, and Dr. Monro. *Treasurer:* Dr. Alderson. *Registrar:* Dr. Pitman.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 19th inst.:—Anthonisz, James Edmund, Colombo, Ceylon; Badcock, Lewis Carter, Crescent-place, Camberwell-grove; Browne, George, Colchester; King, Thomas, Guy's Hospital; Mahon, George Annesly Derville, Aspley Woburn, Beds; Nelson Samuel, Acomb, near York; Robson, Matthew James, North Shields; Shapland, John Dee, Oakford, North Molton; The following gentlemen also on the same day passed their first examination:—Hayden, William George, Charing-cross Hospital; Jones, William, St. Bartholomew's Hospital.

University of M'Gill College, Montreal.—At a meeting of Convocation, held on May 6th, twenty-three gentlemen received the degree of M.D., C.M. The number included the following graduates, the subject of the Inaugural Dissertation being attached to each name:—Charles Richard Nicolls, Montreal, Surgeon-Major, Grenadeir Guards: "On Rheumatic Fever." John Edward Moffat, Montreal, Staff-Surgeon, Guards: "On Gout." Henry G. H. Lawrence, Montreal, Assistant-Surgeon, Grenadier Guards: "On Typhoid Fever." Arthur G. Elkington, Montreal, Assistant-Surgeon, Scotch Fusilier Guards: "On Pneumonia." Edward Louis Lundy, Montreal, Staff Assistant-Surgeon: "On Syphilis." St. John Killery, Montreal, Staff Assistant-Surgeon: "On Idiopathic Tetanus." Robert Atkinson, Montreal, Staff Assistant-Surgeon: "On Diseases of the Liver." Thomas B. P.O'Brien, Montreal, Staff Assistant-Surgeon: "On Rheumatism."

Queen's University, Ireland, June 25th.—The degree of doctor in Medicine was conferred, at the close of the recent yearly examinations upon thirteen *alumni* of the above University. Of these, two were students in Belfast College, four were from Cork, and seven from Galway.

The Minister of Public Instruction in Italy.—The name of Matteucci is familiar to all scientific men, and we have ourselves given publicity to the Professor's labours in this journal. Matteucci has lately been appointed Minister of Public Instruction, and enlightened must be that Government which places men of learning and experience at the head of such an important department. The Minister is at the present time on a tour through the kingdom of Italy, in order to examine the workings of Schools and Universities.

Testimonial.—On the 18th ult. a handsome clock was presented to Dr. Whitehead, on his resignation of the office of assistant-surgeon to the Kent County Ophthalmic Hospital.

Appointments.—The Board of Medical Studies of the University of Cambridge has nominated Dr. John W. Goodwyn, Physician to the Suffolk General Hospital, Bury St. Edmund's, to be one of the Examiners for Medical Degrees during the academical year commencing October next.—Mr. Herbert F. H. Barham has been appointed Resident Medical Officer to the Kent County Ophthalmic Hospital.—Dr. C. Corbett Blades, of Church row, Kennington, has been appointed by the Drapers' Company Medical Attendant to the inmates of their almshouses, Cross street, Kennington, and Chapter terrace, Walworth.—Dr. Charles P. Ingram, Assistant-Physician to the City of London Hospital for Diseases of the Chest, has been appointed Assistant-Physician to the Hospital for Sick Children, Great Ormond street.—Dr. George T. Jones is President Elect of the North Wales Branch of the British Medical Association, in succession to Mr. Thomas T. Griffith, and not to Dr. Richard L. Williams; the latter gentleman was President in 1851.—Dr. Thomas S. Gray has been elected Surgeon to the Middle District of the Royal Infirmary and Dispensary, Dundee.—Mr. Owen Tucker has been appointed Surgeon to the Bath Lying-in Charity.—Mr. George G. Bothwell has been appointed Resident Medical Officer to the Guildford and West Surrey Dispensary.—Dr. Arthur B. Harris has been elected Surgeon to the Royal Cornwall Sailors' Home, Falmouth.—Dr. Alex. C. Tweedie has been elected Parochial Medical Officer for Galashiels, Selkirkshire.—Mr. Alex. Dyson has been elected Medical Officer for the new workhouse, Deanhouse, Huddersfield.—Dr. Richard Cox has been elected Medical Officer and Public Vaccinator for Districts Nos. 1 and 6, and the workhouse, of the Bradford Union, Berks.—Dr. Henry Dodgson, whose term of office has just expired, has been re-elected Medical Officer for the Cockermouth Union, Cumberland.—Dr. J. M. Hyslop has been appointed to act as Secretary to the Principal Inspector-General, Medical Department, Bombay, during the absence on leave of Surgeon W. C. Coles, M.D., or until further orders; and Mr. W. E. Wood, Assistant-Surgeon of the Bombay Medical Establishment, has been appointed Civil Surgeon at Baghdad, in succession to Dr. Hyslop.—Mr. Robert M. Mann has been elected Medical Officer and Public Vaccinator for the Deansgate District of the Manchester Union, vice Mr. Wm. B. Scott, resigned; and for the London road District of the same union, vice Mr. Robert H. M'Keand, resigned.—The District of the Worcester Union, lately held by Mr. J. Greening, was, after his death, divided into two parts: Dr. W. Woodward has been appointed to that part of it which now forms No. 1; and Mr. J. D. Jeffery to that part now called District No. 2, and to the workhouse. Dr. Woodward has also been appointed Vaccinator for the Parishes of St. Nicholas and St. Martin, and the Tything of Whistones.—Francis Paul Palmer, M.R.C.S. Eng., L.S.A. Lond., has been reappointed one of the Medical Officers for the Walsall Union, Staffordshire.—Frederick Theed, F.R.C.S. Eng., L.S.A. Lond., having now undertaken the whole of the Medical duties to the Rhyl Convalescent Institution, it is not intended to appoint a Physician in the place of Dr. Williams, lately deceased.—George Hughes Whymper, M.R.C.S. Eng., L.S.A. Lond., has been reappointed one of the Medical Officers for the Walsall Union, Staffordshire.

Rokitansky and the Vienna School.—For the last twenty-five years has Professor Rokitansky thrown brilliancy upon the Vienna school, by his well-kown pathological investigations. It would appear that the dead-house attached to the general hospital was quite inadequate to the Professor's labours; but, undismayed by this circumstance, Rokitansky has continued for many years to pursue his valuable researches. Government at last perceived that some improvement in the building just alluded to was imperatively called for, and a very appropriate house was ordered to be constructed. On the 25th ult., this was inaugurated with great pomp, Rokitansky being, of course, the cynosure of the ceremony. The subject of his speech was "Liberty in scientific researches." The Professor has lost none of his powers, and bids fair to render, for a long time to come, valuable services to Medical science.

Royal College of Surgeons.—The Council of this institution have just issued the following as the subjects for the Jacksonion Prize of the ensuing year, 1863, viz.:—"The Pathology and Treatment of Diseases of the Larynx; the diagnostic indications to include the appearances as seen in the living person. The dissertation to be illustrated by drawings and preparations." And "The Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the Upper extremity, and the treatment of their diseases. The dissertation to be illustrated by preparations and drawings." For the present year, 1862, there are also two prize subjects, viz.:—"The Relative Value of the Treatment of Popliteal Aneurism by Ligature and by Compression; illustrated by a reference to cases." And "The Healthy and Morbid Anatomy of the Tonsils and the appropriate treatment of their diseases; illustrated by preparations and drawings." The Collegial Triennial Prize to be awarded in 1865 is on "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the anatomical distribution not being required); the communications (if any) between the lymphatics and the blood-vessels to be demonstrated; and the influence (if any) which the lymphatic vessels or glands exercise on the fluid they transmit, to be elucidated. The dissertation to be illustrated by preparations and drawings."

The Cholera at Mauritius and the French Medical Practitioners at Reunion.—A very interesting and even affecting correspondence is published in 'L'Union Médicale' between the Medical men of the French Island Réunion and the authorities of Mauritius. It would appear that at the time the cholera was raging in the latter island, the practitioners of Réunion wrote in a body to the authorities of the colony to offer the services of as many of them as would be required to go and assist their English brethren. The disease, however, declined rapidly, and the authorities answered the generous offer in a very appropriate manner, thanking the Medical gentlemen of Réunion, and announcing to them that, although touched by their willingness to assist the authorities, they were, owing to the mitigation of the epidemic, able to cope with the disease.

West Coast of Africa.—A Sickly Season.—Bonny.—Since the departure of the April mail this river and New Calabar have been visited with the worst attack of yellow fever known on the coast for the last thirty-six years. Out of a population of 140 whites 75 have been carried away within the month. The bark *Phrenologist*, in New Calabar, lost master, mate, carpenter, boatswain, and two seamen in two days. Hardly one of those who have been attacked has recovered. The sickness may be partly attributed to the long prevalence of easterly winds which blow directly across the swamps. Among the natives the mortality has been still greater, scores dying daily. As many as twenty corpses have been taken out of one house in a single day. Among those falling victims to this disease are Captain Joseph Thomson, agent to Messrs. Horsfall and Son; and Mr. Michael Hearn, agent to Messrs. Tyson and Richmond, two of the most influential traders on the coast. Trade, owing to the sickness, was almost stopped. The ship *Grand Bonny*, from Bonny for Liverpool, had been spoken. Four of her crew were dead.

Benin.—The river was very unhealthy, and trade almost suspended owing to disturbances among the natives. Rains were setting in. On March 18 Captain Frazer, of the ship *Rattler*, died; on the 25th, Captain M'Kay, agent for Messrs. Harrison and Co., died; and on April 8, Captain Granville, of the *Sunshine*, died. Fernando Po.—Trade was dull. On May 3 Mr. E. G. De Cardona died.

Consanguineous Marriages.—The following summary, as presented n Professor Morris's report in the 'American Medical Times' conveys a kind of practical instruction which every family physician should feel it his duty to enforce by professional counsel.

Class of Relationship.	No. of Families	No. of Children	Perfect	Defective
1. First Cousins	630	2911	955	1956
2. Second Cousins	120	626	360	266
3. Third Cousins	13	71	42	29
4. Double Cousins	27	154	21	133
5. Cousins, the Offspring of Cousins	61	187	64	123
6. Uncle and Aunt, Nephew and Niece	12	53	10	43
7. Incestuous	10 cases	31	1	30
Total	863+10	4013	1453	2580

A Tale of Horror.—Mr.——, we'll call him Mr. Vellum, of Melbourne, is blest with the friendship of Mr——, we shall call him Mr. Stockwhip, whose cattle station is not a hundred miles from Echuca. Stock-

whip is in the habit of sending, down tongues, potted butter, rolled beef, and fifty other up-country niceties to his town friend as presents. On Tuesday there arrived at Vellum's office a good-sized keg, the address-card in the well-known handwriting. It was late in the afternoon, just about time to start for Paradise Villa, South Yarra: the gift was safely stored in the buggy, and off Vellum started with the treasure. While tea was getting ready the keg was opened. 'How heavy it is!' says one. 'What on earth can he have sent this time?' says another. Speculation was not allayed when the lid was prised open and only dry salt presented to view. 'Dive deeper,' was the order of Pater Familias. The salt was carefully removed, and with considerable difficulty something bulky was dragged out, of indefinite shape and texture. 'Perhaps it's a Murray cod,' said one of the juveniles. 'Seems to be some preparation of pork,' remarked Vellum; 'however, let's have some fried for tea, and see how it eats.' Fried a couple of slices were; everybody tasted, but nobody liked it, it was so horribly tough. 'Perhaps we don't know how to cook it properly; suppose we try it to-morrow for breakfast,' Stewed it was, and certainly it tasted a little more savoury, but still tough. The proper mode of cooking had evidently not yet been hit upon; a piece was ordered to be boiled for dinner, and Vellum started for the day's business in Chancery-lane. There was the usual pile of letters to open, but one in Stockwhip's handwriting had the preference, and here it is:—'Dear ——, the scourge has reached us at last. Two of my finest bullocks were found dead in the paddock yesterday morning, and on being opened the indication of pneuro-pneumonia were unmistakeable. The left lung of one of them Dr.——here says is the most perfect specimen of diseased structure he ever saw. I want Dr. Macadam and Mr Miseamble to see it, and therefore I send it——to you——packed——in —salt.' Vellum's eyes began to swim. He did not dine at home that day.—'Geelong Advertiser.'

PARLIAMENTARY.—In the House of Commons, on June 20, Mr. Torrens inquired of the Secretary of State for India as to the truth of the alleged failure of the opium crop in India, and its probable effect on the revenue in that country. Sir Charles Wood said that he had received no official information. He had, however, reason to believe that there had been some failure in the opium crop, but it by no means followed that there would be a loss of revenue, because the sale of a smaller quantity at a higher price might produce as good a revenue as that of a larger quantity at a lower rate. Mr. Hennessy inquired of the Under Secretary for Foreign Affairs whether the murderer of Dr. M'Carthy at Pisa had been brought to justice, and, if so, with what result. Mr. Layard said that the murderer of Dr. M'Carthy was brought to trial on March 10, and sentenced to ten years' confinement, and to pay an indemnity to the family of the deceased. He went on to state that, although some people might take exception to the punishment as too lenient, it was according to the Tuscan code, by which the punishment of death was abolished; and, as the imprisonment was accompanied by solitude and silence, although the murderer was a very hale man, there was scarcely a chance of his surviving his punishment.

ALLEGED POISONING.—An inquiry took place on the 23rd ult. into the cause of death of Mrs. Frances Phillips, the wife of Mr. H. R. Phillips, horse-dealer, of Albert terrace, Knightsbridge. The relatives of the deceased accused the husband of having poisoned her, and her mother stated that previous to her death the deceased had told her that her husband had "Palmered" her. The body was exhumed by order of the Coroner. A post-mortem examination was made by Dr. Edwards, and a chemical analysis by Dr. Harley of University College. No trace of poison was discovered, and evidence was adduced which entirely exculpated Mr. Phillips. The jury returned a verdict, "That the deceased had died from natural causes, and that not the slightest blame was attached to her husband."

APPOINTMENTS FOR THE WEEK.

Wednesday, July 2.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—Election of Officers. 4 p.m.

OBSTETRICAL SOCIETY OF LONDON.—Dr. M'Clintock (Dublin), "Clinical Report on Turning in Cases of Disproportion."—Also papers by Dr. Harley, Dr. Braxton Hicks, and Dr. Tilbury Fox. 8 p.m.

Thursday, July 3.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

LONDON SURGICAL HOME.—*Operations:* 2 p.m. Ruptured Perineum; Ovariotomy.

Friday, July 4.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 5.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, July 7.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 8.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Professor Gulliver, "On the Blood of the Vertebrata." 4 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Strength and Beauty of Mineral Teeth. By Edwin Truman, Esq. M.R.C.S. London: John Churchill.

Dr. W. Kramer (Berlin), On the Diagnosis, Prognosis, and Treatment of the Diseases of the Ear. London: Longman and Co.

Parturition without Pain. By James Townley, Esq., L.R.C.P. Edin., F.R.C.S.E., &c. London: J. W. Davies, 54 Princes street, Leicester square.

The Mammary Signs of Pregnancy, and of recent Delivery. By J. Lumley Earle, M.D. London: J. W. Davies.

On the Treatment of Gonorrhœa without Specifics. By J. G. Milton, Esq. (Second Edition.) London: J. W. Davies.

Prolapsus, Fistula in Ano, and Hæmorrhoidal Affections: their Pathology and Treatment. By T. J. Ashton, Esq. London: John Churchill, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** The next part of Dr. Churchill's articles on Consumption, will appear in our next number.

CORONERS' COURTS.

To the Editor of the Medical Circular.

SIR,—I apprehend that the pupose for which Coroners' Courts are maintained is to compare all the evidence which can be brought forward with regard to the mode of death of the subject of the inquiry, and from such evidence, if possible, to arrive at correct conclusions thereupon.

Whether a lawyer or a medical man is the more fitted to preside over such a court, I think the following case which I witnessed a few years since will show.

A man after leaving a warm bath, suddenly staggered and fell, blood flowing copiously from his mouth and nostrils, and he died as the medical practitioner who had been summoned arrived.

An inquest and post-mortem were ordered, and Mr. —was entrusted with performing the latter, predicting meanwhile, that the man had died through *rupture of the aorta.* Upon removing the sternum and opening the pericardium, there indeed was a clear opening in the aorta *made by the same stroke of the scalpel that opened the pericardium,* and at the inquest this was given in evidence as the cause of death. It was not however explained how a communication existed between the aorta within the pericardium and the mouth.

The real cause of death must have been rupture of one of the large pulmonary vessels, the patient being almost in the last stage of phthisis; nevertheless, the coroner concurred in the finding of the legal jury, which was strictly in accordance with the medical evidence.

This case speaks for itself; the medical is nearly always the most important evidence in a coroner's inquest, and how much more careful would medical men be in giving it before a man versed in their own art. The consequences in the present instance were trivial, but what might they have been if a mistake similar in character were made in a case where an accused or suspected party is involved?

I am sure, Sir, your readers will not think that I have sent this letter to expose professional neglect, for such a case as this is a rare one, and will, perhaps, scarcely be credited.—I, am, Sir &c.,

June 23, 1862. STUDENS.

NIL ADMIRARI has called our attention to a paper on Mesmerism which appears in a recent number of the 'British Medical Journal,' and comments on the inconsistency of an editor attacking homœopathy and giving encouragement to the equally stupid fallacies of mesmerism. Nil Admirari goes on to say, "does the aforesaid editor hold two balances—one for one order of quackery and another for another, or has he really no balance at all?"

F.R.C.S.—Mr. Turner, of Manchester, is a most worthy man. His hospitality on the occasion of the British Medical Association Meeting at Manchester will not be soon forgotten. He is quite worthy of a seat at the Council.

CHIRURGUS.—Dr. Lankester for the Central District, and Dr. Mushet for the Western, are the two candidates that should be supported. We have already announced that Dr. Ross has withdrawn.

J. H.—On "Pumps" received.

Dr. G.—We do not believe that smoking a noxious weed like tobacco can be innocent to health. There is a certain amount of a most intensely-poisonous oil extricated—burnt, if you please—in the act of smoking, and who shall say that even if not swallowed, this poison does not injuriously affect the fauces and system generally? We know some hard smokers, men who smoke in earnest, unmistakable tobacco through a pipe, and they all have dull, cadaverous countenances, rotten teeth, spongy gums, with a liability to abscesses—in short, they are an unhealthy lot of humanity.

Mr. EARLE is thanked.

Mr. WILSON.—Note received, and shall be attended to.

Dr. PHILLIPS.—Copies forwarded. We are unable to give the information required.

NEGO's note on the "Laryngoscope" received. The objection is unimportant.

Dr. HUNT.—1st. No.—2nd. No.

AMICUS.—Chloroform has not, we believe, diminished the rate of mortality after operations, but there are more recoveries, because there are more operations. In those cases, such as hernia, where the ratio of recovery is increased, the improvement is owing to a better method of treatment rather than to choloroform.

Dr. TUCKER.—Received and inserted.

AN OLD SUBSCRIBER.—The fee varies from one to two gnineas a day. In your case the demand should be made for the latter sum in both instances.

Dr. TILT.—Received.

D. YOUNG.—Note received.

F.R.C.S.E. is thanked.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6242.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR NELATON'S WARDS.)

Treatment of Morbus Coxæ.

Mr. Nélaton concluded his course for the winter session by a few lectures on morbus coxæ, a disease common in childhood and youth; the management of the affection is better understood since the publications of Bonnet of Lyons, on the subject, and deserves all the attention of surgeons.

Five paramount indications must be met—viz.:

1. To relieve the affection of the joint in which the mischief has originated.

2. To prevent the deviations and displacements consequent on the arthropathy.

3. To rectify such deviations or displacements, two distinct things, when in the absence or in spite of all previous treatment, they have been induced.

4. To remove complications.

5. To restore the movement of the joint after protracted immobility.

The first indication requires general measures appropriate to the removal of the predominant diathesis, and a local treatment in which the leeching and cupping, formerly so popular, are now replaced by tincture of iodine and the actual cautery. We seldom have to deal with the early stages of coxalgia. When surgeons are consulted, local or general bloodletting are very seldom expedient. Pomades and liniments are scarcely more profitable, but, being innocuous, may be resorted to. The reiterated application of tincture of iodine over the diseased joint is a method possessed of positive efficacy. The parts should be painted over every day for five or six days in succession, until the epidermis peels off. The operation may then be discontinued, and again reverted to when the skin has healed. This remedy is one from which, according to Mr. Nélaton, beneficial results may be expected; but, when it has failed, the Professor resorts neither to blisters, which are painful and of doubtful efficacy, nor to moxas, but has at once recourse to the actual cautery.

The olive-shaped cautery, at white heat, is the best. During anæsthetic sleep, nine or ten longitudinal eschars should be established in the vicinity of the trochanter major. The lines should be drawn at intervals of an inch, and a metallic ruler will be found useful and convenient for the purpose. This appliance secures the safety, promptness, and depth of the cauterisation, and spares the patient unnecessary suffering. The most distressing consequence of the operation is not the necessarily deep scarification produced by contact with the heated iron, but the inefficient and superficial burns in the second and third degrees, inflicted by the radiation of heat. Cauterisation, thus performed, is a most powerful remedial agent, especially in relapses of a local inflammatory character. Although a patient may be progressing favourably, he may catch cold from accidental exposure, and the joint again become painful; as the fruits of persevering treatment would be imperilled, cauterisation is then appropriate. If the other measures, which we shall presently enumerate, fail in restoring the previously satisfactory condition of the part, in the course of six weeks or two months the actual cautery should again be applied. Shorter intervals are unnecessary, because in the human subject, as in the horse, the operation produces slowly its full effects, and sufficient time should be allowed for their manifestation. Two months should, therefore, be permitted to elapse between the first cauterisation and the second, and three months between the second and the third.

In a former number (ART. 5986), we have explained the method of dotted cauterisation, Mr. J. Guérin exclusively resorts to in arthralgia, and which this eminent practitioner describes as highly beneficial. Professor Nélaton opines, however, that it is not sufficiently powerful, and seldom has recourse to it except in the mildest and most recent cases of morbus coxæ.

The first duty of the practitioner in this disease, is to arrest its further progress, by placing the joint in perfect immobility; by so doing another highly-important indication is also satisfied—namely, the deviation of the hip and the consequent displacement of the bones are prevented. For this purpose Bonnet's apparatus may be used, which fixes the lumbar region of the body, the pelvis, and lower extremities, leaving the region of the sacrum and anus uncovered. This contrivance entirely prevents all movement in the articulation, but does not perfectly adapt itself to the small of the back. So long as the pain lasts, the patient remains in the groove, which is the most sedative of all applications. This apparatus is, however, expensive; a cheap and efficient substitute will be found in the appliance imagined by M. Guersant, a description and figure of which we supplied in a former number (ART. 5951.) Whatever system be adopted, the limb should lie in a parallel direction with the healthy leg, or, to speak more accurately, with the axis of the body. Mr. Malgaigne alters this principle, and recommends the thigh to be placed in exaggerated abduction, as the tendency to adduction, the most unfavourable of all the displacements to which the hip-joint is liable, is almost unconquerable.

Let us now suppose the deviation to have taken place; it must be rectified, and here Bonnet's precepts may be usefully applied. This practitioner displayed in cases of the kind an extraordinary amount of temerity. No difficulties could quail his courage; he would fearlessly destroy all attachments, and resorted, if necessary, to the most violent procedures to restore the femur to its place. After the exhibition of anæsthetics, he would firmly grasp the thigh, the pelvis being fixed on a padded board, and in one operation, which seldom lasted less than a quarter or half an hour, he would cause the bone to execute the most extensive movements. Bonnet was an athletic personage, of an earnest disposition, and perfectly convinced of the soundness of his doctrines—hence the great energy of his proceedings in the delicate circumstances alluded to. If the muscular resistance was unconquerable, he unhesitatingly resorted to the knife, and frequently divided the tendons of the adductor muscles.

Mr. Nélaton acknowledges that these manipulations inspired him with some dismay. This treatment was instituted in many cases, both in hospital and in private practice, during Mr. Bonnet's short residence in Paris, and in several a cure was effected without accident. But in other instances, particularly at the Hospital of the School of Medicine, untoward results were observed. A convalescent child, in whom spontaneous dislocation had been induced by morbus coxarius, was placed under Bonnet's care, and underwent the treatment we have described; deep-seated abscesses followed, sinuses formed, and death was the consequence. In another patient the adductor muscles were divided, extravasation of blood took place, and the case likewise ended fatally from the effects of putrid decomposition. Bonnet, it is true, declared that in his opinion, the abscesses existed in a latent state previously to his intervention; but this was mere equivocation, an evasive answer by no means acceptable to reflecting minds.

The practice of this eminent Surgeon is, therefore, in some respects objectionable, and even perilous; but yet it is not entirely destitute of real advantages, and may even confer benefits of so important a character, that it would be unwise to reject it altogether. In this, as in other matters, it is proper to separate what may be useful in the method from what is obviously injurious. We must condemn tenotomy performed on deep-seated muscular structures; these are not the only obstacles in the way of reduction; the resistance, against which the section of tendons is powerless, is often produced by adhesion of the articular surfaces to each other, or to the adjacent parts. We must, moreover, denounce efforts calculated to produce dangerous lacerations; but we entirely approve of the principle of moderate traction, and communicated movements; the knife should, in our opinion, never be resorted to.

These remarks apply to cases which are not of very long

standing, in which deviations and displacements coexist with the last embers of articular inflammation. But in cases of remote origin, which have induced lamentable deformity, if the patient is in other respects healthy and vigorous, something more may legitimately be attempted.

Mr. Nélaton related, in illustration, a very interesting case which occurred in his own practice, shortly after Bonnet had exhibited his daring procedures before the Paris surgeons. A young lady, a foreigner, aged eighteen, of brilliant health and complexion, had been six years before affected with morbus coxæ; she had recovered, but the disease had caused a contraction of the thigh so considerable that the limb was in contact with the abdomen. The dorsal region, at the same time, had sunk in to that degree, that when the patient reclined on her back, a man's head might without exaggeration have been passed under her. She had consulted all the surgeons in Europe, and repaired to Paris, fully determined to undergo the most painful operations, if any hope could be held out of relieving her of an infirmity of so cruel a character. Mr. Nélaton carefully examined the parts during anæsthesia, and ascertained that the movements in the joint were so obscure and limited, as to be equivalent to almost entire immobility. But, encouraged by the robust health of the young patient on the one hand, and on the other by her determination to seek relief at all hazards, he boldly persevered in his efforts at rectification. Several attempts were made to effect this purpose, the pelvis being securely fixed by assistants, but without any result. Mechanical appliances were then resorted to. The patient was laid on a well-padded orthopædic bed, and secured on this solid couch by a wide belt which surrounded the chest and abdomen, and prevented any displacement of the pelvis. The fulcrum of counter-extension was taken at the axillæ. A system of pulleys was then applied to the knee by means of a knee-cap bearing appropriate hooks. The operator then grasping the femur, moved it like a winch-handle to effect the laceration of the adventitious ligamentous bands, which intimately connected the head of the bone with the capsule; but even with this enormous power, the attachments remained firm after six operations.

Mr. Nélaton, in his despair, entertained a hope that the neck of the femur might perhaps give way, and considered this as the most advantageous object he could achieve in so difficult a case. A final attempt was therefore made. The circumstances were momentous in the highest degree; a strange, fearful sound was heard in the hip-joint, the limb spontaneously stretched itself out, and fracture of the neck of the femur was supposed to have taken place. An appropriate apparatus had been beforehand prepared in the expectation of this contingency. The patient was laid in Bonnet's groove, and was treated up to the fortieth day as if fracture had really occurred. Gentle movements were then daily communicated to the extremity, in order to promote the formation of a false joint, and the patient progressed in so unexpectedly favourable a manner, that, in this singular case, Mr. Nélaton still remains in doubt whether fracture and subsequent pseudarthrosis, were really induced.

Indeed, palpation never distinctly revealed the presence of a false joint, and one thing alone remains evident—viz., the perfectly satisfactory effects of the operation; the young lady now goes into society, dances and rides, and no trace whatever remains of her former condition, beyond an unimportant irregularity in the standing attitude. When both feet are placed on the same line, the figure slightly bends forward; but this ceases as soon as the foot on the diseased side is instinctively advanced two or three inches.

The above is an illustration of what surgery may effect for the rectification of limbs contracted in the highest degree. If in this case the bone was not fractured, the accident has been observed in the reduction of dislocations of long standing of the shoulder and elbow, and yet the patients have recovered without difficulty. The contingency is not to be dreaded when abone like the olecranon constitutes an absolute impediment to reduction. In the knee, sudden rectification might occasion injury to the nerves and blood-vessels, but lacerations of this description are not to be apprehended in the case of the hip-joint, and for this reason Mr. Nélaton was justified in venturing upon the bold measures which proved so brilliantly successful in the instance we have recorded.

We deem it unnecessary to reproduce the Professor's remarks on rectification by gradual and protracted extension. This procedure has been tested in succession by Humbert (of Morley) and Pravaz (of Lyons), and children have been placed, without the slightest benefit, for fifteen and eighteen months in the orthopedic apparatuses imagined by these gentlemen.

We now turn to the fourth indication in the treatment of morbus coxarius—*i. e.*, the management of complications, amongst which we must notice pain and abscesses. We are aware that the pain subsides as soon as the limb has been placed in a state of perfect immobility; the abscesses should be opened with the trochar, and injections of tincture of iodine should be thrown in. After two or three injections, their capacity decreases, and the cavity sometimes closes altogether. In some cases, a sinus remains, the evacuation of the contents is partial only, and Mr. Chassaignac's elastic fenestrated tubes may be resorted to with advantage. If the puriform secretion is supplied by osteitis, it may be proper to inquire into the expediency of excision of the hip-joint.

Our readers are not unacquainted with the fact that this very question was the starting-point of the recent debates on hospital hygiène at the Academy of Medicine. It appeared singular that an operation frequently successful in England, should always entail fatal results in France, and the failure, and consequent unpopularity of the procedure were imputed to the deficiencies existing in our nosocomial institutions. We cannot, of course, presume to foretell what Mr. Nélaton will think of excision of the hip-joint on his return from London, where he has been summoned as a member of the Jury of the International Exhibition; but before his departure from Paris, he showed but little partiality for the operation. In support of his unfavourable view of the procedure, he adduced the large number of instances in which persons afflicted with caries and sinuses recover with the aid of time. He also alluded to the perils of excision. It is easy, said he, to remove the neck of the femur, but it is far more difficult to apply the gouge and rasp to the acetabulum, without considerable risk to the patient. Mr. Nélaton, therefore, very much doubts the accuracy of the statistics which have been brought forward, and cannot believe that the proportion of cures can really, as has been stated, be more than half of the cases of operation.

To conclude our remarks on the treatment of morbus coxæ, we must now advert to the fifth indication—viz., the re-establishment of the movements of the joint.

The question of spontaneous movements, and the time during which immobility of the joint must be enforced, is one of great practical difficulty, increased by the fact that dislocation of the femur not unfrequently happens at the very time, when a cure of the disease of the joint seems to have been effected. More than once Mr. Nélaton has been deceived by these apparent cures; he permitted the patients to take walking exercise, and the head of the femur soon was displaced from the articular cavity. It is, therefore prudent, in order to confirm the good results already obtained, and yet allow the subjects to take an amount of exercise necessary for their health, and for the re-establishment of the action of the joint, to prescribe the use of crutches, sticks, or of any other contrivance calculated to support the weight of the body, and prevent dangerous pressure on the acetabulum. We may perhaps be enabled to present our readers in an early issue with the engraving of a very ingenious apparatus, to be seen at the Exhibition in Mr. Mathieu's stall, which is well calculated to answer the purpose.

Communicated movements may be also imparted; but before venturing on these or on spontaneous motion, it is indispensable previously to ascertain that the arthritis has entirely yielded; a knowledge to be acquired, as Mr. Malgaigne has shown (Art. 6225) by pressure at the back of the trochanter.

It is, however, impossible to state with precision to what extent motion is recoverable,—seven, eight, ten or twelve years may be necessary for its restoration. In many instances, it can never completely return, and ankylosis of the straightened limb is the utmost art can effect. Mr. Nélaton, however, does not altogether share in Mr. Malgaigne's discouraging conviction, that Bonnet's belief in the recovery of the functions

of the joint, is a delusion. Mr. Nélaton is acquainted with several young women, who in their infancy suffered more or less from morbus coxæ, and in whom daily progress may be observed in the re-establishment of the mobility of the articulation.

Finally, after having lasted a variable time, coxalgia is cured, the movements of the limb are restored entirely or in part, but *talipes equinus* remains in a slight degree. The surgeon is solicited to divide the tendo Achillis, but Mr. Nélaton conceives that he should decline interference, the lowering of the point of the foot being a necessity which disappears spontaneously after a little time.

ART. 6243.

AURAL SURGERY.

Remarks on Injections into the Middle Ear.

Scarcely was Eustachian catheterism introduced into practice, when the possibility and expediency of conveying, by means of this operation, into the middle ear, simple or medicated fluids and gases of various nature, became a subject of discussion.

At the beginning of the last century, the scientific world was startled by an important discovery.

An obscure and previously unknown person, a common post-master, who was completely deaf, and had in vain sought relief from empirics, impelled by a desire of curing himself, endeavoured to master the complicated anatomy of the ear.

He acquired the needful information from an attentive study of Duvernoy's work, and a careful inspection of his valuable engravings, illustrative of the structure of the organs of hearing, and at last succeeded with a lead catheter in reaching the Eustachian tube through the mouth; he then adapted a syringe, filled with tepid water, to the orifice of the metallic appliance, and injected the liquid. In a few days he was cured; after the third operation, he suddenly recovered his hearing as perfectly as he had ever possessed it.

This discovery was soon confirmed by further experience; its importance at once became obvious, and it has now assumed a prominent place in the history of surgical science.

This is an unquestionable instance of the cure of deafness by the injection of tepid water into the Eustachian passage; it is recorded at full length in the minutes of the Academy of Sciences for the year 1724, and the *Arsenal de Chirurgie* of Garengeot, which was published at the same period, further supplies us with a description and diagram of the instrument.

This remarkable case was at first received with slender confidence; the post-master, however, found many imitators, but, to say the truth, the results were of the most disheartening nature.

The theorists of the day, expatiated, of course, on the perils of the introduction of a foreign body like water, by means of a coarse contrivance into delicate structures, invested with mysterious functions, and containing naught but what was termed innate air.

These erroneous but plausible objections exercised the most fatal influence on the new and valuable discovery, and sinking beneath the shafts of well directed ridicule, it fell into the deepest and most undeserved oblivion.

Now that the violent prejudices, brought to bear against the method imagined by the deaf post-master, have long been dispelled, the important inquiries it suggests may be dispassionately entered into.

A few words in explanation: we all are aware that the mucous secretions of the nasal fossæ are capable of acquiring extreme consistency, and of adhering to the Schneiderian membrane with a degree of tenacity which can be conquered only by injections of tepid water.

The lining membrane of the Eustachian passages is but the reflection of the mucous structures of the pharynx and nares, and inflammatory action is readily propagated from the latter to the former. The secretion, whatever its abundance, undergoes in all similar changes, and may entirely obstruct the tubes. Now the diameter of the Eustachian channel being at its most contracted part—*i.e.*, at the junction of the cartilaginous with the osseous segment, but the fourth part of a line, a small amount of dessicated, hard, and adhesive mucus will readily occasion temporary obliteration of this small cavity, and promptly induce complete deafness.

This was certainly the case in the instance of Guyot, the post-master above alluded to, who first succeeded in injecting tepid water into the middle ear. Deafness is not, however, the result of one efficient cause only, and the same treatment applied in all varieties of cophosis, cannot be expected to prove always triumphant.

The truth of this remark soon became evident; but as the causes of the different kinds of deafness are now perfectly well-known, and point to the rational and methodical management of each, the objection falls to the ground.

These discouraging failures were not, however, entirely destitute of utility, and led to the discovery of several new modes of introduction of medicated fluids into the middle ear, when the injections of pure water had fruitlessly been resorted to.

Valsalva, Busson, and Munnichs had already conceived the idea of prescribing the inhalation of the vapours of odoriferous flowers, such as those of melilot, marsh-trefoil, &c., and causing them to pass into the Eustachian tube, during forced expiration, the nose and mouth being closed.

The notion of using medicated air in the treatment of deafness, is also to be found in Haller's writings. He mentions a surgeon who was in the habit of recommending the inspiration of hydromel-vapours with benefit. Somewhat later, in 1792, Herpold, of Copenhagen, proposed the substitution of common air for the various injections in use at the period, and he would appear to have met with a surprising degree of success.

It is an unquestionable fact that the injection of air promptly deobstructs the Eustachian passages and the drum, when these cavities are filled with inspissated mucus. This secretion adheres to the fenestræ and ossicula, interferes with the regular performance of their functions, causes hardness of hearing and tinnitus, and if from its viscidity the internal orifice of the tube becomes agglutinated, entire deafness must promptly follow. In cases of this kind it must be acknowledged that a small quantity of air, cautiously injected, will break through the thickened but yet liquid secretion, divide the mass, and separating its particles, at once restore the freedom of the passage, and the temporarily interrupted action of the organs.

The patient in such cases rapidly, in general instantaneously, recovers his hearing, in the same manner as the perception of light is at once re-established in the blind after the removal of cataract.

These singularly fortunate cases are, however, unfrequent, at least, as far as the ear is concerned; the surgeon has more usually to deal with organic causes which, by slow operation, have destroyed hearing. The result cannot therefore be expected to have always the same characters of promptness and decision.

Chronic inflammation of the middle ear and of the Eustachian tube, is one of the most common and obstinate of the diseases which occur in practice, and in this affection the mucous membrane is always more or less thickened.

Itard was the first who described the disease with the care it deserves, and he displayed his usual acumen in the delineation. He soon, however, discovered that in this instance, the chronic morbid changes of the mucous membranes did not yield to the injection of water, and still less to the air-douche; but that sulphurous douches were beneficial and also resinous, or aromatic injections, or even vapours of ether when a nervous condition distinctly co-existed.

Such was the state of the question when Marc-D'Espine published his researches on diseases of the ear, and again demonstrated the utility of the injection of solutions appropriate to the peculiarities of each case. Thus the diluted solution of potash, of nux vomica, strychnia, and vératria, were found unquestionably beneficial in several obstinate and predetermined morbid conditions.

I have myself recorded many instances illustrative of their efficacy. *(a)*

Daily experience has since confirmed these results in the most positive manner. *(b)*

Here lies the entire secret of the treatment. To attempt to remove the manifold causes of deafness by one procedure (such as the air-douche, for instance), is a system which can lead to no result but disappointment, and must eventually bring medicine into discredit. It is only by careful examination and accurate diagnosis of the disease the surgeon has to deal with, that he can hope to institute measures of treatment calculated to do good, in those cases at least which are not beyond the reach of Medical art, and are yet susceptible of improvement, or even of recovery.

I may add, in conclusion, that very few diseases of the ear are entirely local.

Gout, rheumatism, syphilis, and, above all, scrofula, perpetually baffle the most ingenious and well-directed efforts of the surgeon, who resorts only to local measures. These important complications must, therefore, always be borne in mind, and I may say that in the course of my personal experience, I have met with many instances of deafness which yielded to an appropriate and persevering general medication.

Certain mineral waters will also be found extremely beneficial in peculiar cases. TRIQUET, M.D.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

No. XI.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (c)

CASE XIX.—PHTHISIS IN THE THIRD STAGE.

Previous duration.—Four years.

Symptoms.—Emaciation; debility; shortness of breath; cough; expectoration; fever; night-sweats; sleeplessness; loss of appetite; vomiting; diarrhœa.

Lesion.—Cavity at the apex of left lung; softened tubercles over its anterior aspect and at its posterior apex; tubercles at apex of right lung.

Result of Treatment.—Disappearance of general symptoms of stethoscopic signs of right side, and of signs of softening on left side; persistence of signs of cavity.

Duration of Treatment.—Five months.

Lieutenant-Colonel K., a native of England. Disease not hereditary; began four years ago. Patient then made several long sea-voyages, remained some time in New Zealand, and improved somewhat while there. But towards the close of 1859, all the symptoms grew much worse, and diarrhœa set in for the first time. Recourse was had to cod-liver oil and to steel, which had relieved him when first attacked, but now failed to arrest the progress of the disease. After much pressing, his physician consented to prescribe the hypophosphites; but, whether they were improperly administered (the physician thinking them of no value, and merely prescribing them to satisfy his patient), or whether the preparations employed were impure, they also were productive of no benefit. Meanwhile, as the patient kept getting worse, he was induced by hearing of several cases which I had treated with success, to come to Paris and put himself under my care in April, 1860. He was then in the following condition:—Considerable emaciation, which has made great progress, especially of late; strength much reduced; dyspnœa so distressing that he can hardly ascend to the first-floor; cough very frequent and troublesome, particularly towards night, becoming incessant when the patient happens to be in a room where many persons are assembled. He is consequently unable to dine at a table d'hôte, or to go to a reading-room. Expectoration muco-purulent and nummular, about one-fourth of a tumblerful daily. Fever towards evening, and occasional night-sweats; sleeps badly, and has no appetite; vomits at times; no hæmoptysis; has been troubled with diarrhœa for the last two months.

Local signs.—Expansion of the ribs imperfect on the left side. On percussion, in front, dulness above the left clavicle, and below it for three fingers' breadth; diminished resonance in the rest of that side. On the right, dulness above the clavicle, as well as below it for three fingers' breadth. On auscultation above the left clavicle, cavernous respiration with abundant gurglings during cough; perfect pectoriloquy; same signs below the left clavicle and throughout the whole extent of the dulness; below, down to base, moist rattles of varying size and intensity. In the upper third of right lung, large moist crepitation and bronchophony. Behind, during inspiration, the left shoulder rises less than the right. On percussion, diminished resonance at the apex of left lung. On auscultation, moist crepitation in the left fossa supra-spinata; increased resonance of voice in the fossa supra-spinata and the upper part of the intrascapula region. Diminution of the respiratary murmur in the rest of this side. On the right, exaggerated respiration.

Diagnosis.—Cavity at the apex of left lung; softened tubercles in the remainder of its front aspect and its posterior apex; softened tubercles at apex of right lung. The rapidly-increasing aggravation of the general symptoms, the digestive complications, and the great extent of the local lesions, rendered my prognosis of this case most unfavourable. Nevertheless, under the influence of the specific treatment, methodically employed, all the general symptoms rapidly improved. The diarrhœa disappeared, appetite returned, the fever and night sweats ceased, sleep returned, the intensity of the cough considerably diminished, and in six weeks the patient was already in a very satisfactory state. On ausculation, the left lung still presented the signs of excavation, but the rattles at the base had disappeared. On the right there were the same moist crepitations, but they were less distinct, and much less numerous. In three months and a half, though the improvement was much interfered with by the cold damp summer of 1860, the specific treatment gradually dispelled all the general symptoms, and in August of the same year I considered the patient cured. He then left Paris for a tour in Germany, and then returned to England. His state then was as follows:—He had gained flesh, and weighed six pounds more than before. He had no cough, except very slightly in the morning to expectorate three or four small muco-purulent sputa floating in a limpid salivary fluid. He had no dyspnœa, and his respiration was so easy that he was able to walk long distances. He visited all the public monuments without fatigue, and, as he told me, even went up to the top of the triumphial arch without being so much out of breath as several friends who accompanied him. There was no fever nor night sweats. He slept well, his appetite was good; No vomiting, and the diarrhœa had entirely disappeared; in short, his general health was perfect.

Local signs.—Inspiratory expansion of left side, still imperfect. Percussion dulness the same as at first on left side, but diminished on the right. On the left side cavernous blowing without gurglings; perfect pectoriloquy; fine dry clicking during cough, no rattles nor crepitations. On the right, below the clavicle, increased vocal resonance, but no rhonchi. Behind, percussion and auscultation normal on both sides.

I have since seen this patient twice, when passing through Paris. He was still quite well, had passed the autumn in England, and frequently gone out shooting. I saw him again in May, 1861. He had passed the winter well, had grown quite stout, and was never better. The left side still presented the same signs of excavation. On the right, respiration was quite normal. I had the opportunity of examining this patient in May last, and noted as follows:—

General health perfectly good; a little cough and expectoration in the morning only. On the right side, percussion and respiration, cough, and voice quite normal. On the left side, dulness on percussion, cavernous blowing and pectoriloquy above the clavicle, but no *râles*, even during cough. Below the clavicle dulness on percussion for a finger's breadth, with blowing respiration and bronchophony. In rest of lung, respiration normal.

The above signs indicate a gradual contraction of the cavity of the left lung, and a permanent restoration of the right to its natural condition.

CASE XX.—PHTHISIS IN THE THIRD STAGE.

Previous duration.—One year.

Symptoms.—Debility; emaciation; thoracic pains; difficulty in lying down; sleeplessness; night sweats; fever and rigors; dyspnœa; cough; expectoration; hoarseness; anorexia; dyspepsia; vomiting; occasional diarrhœa,

Lesion.—Cavity in the right lung, with softened tubercles in front.

Result of Treatment.—Disappearance of the general symptoms. Very great improvement of physical signs.

Duration of Treatment.—Four months.

Mr. N., æt. twenty-four, a native of England.

June, 1860.—Several of patient's relatives have suffered from chest diseases. Has always been in very delicate health. Pale complexion; his illness first came on about a year ago, but got much aggravated in March last. Has grown so weak that he can no longer ride on horseback, as he has always been accustomed to do. Considerable emaciation; complains of pain in the right side, and

(a) *Practical Treatise on Diseases of the Ear.*

(b) We shall take an early opportunity of supplying the formulas of these various injections.—H. C.

(c) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

cannot cannot lie on that side; sleeps badly, and sweats so profusely that he is obliged to change his linen every night. Fever and rigors in the evening; pulse 120; considerable dyspnœa; coughs a good deal; voice very weak; has had no hæmoptysis; has no appetite; digestion difficult; frequent vomitings. For a month past has been troubled with diarrhœa.

Local signs.—Thorax much emaciated; imperfect expansion of the right side. Dulness on percussion over the whole of right side; normal resonance on the left. On auscultation, on the right above the clavicle as well as below, for four fingers' breadth, cavernous respiration, with pectoriloquy; below, moist rattles down to base. On the left, exaggerated respiration especially at the apex; behind right shoulder rises less than the left. Percussion, dulness in the right fossæ infra-et supra-spinatæ; diminished resonance throughout the rest of this side. Bronchophony in the fossa supra-spinata, and in the intra-scapular region of right side; coarse respiration in the rest of the lung. On the left, normal respiration.

Diagnosis.—Cavity and softened tubercles in the front of right lung. The treatment of this patient lasted four months. Within the first fortnight there was a decided improvement of all the symptoms, which continued without interruption till September. He had then recovered his colour, his strength had returned to such an extent that he could ride on horseback as well as before his illness. He had grown stout; the thoracic pains had disappeared as well as the sleeplessness and night sweats; no fever nor rigors in the evening; no dyspnœa; appetite good; digestion easy; no vomiting; no diarrhœa; a very slight cough in the morning without expectoration.

Local signs.—Imperfect expansion of right side, and dulness on percussion. On auscultation on the right, the same cavernous respiration and pectoriloquy as before. A few dry cracklings during forced inspiration or coughing; the rhonchi at the base have disappeared. Behind, diminished resonance on the right side. On auscultation, the respiration of right side was considerably weaker than on the left, where it appeared perfectly normal. Though this patient was not definitively cured, as he was most anxious to return home, I did not oppose it, and he accordingly left Paris. I have heard from him since, and in January, 1861, he continued to enjoy good health.

Case XXI.—Phthisis in the Third Stage

The four following cases are from my first year's dispensary patients:—

Previous duration.—Seven months.

Symptoms.—Debility; fever; cough; expectoration; hæmoptysis; night-sweats; dyspnœa; loss of appetite.

Lesion.—Softened tubercles occupying the whole surface of the right lung before and behind; formation of an excavation during treatment.

Result of Treatment.—Improvement of the physical signs, and almost complete disappearance of the general symptoms; persistence of signs of excavation.

Duration of Treatment.—Nine months and a half.

Auguste F., æt. eighteen, unmarried, an architect.

Nov. 15, 1858.—Doubts as to disease being hereditary; habit of body eminently tuberculous; cheeks red; complexion clear; pearly conjunctiva. Says he has grown a great deal of late; has been ailing for seven months past; his strength diminished considerably at first, but has returned a little recently; has not lost much flesh, having always been of spare habit; has fever occasionally in the evening, but no rigors; cough frequent, especially in the morning; muco-purulent expectoration not very abundant; has vomited blood twice, the first time only a little, but the last time, on 26th September, he threw up a considerable quantity of clotted blood through the mouth and nose; the night-sweats, which were very abundant, especially after the hæmoptysis, have diminished within the last week; has no difficulty in lying down; sleeps well; dyspnœa moderate; moist tracheal râle audible at a distance; appetite capricious, does not vomit, and digests well; no colics or diarrhœa; one natural motion daily; has ceased attending to business for three months, but returned to it again on the 1st of June, but is obliged to remain in an office, and cannot go out; has taken cod-liver oil for five months; for a month past has been taking hypophosphite of soda. Pulse 144, regular.

Local signs.—In front, on percussion, dulness above the right clavicle, as well as below for about four fingers' breadth. On auscultation on the left side, below the clavicle, coarse respiration with jerking inspiration; on the right, above the clavicle, blowing respiration, with small gurglings greatly increased during cough, considerable resonance of voice; below the clavicle, numerous moist rattles, completely replacing the inspiratory sounds; imperfect pectoriloquy; same phenomena over the whole space corresponding to the dulness; the respiratory murmur is not perceptible higher than three fingers' breadth below the clavicle, and down to base it is mixed with moist rattles and dry crepitus; vocal resonance much increased; behind, on percussion, dulness in the right fossa supra-spinata and the whole corresponding intra-scapular region; diminished resonance in the fossa infra-spinata of the same side; on auscultation on the left, in the fossa supra-spinata, weak respiration; nothing abnormal in the rest of the lung; on the right, in the fossa supra-spinata, fine mucous rattles, almost completely replacing the respiratory sound, and increasing during cough bronchophony; the same phenomena in the fossa infra-spinata, in the intra-scapular region and throughout the whole extent of lung, except just at the base, where the respiratory murmur is very weak.

Diagnosis.—Softened tubercles throughout the whole extent of right lung, both before and behind. Probably crude tubercles at apex of left.

Treatment.—Hypophosphite of soda, gr. viij. daily.

November 22nd.—Patient is rather better; the night sweats have ceased; the fever is less. The appetite has improved, and the cough somewhat diminished. Pulse 130, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. xvj. daily.

November 29th.—Cough continues to diminish. The sweats returned during five or six nights, but ceased again last night; appetite remains the same; dyspnœa somewhat relieved; no fever; last night had slight epistaxis; pulse 130, regular, moderately full.

Treatment.—Hypophosphite of lime, gr. viij. daily.

December 6th.—Expectoration decreased; no sweats for the last two nights. Fever still comes on from time to time, but is less frequent and less intense; sometimes passes a day without any; appetite good; pulse 148.

Treatment.—Hypophosphite of lime, gr. xvj. daily.

December 15th.—Cough diminishes; strength remains the same; appetite continues good; the tracheal râle still audible at a distance; pulse 120, regular, moderately full.

December 29th.—No night-sweats nor fever; dyspnœa has decreased; he expectorated one bloody sputa some days ago; appetite good. Pulse 140, rather irregular and small.

Treatment.—Hypophosphite of soda, gr. viij. daily, after suspension for two days.

Jan 10th, 1859.—The fever and night sweats have not disappeared. The cough and expectoration are moderate.

Treatment.—Hypophosphite of soda, gr. viij. daily.

Same treatment after four days' suspension.

Jan. 28th.—Patient has sweated a little this week, with slight epistaxis. Pulse 120, regular, moderately full.

Treatment.—Cupping at the base of the thorax.

Feb. 11th.—Coughs very little, and in the morning only; has had night-sweats once during the week; pulse 140, rather irregular, and weak.

Local signs.—In front, on percussion, considerable dulness above the right clavicle, and below for a space of three fingers' breadth; still lower down, the resonance is pretty good, though less than on the opposite side. On auscultation on the left, one or two cracklings only after deep inspirations; no resonance of voice nor of cough; at the base, jerking respiration; on the right, above the clavicle, blowing respiration, with small gurglings; imperfect pectoriloquy; gurgling during cough; below the clavicle, very numerous fine cracklings; distant pectoriloquy; a little gurgling during cough; the same signs almost down to base, except the vocal resonance; behind, on percussion, dulness over the whole of right side. On auscultation in the left fossa supra-spinata, slightly increased vocal resonance, without râles or cracklings; respiration rather weak in the rest of the lung; on the right, in the fossa supra-spinata, fine crepitant rattles; prolonged expiration; the same phenomena in the upper part of the intra-scapular region and in the fossa infra-spinata down to the base.

Treatment.—Hypophosphite of soda, gr. viij. daily.

February 28th.—Patient scarcely coughs at all, and expectorates very little (about half a spoonful daily); has no night-sweats; strength and appetite good; slight dyspnœa; pulse still 112, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij. daily, after suspension for four days.

March 18th.—Very little cough; scarcely any expectoration; very slight dyspnœa; no night-sweats; appetite good; pulse 120.

Treatment.—Hypophosphite of soda, gr. viij. daily, after suspension for four days.

March 28th.—Improvement continues; now works eight hours a day, and can attend to out-door business; has not lost flesh; pulse 100, irregular. Same treatment.

April 20th.—Is going on well, and now complains of nothing but slight dyspnœa; pulse 120.

Same treatment, after suspension for four days.

May 20.—No night-sweats; strength good; hardly any cough, and very little dyspnœa, but for some days past her appetite has fallen off.

Treatment.—An emetic.

May 11th.—Appetite has returned; pulse 120.

Treatment.—Hypophosphite of soda, gr. viij. every other day.

May 30th.—Hardly any cough; says that he has grown since he began my treatment; epistaxis occurred the day before yesterday. No treatment.

July 15th.—Patient continues to improve, but the cough has slightly increased; he has had night-sweats and epistaxis; pulse 120, regular, and moderately full.

On examination the following was noted:—Very marked depression of the right side, with imperfect expiratory expansion. Anteriorly, on percussion, cracked pot sound above the right clavicle; below, dulness for a space of three fingers' breadth, with diminished resonance over the remainder of lung. On auscultation, above and below the left clavicle, rather coarse respiration; voice natural; no râles nor cracklings. On the right, above the clavicle, cavernous respiration; very numerous fine gurglings; perfect pectoriloquy; the same below, gurglings in upper three fourths; coarse and prolonged respiration in the lowest fourth. Posteriorly, dulness in the right fossa supra-spinata as well as in the fossa infra-spinata. On auscultation, on the left, in the fossa supra-spinata, a few cracklings, which increase during cough, and are then accompanied by a few sibilant rhonchi; respiration rather faint in the fossa infra-spinata. On the right, in the fossa supra-spinata, cavernous respiration, numerous fine gurglings, increasing during cough; perfect pectoriloquy. The same phenomena in the fossa infra-spinata and the intra-scapular region, except quite at the base.

℞. Solut aconite, gut. 120;
Syrup. simpl. ʒij.;

A teaspoonful each night.

Aug. 22nd.—Improvement maintained; good appetite; strength satisfactory; pulse 96, regular, moderately full.

Treatment.—Resume the hypophosphite, in doses of gr. viij. daily. This was the patient's last attendance at the dispensary, as he considered himself well, but in January, 1860, he was seen by one of my pupils, and was then following his ordinary avocations, the only symptom left was a little cough.

(To be continued.)

THE HISTORY OF THE LARYNGOSCOPE.

By JAMES YEARSLEY, Esq.,

Surgeon to the Metropolitan Ear Infirmary, Sackville street.

(Continued from page 11.)

Although I have no desire to say aught to discourage the attempts of any would-be laryngoscopist to achieve success in this new art of exploring the larynx, it is but right to prepare him for the difficulties which will at first beset him, in order that he may bring to the task the necessary amount of patience and perseverance by which alone he will surmount them. He must make up his mind that his first examinations will be unsatisfactory—he will obtain no positive results—his own awkwardness and want of tact and gentleness in adjusting the laryngeal mirror on the one hand, and the rebellious throat of his patient on the other, the opening of the mouth, the position of the tongue, the projection of the focal light on the proper spot, are so many obstacles to a first success. But be assured the attempt having been made is a step gained. Preparatory to a second examination, you instruct your patient to accustom his throat to the presence of foreign bodies, by which its sensitiveness will be greatly reduced.

Those only who, like myself, are engaged in treating throat affections, know what care, and preparation, and teaching, are sometimes necessary before we can venture on any local application to the highly sensitive mucous membrane in and about the larynx, the mere touch of which will sometimes produce an alarming spasm.

Nothing can be more frightfully exciting than one of these *contretemps* from sponging the larynx. You withdraw your instrument, and whilst you are wiping it, your patient rises from the chair; you turn round and you see her casting upon you a most anxious and imploring look for help, wringing her hands, and running here and there instinctively towards the window for more air, under the appalling sense of impending suffocation, and this would be her inevitable fate, if, in one minute, more or less, the spasm of the glottis did not subside. Coolness and freedom from any apparent apprehension on your part will accelerate this desideratum. By a confident manner and an encouraging word you contribute much to remove the alarm which your patient experiences, and this you do whilst meditating and preparing for a plunge of your trocar into the trachea, to save her from instant death. I have spoken of the patient as of the feminine gender, for in nine cases out of ten, such an accident occurs to women from the infinitely greater sensitive organisation of the larynx in them than in men. I am not aware that this fact has been noticed before, but such is undoubtedly the case. You may spend minutes in preaching and teaching a woman how to comport herself whilst you are in the act of sponging or brushing her throat, how she is for the moment to resist the act of breathing, and how well and successfully she can do so by forcing up and fixing the diaphragm; she will assure you she quite understands it, and is prepared; she opens her mouth, and the instant your brush or sponge touches the pharynx, up go the uvula and soft palate, and down goes the epiglottis; but this does not prevent you from completing your operation. The next moment may occur the scene I have attempted to pourtray. Not only is the larynx in women more sensitive than in man, but I believe also she has not the same power over the action of the diaphragm; at all events, it is difficult to teach her the mode of fixing that muscle pending the act of sponging the throat.

Dr. Turck recommends young beginners to commence their experiments upon the dead body; but dead bodies are not so easily met with, and therefore Stoerk proposes to study the larynx of dogs, pigs, or sheep. Dr. Czermak's experience is greatly in favour of auto-laryngoscopy; and, by the surprising experiments he makes upon himself, he has amply demonstrated the feasibility of the practice.

For this purpose he has devised a special apparatus, consisting of a concave mirror perforated in the centre, for the advantage of an observer. The strong light of a moderator lamp is thrown upon the mirror, and the concentrated rays are made to impinge upon the back part of the mouth of the person who is examining himself. By the aid of a quadrangular piece of glass between himself and the illuminating mirror, he can see all that the observer can see who is looking through the central opening of the latter; but, to make this operation more clear to the reader, I will give a wood-cut of the apparatus in my next paper.

BIBLIOGRAPHY.

The subject of Laryngoscopy being new, the literature bearing upon it is, of course, very limited, and, therefore, easily traced. A very contributed nothing towards it; and it is only so recently as March 27, 1858, that we find the first special article "On the Laryngeal Mirror" in the 'Gazette Hebdomedaire de Vienne,' from the pen of Dr. Czermak. The subject was followed up by the same author on April 17th in the same journal. In the same year, May 28th, his friend and pupil, Dr. Semeleder communicated a paper at the sitting of Physicians at Vienna, "On the Employment of the Laryngeal Mirror in the Diagnosis and Treatment of Diseases of the Tongue."

On June 28th, Dr. Turck published his first article in the 'Zeitschrift der Geselltschaft der Aerzte zu Wien.' On December 20th, Dr. Stoerk sent to the same journal an account of two pathological cases in illustration of the value of the laryngo-pharyngeal mirror. About the same time Dr. Neudoerfer described a new canula for laryngotomy, to explore the larynx and trachea by the aid of a speculum introduced through the wound. These are all the communications which appeared in 1858.

In 1859, Czermak opened the year with a communication in the 'Gazette Hebdomedaire de Vienne,' January 8th, "relative to the surprising discovery of a small polypus situated upon the right vocal cord in an individual affected with hoarseness, said to be 'nervous.'"

In February, we find him publishing, in the Hungarian language, 'Researches on Laryngoscopy, with engravings on wood, and illustrated by seven Pathological Cases.' In the same month, Dr. Turck sent an article to the 'Zeitschrift der Geselltschaft der Aertze zu Wien,' "Upon an art in the examination of the Larynx," and in March he also communicated to the Society of Physicians of Vienna, a series of pathological observations, seven in number, and made with the aid of the laryngoscope. In April also was commenced in the 'Allgemeine Wienar Medizinische Zeitung,' a series of papers 'On the Laryngo-pharyngeal Mirror, and its Employment in Diseases of the Larynx and neighbouring parts.' In the 'Weiner Med. Wochenschrift' of April 16, and following numbers, will be found Dr. Czermak's second article, entitled 'Researches in Laryngoscopy.' In the same year also appeared communications by Dr. Gerhardt, of Tubingen, by Drs. Semeleder, and Stoerk, all bearing testimony to the value of laryngoscopy, but the race for fame, as has been seen in this new art, has been mainly between Drs. Czermak and Turck, both being most zealous and indefatigable in the cause.

Dr. Czermak's memoir, entitled 'On the Laryngoscope and its Employment in Physiology and Medicine,' originally published in German, has been translated into French, and from the French into English for the Sydenham Society, by Dr. George D. Gibb, to which translation I am indebted for much of the information to be found in these papers. The occasional notices which have appeared in the French and English journals, have been but mere items of news, or scraps of translations supplied by German correspondents, but by the recent visit of Dr. Czermak to this country a stimulus has been given to the subject, and now whatever there be of value in this new method of investigation will be eliminated in the inquiry set on foot by that gentleman, or, on the other hand, of exaggeration, will be as surely softened down into sober truth.

(To be continued.)

The Todd Memorial.—The labours of the sub-committee entrusted with carrying out the wishes of the subscribers to the Todd Memorial, have now terminated. In the vestibule of King's College Hospital is erected a full-length marble statue of Dr. Todd, by Mr. Noble. The ceremony of uncovering the statue took place at a meeting convened for that purpose on Thursday, July 3. In addition there has been established an annual prize for Clinical Medicine, which is to bear the name of the Todd Prize. It is to consist of a large bronze medal, by Wyon, bearing a profile of Dr. Todd on the obverse and the College arms on the reverse, with a suitable inscription, together with a prize of books of the value of 3*l.* 3s.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

SERO-CYSTIC TUMOUR OF THE ANKLE, CLOSE TO THE JOINT—REMOVAL.—MR. PRESCOTT HEWITT.

When tumours make their appearance in the vicinity of important joints, the necessity of early removal is clearly indicated, because in the early stage of development there is less risk of opening the synovial membrane during the operation, and also because the increasing size of the tumour will make the destruction of the joint probable, unless early removal be resorted to. The following case is one of those in which this rule was followed with a very satisfactory result:

The patient, a labourer, fifty years of age, was admitted into St. George's Hospital on the 21st May last, under the care of Mr. Prescott Hewitt, in consequence of a small tumour on the inner side of the left ankle joint, just over the malleolus. It did not exceed the size of a walnut, but had gone on steadily increasing since he had first noticed it, eight months previous. He could assign no cause for its appearance, as he had never worn tight boots or received any injury to the part.

The tumour was circumscribed, firm, and hard, but not osseous in texture. It was perfectly moveable under the skin, and not in any way connected with the bone. It was not painful to the touch, but caused the patient considerable inconvenience in walking.

On the 29th of May, Mr. Hewitt made a longitudinal incision over the tumour, and dissected it out. It was connected to the periostum in one part, but it was carefully removed without injury to this membrane.

The tumour was found to be composed of a number of small cysts, connected together and freely communicating with each other. The cysts contained a thick, cheesy matter, and had little bodies growing in them. They were of the tubero-cystic kind.

The man made a very quick recovery, and was discharged on the 14th of June, perfectly cured.

ST. MARY'S.

MALIGNANT DEGENERATION OF THE LOWER EXTREMITY OF THE FEMUR—AMPUTATION OF THE THIGH—RECOVERY.—MR. URE.

When malignant disease attacks persons far advanced in life, it becomes a matter for serious consideration, whether or not, the patient's life can be prolonged by a capital operation. The question will generally be decided in reference to constitutional powers manifested by the patient; but even in estimating the chances where they seem in favour of the patient, great judgment on the part of the surgeon, is necessary to enable him to form a correct estimate of them. The case under consideration is an interesting example of a successful capital operation of the severest class, in a man who had arrived at the prescribed limits of human existence—the patient being in his seventieth year.

He was admitted into St. Mary's Hospital on the 31st of January last under the care of Mr. Ure, in consequence of an enlargement of the right knee, attended with a considerable amount of pain.

The history he gave of his case was, that about twelve months previously he had sustained a fracture of the femur just above the condyles. The fracture had apparently united perfectly, and he was able to walk about, but with a slight lameness. The limb was much smaller than its fellow, never having been fully developed, and presented a shrunken appearance, which he said had been the case for the last fifty years. Some months after, the knee became swollen and painful, preventing him from using it in walking. He then applied for admission into the hospital, when the knee was found considerably enlarged, and measured four inches in circumference more than the left. There was little or no motion in the joint; the chief seat of pain was at the outer side of the patella, where there was an elastic condition resembling fluctuation.

On the 7th of February chloroform was administered, and the actual cautery was applied over the spot above mentioned.

On the 9th he complained of a shooting pain most severe at night, for which Dover's powder was prescribed; his appetite continued good. On the 21st suppuration was established, and the pain was somewhat moderated, although he could not bear pressure on the outer side of the patella. The pain, however, soon became worse, and distressed him much, both by day and night; his general health gave way in consequence, when it was thought advisable to remove the limb. To this he readily assented, and on the 19th of March Mr. Ure performed amputation through the lower third of the thigh by the circular method. Two vessels only required ligature, and very little blood was lost, although the bone appeared more vascular than natural. After the patient was removed to the ward, he was in a very low state, and was consequently ordered half an ounce of brandy every hour.

On examining the knee-joint of the removed limb, the extremity of the femur was found much enlarged, being in a state of cancerous degeneration, with the formation of cysts; there was a deep cavity just above the condyles, where the bone had been removed by the ulcerative process. The line of union of the fracture was distinctly visible. The cartilages were all in a state of ulceration at different points. On the day after the operation, the patient was reported to have passed a good night; the pulse tranquil; the tongue natural; was ordered wine and brandy at suitable intervals.

On the 21st, complains of nausea; the stump, however, looks healthy; ordered four minims of prussic acid, in an ounce of water every four hours.

On the 24th was much better, and had taken some broth, which he appeared to relish; was ordered four ounces of port wine, and two ounces of brandy daily. On the 24th, there was a slight discharge from the wound.

By the 7th of April, he was considered convalescent; the wound was nearly united, and the stump was well formed.

On the 14th, he was up and dressed; the stump was quite healed; general health good.

The patient left the hospital cured, and six weeks after was seen by Mr. Ure, when he was walking on an artificial leg, the stump being well covered with soft tissues. The case was, consequently, very satisfactory.

ETHNOLOGICAL SOCIETY.—At the meeting of the Society on the 1st inst., John Crawfurd, Esq., F.R.S., President, in the chair, a paper was read by Professor Huxley, F.R.S., on the "Human Remains Found in the Shell Moulds of the Malay Peninsula." In consequence of the illness of Professor Huxley, an abstract only of the paper was read, in which the author regretted that the fragmentary nature of the evidencies precluded him from offering any opinion as to the probable race to which they belonged. Observations were made on the relics by Dr. James Hunt, Mr. John Evans, F.S.A., and the President. The next paper was by Mr. Mackie, "On Some Human Remains from the Valley of the Trent and from Weardale." The principal facts which Mr. Mackie laid before the Society have been already published in the 'Medical Times and Gazette.' He called especial attention to the Muskham skull, and pointed out the abnormal characters of the occipital foramen, and with respect to the Heathery Burn relics, confidently assigned to them an antiquity of at least 200 years B.C. The discussion supervening on the paper was opened by Mr. Carter Blake, who dilated at length on the characters of the race of men whose remains had been found at Muskham, Borris, Blackwater, Sennen, Heathery Burn, and Anglesey, remarking that so far as we were cognizant of genuine British skulls, they were very unlike the majority of skulls of the present day. *Bos primigenius*, or his direct representative, had not been previously demonstrated to have been contemporary with man; and although several other instances had been lately adduced by antiquaries, they at present lack scientific corroboration. The evidences at Muskham, however, could not be inferred to be those of the aboriginal population of the British islands; the latter were possibly the men who left the chipped flints at various localities. Of the osseous and cranial character of these races we are ignorant,—a fact which teaches us the futility of negative evidence in geology. Dr. Knox congratulated the Society on the discovery of so valuable an assemblage of facts, and said that if we had had the cervical vertebræ belonging to the Muskham skeleton, we should have been warranted in assuming that it was a distinct species of man. He had advocated during many years the theory of the common derivation of animals from one origin, and still considered the development of the human race as subject to the operation of ordinary zoological laws, the exact mode of operation of which was hitherto undemonstrated. Sir John Bowring, Mr. Pringle, Mr. Wright, F.S.A., Mr. R. S. Poole, Mr. Burke, Mr. J. Evans, F.S.A., Dr. Hunt, and the President, joined in the discussion. Mr. Bailey read a paper "On the Veddahs of Ceylon," illustrated with beautiful photographs of their skulls. Papers were also read by Mr. Clarke, "On some Drawings from Sierra Leone;" Dr. Knox, "An Inquiry into the Influence of Climate and of Hybridity over Man;" and by Dr. Julius Schvarcz., F.G.S., of Stuhlweissenburg, "On the Permanence of Type." The Society formally adjourned till November.

JUNIOR MEDICAL SOCIETY OF LONDON.—At a meeting of this Society, held at Westminster Hospital on the 1st inst., C. Heath, Esq., Vice-President, in the chair, the following pathological specimens were exhibited:—"Fractured Pelvis," by Mr. Gandy (Westminster). "Fibroid Tumour recurrent after Amputation at the Shoulder-joint," by Mr. Hatherly (Westminster). "Mr. Holt's Dilator, and a Specimen of Stricture after Operation," by Mr. Clarke (Westminster). "Cancer of the Neck, involving the Trachea and Œsophagus," by Mr. Heath. The same gentleman exhibited a boy suffering from spurious anchylosis of the jaw, caused by the contraction on the right side of cicatrices, consequent upon sloughing after scarlet fever. Dr. Mark B. Tanner read a paper upon "Uterine Hæmorrhages, especially with regard to Placenta Prævia and its Treatment." After a lengthy discussion, the meeting was adjourned to October 21.

FLOATING SANITARIUM.—The "Bentinck" is now stationed as a floating hospital at the mouth of the Hidgelee river, Bengal. The situation is, perhaps, the best that could be selected, its occupants having all the benefits to be derived from the ocean breezes.

DEATH FROM CHLOROFORM.—On Monday, the 23rd ult., an inquest was held on Mrs. Susan Harrison, whose death was occasioned by chloroform, administered at the Bath United Hospital to facilitate an operation for the removal of a tumour. From a post-mortem examination, it appeared that the deceased suffered from fatty degeneration of the heart.

MUNIFICENT BEQUEST.—The late James Shaw Taylor, Esq., has bequeathed 2,000*l.* to the Huddersfield Infirmary.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 9, 1862.

THE CORONERSHIPS.

At the moment of our writing (Mondsy) the contest in the Central District is carried on with extreme vigour on both sides. During the early part of the day all the published lists have given the majority to Mr. Lewis; but we hope that, at the close of the poll, a different result will be declared. It is very desirable that a Medical man should be Coroner for the Central District. In the Western District, an active canvass is going on, and Dr. Mushet is doing his best to deserve the support of his brethren. The Profession should not suffer themselves to be misled as to the importance of the election in this District, which is the residentiary quarter of the *élite* of the Metropolis.

We are happy to be able to state that there is a general belief that Dr. Lankester has been elected, and that Dr. Lankester has addressed the electors in that sense. A scrutiny has been, however, demanded, the result of which will not be known until Wednesday.

THE COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.

The trial of strength between the College of Surgeons and the Medical Council, which many persons had been expecting, came off at the last session of the latter body, and the College of Surgeons claims the victory. The Scotch delegates, and a portion of the English delegates, took the side of the supremacy of the Council; on the other hand, the College was supported by its own representatives, the Irish delegates, and one or two other inconsiderable names. That the Scotch and Irish representatives should be in antagonism does not surprise us. There is an understood rivalry between these two sections of the Council, one of which thinks it fair to seize any fair or colourable pretext for humbling the other; the English interests, meanwhile, profiting by the contention. Like a wary old diplomatist, Mr. Green sits, with a philosophical serenity, in the chair, knowing that every division of opinion can be turned, when desirable, to the interests of his College. When the Irish section waxes hot Mr. Green smiles; when the Scotch exhibits the *perfervidum ingenium Scotorum*, Mr. Green smiles again: indeed, the English side is always smiling, as men generally do who win.

The bone of contention on the recent occasion was the alleged infringement of the regulations of the Medical Council by the College of Surgeons. The Medical Council required that a given period should be allotted to professional education, the commencement of which was explained to be the commencement of attendance upon lectures and hospital practice. The College of Surgeons ignored this regulation, and made one of their own, in which it was set forth that the commencement of Medical education shall be understood to be—"1. Attendance on the practice of an hospital, dispensary, or other public institution recognised by the College for that purpose. 2. Instruction as the pupil of a member of one of the Royal Colleges of Surgeons in the United Kingdom, or of the Faculty of the Physicians and Surgeons of Glasgow. (Attention being paid in either of these cases to Practical Pharmacy.) 3. Attendance at lectures on Anatomy, Physiology, Chemistry, or Natural Philosophy, by lecturers recognised by this College."

The gist of this regulation is, that the College recognises, as a portion of the period of Medical Education, the time a youth may expend with a Surgeon in learning the art of dispensing. Our readers will remember that, some time since, we pointed out the absolute necessity of some provision being made for the instruction in Pharmacy of those gentlemen who might register a College diploma only, and who might practise without further qualification. The evil was growing so rife as to have excited censorious remarks; and it was upon our appeal that the Council determined to issue the regulation which encouraged intending candidates for the College diploma to study Practical Pharmacy under the eye of a general practitioner.

With respect to the principle comprised in this regulation we give it our decided approval. There *must* be some regulation requiring a sufficient study of Pharmacy before registration. The Medical council ought to have issued a rule to that effect; it has, however, neglected to do so; and the College of Surgeons looking to its own credit and the efficiency of its members as practitioners, have published a regulation that to a limited extent meets the requirement. As practical men, they say, "we cannot suffer our members to enter upon the practice of medicine without some knowledge of pharmacy; we will, therefore, prescribe a rule which will tend to encourage the residence of a pupil with a general practitioner during the first year of the commencement of his Medical education." The Medical Council, on the contrary, have been so infatuated with the grand style of transacting business, and have had so much of their attention absorbed with the construction of classical and scientific curricula that they have not deigned to bestow a thought upon the humble functions of the dispenser, as if they were of no practical importance either to the registered practitioner or his patients. The annihilation of apprenticeship has made it, however, incumbent on the Medical Council to provide a substitute, so that the public shall have some guarantee that the candidates for their confidence who go forth armed with the Registrar's certificate, shall be competent to mix a black draught or compound a castor-oil mixture.

The course taken by the upholders of the dignity of the Council, against the insubordinate action of the College, was neither seemly nor discreet. The controversy had the aspect of a quarrel between rival colleges, rather than a contention as to which party should do best for the interests of the Profession and the public.

Do the Medical Council object to teaching in Pharmacy? We cannot believe it; they are neither so perverse nor so absurd? Then if they think that every general practitioner should be instructed in pharmacy, why do they not issue regulations in relation to it?

Instead of quarrelling with the English College of Surgeons, let them extend the period of study from four years to five, and require that either the first or the last year of it should be spent with some private practitioner or in a public institution, and that before registration, a certificate of such instruction should be produced to the Registrar. This would be a practical course. It would preserve their period of professional education, and at the same time meet the requirement of the College with reference to pharmacy.

The Medical Council should take the lead in all matters relating to professional education; and it could do so if it wisely considered all the conditions of the question, and made due provision for their fulfilment. If the College of Surgeons has inflicted a blow on the Council's moral force and repute, its humiliation is due to its own mistakes, and the College may fairly claim a victory, won by its superior sagacity, and practical resolution. It is because public opinion would decide that the College is in the right, and the Council in the wrong, that the College has succeeded; but the Council may reverse the award by bestowing proper attention to this subject, and issuing such regulations as its importance demands.

SUMMARY OF THE WEEK.

DEATHS FROM CHLOROFORM.

More deaths from chloroform! These melancholy recitals are coming upon us thicker than usual; but we are getting so accustomed to them, that they hardly excite our notice. Is it the fact, that annulling sensibility by chloroform, is in itself so perilous, that we must expect to hear occasionally of deaths from the operation? Still we ought to be able to diagnose the cases in which unusual danger may exist. This is the vocation of science. Grant the dangers; let us learn its signs and foreshadowings, that we may avoid the risk. After all that has been written upon this subject, nothing decisive has been attained; nothing that can be formulated into a rule for general observance. In America, ether is the favourite anæsthetic, and we are informed that death rarely, if ever, occurs from its employment. Is it not possible that we are wedded too much in this country to the use of chloroform? Would it not be better, at any rate, in all minor cases, to resort to ether rather than chloroform? Again, which is the better mode of administration—with Snow's inhaler, or with a towel or handkerchief? Authorities differ widely upon these points. Dr. Simpson has recently employed a single breadth of linen which he places over the mouth and nose of the patient, and on which he drops, *guttatim*, the chloroform. Care is taken that the lips and nose be previously oiled. This plan is said to save the chloroform, and to be unattended with danger. It seems highly probable, that when death results, it is caused less by the chloroform itself than by an injudicious or careless mode of administration, whereby asphyxia, or, if the reader pleases, apnœa, is caused. We know all that has been said about syncope, asphyxia, cardiac, paralysis, and so forth; but we still lack something definite, notwithstanding all the ingenuity of learned professors.

THE SPRAY-CURE.

When we first heard of the pulverisation of water, we were rather puzzled to understand the term; probably our readers were in the same predicament. Pulverisation means pumping water into spray—nothing more. Water used in this way may be impregnated with any medicinal substances: in fact, mineral waters have been so administered in Paris, and, *Trousseau teste*, with success. M. Trousseau is an eager advocate of this method of treatment, which is now becoming popular in Paris. The introducer of this practice is M. Sales-Girons, who has been indefatigable in pressing it upon professional notice. Recently, M. Poggiale has reported to the Academy upon it; but the discussion is postponed. It has been doubted whether the spray when inhaled, really reaches the air vesicles, or even the bronchial tubes; but we cannot see any substantial reason to doubt this. We know that persons engaged in mechanical operations in which a quantity of fine dust is liberated, inhale the dust and suffer from diseases of the lungs in consequence. Many instruments have been invented for the inhalation of medicated vapour; but this spray is not vapour, it is a very fine rain, and the temperature can be adapted to the state or requirements of the case. This is its novelty and its merit. The instrument employed is rather bulky, consisting of a pumping apparatus, and a vessel containing the water with the necessary cocks and tubing. We have no doubt that we shall hear something of the use of this method of treatment in this country, ere a long time has elapsed.

OVARIOTOMY IN PARIS.

Paris can boast of its first successful case of ovariotomy, thanks to the skill of M. Nélaton. Our readers will remember that this gentleman has been in England during the summer, and has been on several occasions an attendant at the Operating Theatre of the London Surgical Home, where he was observing the practice of our chief London celebrity in this class of operations, Mr. Baker Brown. Armed with his new experience, M. Nélaton has had the satisfaction of re introducing the operation in Paris, where it was scouted a few years ago as dangerous and unjustifiable. Under the auspices of this case, the operation is now likely to have a fair trial in the French capital. We congratulate M. Nélaton on his success, which we hope will continue to attend his operations.

THE COLLEGE ELECTIONS.

The choice of the Fellows on Thursday last fell on Messrs Cock, Adams, and Paget. It will be remembered that there were three vacancies in the Council caused by the resignation of Sir Benjamin Brodie, the decease of Mr. Stanley, and the retirement, by rotation, of Mr. Cock. The candidates were Messrs. Cock, Adams, Paget, of Leicester, Lane, Bishop, and Turner, of Manchester. The votes were given as follows:—Mr. Cock, 126; Mr. Adams, 121; Mr. Paget, 116; Mr. Bishop, 108; Mr. Lane, 48; Mr. Turner, 44. Mr. Cock is, therefore, reinstated in the Council. Mr. Bishop, however, was not so successful. The usual dinner was held after the election, and was attended with a fair sprinkling of Provincial Fellows.

THE MEDICO-CHIRURGICAL SOCIETY ON SUSPENDED ANIMATION.

The Report of the Committee of this Society on Suspended Animation has just been presented. When we say that the committee consisted of Dr. C. J. B. Williams, Dr. Brown-Séquard, Dr. Hyde Salter, Dr. Harley, Dr. Kirkes, Dr. Sanderson and Mr. Savory, we give the best assurance possible that the duty confided to them has been ably discharged. Numerous experiments were performed, and the most important results obtained appear to have been those relating to the state of the lungs in apnœa. It was found that when a glass tube was placed in the trachea of a dog so as to exclude the air entirely, the animal would recover after four minutes from the deprivation of air; but fifteen seconds beyond that time made recovery hopeless. A dog submerged in water died in a minute and a half. Other experiments brought to light new facts. Two dogs were submerged, one with a closed tube in his trachea, one without; the latter died after two minutes had elapsed, but the former recovered after four. The explanation of this difference of resistance is explained by the fact that in the case of simple apnœa, neither blood nor water was found in the lungs after death, whilst in the case of apnœa from drowning, both blood and water were observed in the bronchial tube, and the lungs were highly congested. These facts were curious and important. The Committee prefer Dr. Silvester's plan as a remedial measure to Dr. Marshall Hall's, because the former was found to displace more air. In this relation of the subject, however, the Report was meagre, and leaves much for further investigation.

BRERETON *v.* GODSON.

The plaintiff in this case was a tailor, who charged the defendant, a Surgeon of standing, residing at Barnet, for maltreatment of his son, who had received a fracture of the lower part of the upper arm. It was alleged that the bandages had been applied too tight, thus leading to ulceration and wasting. The Medical witnesses, however, who were called on behalf of the plaintiff, the chief of whom were Mr. Tatum and Mr. Borlase Childs, did not sustain the allegation. The boy had

not experienced pain, as he would have done, in all probability, if the bandages had been too tightly applied; and Mr. Tatum appeared to think that the resulting mischief was owing rather to a scrofulous constitution. The jury, after hearing the plaintiff's case, considered that there was no blame attachable to the defendant, and the charge was consequently withdrawn. Mr. Godson is thus acquitted; but it may be said of a trial for malpraxis, as the Duke of Wellington once said of a battle, that there was nothing so deplorable as a victory, except a defeat. Mr. Godson has justified his character, so far as it can be justified by a Court of Law; but the anxiety of mind cannot be compensated, and the local suspicions are not so easily appeased. These actions are most cruel; and, when they are brought wantonly, the prosecutor should be held liable to an action for defamation.

LARYNGOSCOPY AND RHINOSCOPY

AS AIDS IN THE DIAGNOSIS OF DISEASES OF THE LARYNX AND ADJACENT PARTS.

Through the kindness of Mr. Yearsley, of Savile Row, we had an opportunity on Saturday evening last, of judging of the merits of these new methods of exploration. Several physicians and surgeons, with Dr. Czermak as the lion of the meeting, assembled on the occasion, and Mr. Yearsley had provided the *materiel* for the experiments in the shape of patients from the Ear Infirmary, in whose cases structural disease existed or was suspected to exist. The first subject for examination was a patient who had been cured of the deafness, for which he had been admitted, but who had also almost lost his voice from a laryngeal affection. Dr. Czermak soon made this apparent to all present by shewing a granulated condition of the vocal cords. The examination was most conclusive, and although such a lesion might have been suspected, how much more satisfactory is it to confirm the fact by ocular demonstration! Mr. Yearsley will now go to work with his patient with no misgivings as to the precise nature, and the extent of the malady he has to treat.

Another triumph of the method was established in the case of a private patient, a young gentleman under the care of Mr. Yearsley for extreme deafness in one ear from scarlatina, an unusual occurrence, as that gentleman remarked, for almost invariably, if affected at all, both ears suffer from that disease. In exploring the Eustachian passage by the catheter (there being no disorganisation of the membrana tympani) the patient had experienced great pain when the catheter reached the orifice of the Eustachian tube. This led Mr. Yearsley to suspect something more than mere irritability of the mucous membrane. He had, consequently, examined his patient by the aid of Rhinoscopy, and being unusually amenable to the experiment, Mr. Yearsley had detected tumidity of the mucous membrane at the orifice of the Eustachian tube. His treatment, therefore, for the previous three days had been the application of a strong solution of the nitrate of silver, which so much improved the patient, that he had on Saturday morning borne the introduction of the Eustachian tube catheter, and had heard the tick of the watch at two inches distance, never before having heard a watch tick since the attack of scarlatina four year ago. Dr. Czermak's exploration was most satisfactory—an excellent view was obtained of the Eustachian tube, and the eschar produced by the nitrate of silver was plainly visible, showing the accuracy with which the remedy had been applied a few hours before.

Whilst the foregoing demonstrations were going on in one room, Mr. Yearsley in another had fixed the catheter in the Eustachian tube of a young girl labouring under deafness from [illegible] engorgement of the cavity of the tympanum. By the aid of a stethoscope applied to his own ear by the listener, and at the same time to the ear of the girl, on air being driven through the catheter, up the Eustachian tube into the cavity of the tympanum, the gurgling of the pent-up mucus could be distinctly heard. One characteristic of this common cause of deafness was stated by Mr. Yearsley to be the inability, partial or complete, of the patient to breathe through the nose.

Several other cases were manipulated upon by Dr. Czermak and Mr. Yearsley with more or less success; and the evening terminated with the usual exhibition on the Doctor's own person, showing how much may be done in the way of exploration of the throat when properly educated and trained for examination. We must not forget to mention that the pleasures of the evening were not a little enhanced by the attendance of a *quondam* patient of Mr. Yearsley, whose enlarged tonsils had been excised with an advantage to the voice truly remarkable. His teacher, Mr. Kingsbury, an eminent professor of music, was present, and testified to the fact, and the pupil himself gave the meeting an agreeable confirmation of it by singing two exquisite ballads. At no distant date the public at large will have an opportunity of judging what can be sometimes done for singers by a judicious surgical operation. Miss Louisa Pyne is another notable instance of Mr. Yearsley's success in this specialty. It was hoped that the pupil-singer would have been able, in the act of singing, to show the action of the vocal cords with the laryngeal mirror applied to the throat. By a little training, Mr. Yearsley hopes to effect this at a future demonstration.

We are authorised to state that these practical demonstrations will be continued during the remainder of the season every alternate Saturday evening, when Mr. Yearsley will give a hearty welcome to any Medical practitioner who may feel interested in these new methods of investigation.

REVIEW OF THE PERIODICALS.

The 'American Medical Times' contains an interesting account of the cases in the Mill Creek Military Hospital, reported by Dr. FREDERICK D. LENTE. The cases had been brought to hospital after the battle of Williamsburg, and had received no surgical attention for a week, as they were all that time *in transitu*. This fact gives us some idea of the imperfect medical arrangements in the Federal army. Dr. Lente says:

"The *wounds* were mostly made by musket-balls and buckshot. When a bone was implicated, it was generally shattered into numerous fragments, which were, in many cases, driven far and wide among the surrounding soft parts. When the bone had been struck by a minie rifle ball, it shattered it at the seat of the wound, and then split it up and down for some distance. There were only two bayonet wounds, and but few shell wounds. Many wounds were apparently made by a flanking fire, as the balls perforated the arm, and either the walls of the chest, or the muscles of the back, making four openings, or passed through both thighs, except when the bone was struck.

"I have been able to classify 214 cases, with regard to the *seat* of the wound. There were—of the *foot*, ten cases; of the *hip*, thirteen; of the *knee*, some involving the joint, and some the bones forming the joint, eighteen; of *lungs*, five; *walls of the chest*, eleven; *leg*, thirty-eight; *thigh*, thirty-six; *shoulder*, twenty-one; *genitals*, six; *skull*, three; *neck*, five; *face*, nine; *spine*, one; *arm and forearm*, seventeen; *hand*, six; *back*, three; *walls of the abdomen*, seven; *abdomen*, five.

"Six of those wounded in the *thigh* were also wounded elsewhere, some in more than one situation; four of those of the leg, five of the genitals, the wounds generally involving the buttock or thigh, five of the hip, five of the arm, two of the walls of the abdomen, five of the shoulder, three of the walls of the chest. In some cases, there were four, five, or six different wounds, and yet the patients doing well. Many of the arm cases were very severe, necessitating amputation at the shoulder-joint, or exsection of the joint or shaft. The wounds, generally in this and the other hospitals, were difficult of management—more so, Prof. W. Parker remarked, than any he had seen.

"On admission, the wounds involving bones, and through the knee, and the few stumps, were in a very unfavourable condition. Of the flesh wounds, although generally of a complicated and severe character, most of them were in a good condition, and continued to progress remarkably well, water dressings being generally used. The wounds of the lungs did well; the patients suffering from them, had all expectorated more or less blood at first, but it had ceased when they entered the hospital. In one case, the ball entered at the lower part of the right lung, and emerged above the spine of the scapula, perforating the lung from bottom to top. The man suffered for a few days with pain and cough, and required the use of anodynes, but subsequently did well. It would seem from

the experience of this hospital, and I believe the same remark would apply to the other hospitals, as far as I could learn, that a gunshot wound of the femur is far more dangerous than one of the lung. If, however, the ball should pass directly through the rib, shattering it, the case would be much more serious. In one of the two fatal cases, the ball passed directly through the middle of the sternum. One interesting feature of the gunshot wounds was the frequency of secondary and of recurrent hæmorrhage, and its obstinacy. This is not so remarkable in military surgery; but it is not so common to have, as we did frequently, secondary hæmorrhage in cases where the amputation, or other operative procedure, was done through perfectly healthy parts, at a distance from the track of the ball. In the first operation performed in the hospital, the ball had passed below the knee, and the advice of more than one surgeon was to amputate at the joint; but, fearing a subsequent sloughing of the posterior flap, I decided to go above the knee. Yet this man died on the sixth day of secondary hæmorrhage. The hæmorrhage, in all the cases, occurred before the period of ulceration of the ligature through the arterial coats. It is to be regretted that *post-mortem* examinations of the stumps were not made, but it was utterly impossible without neglecting the urgent wants of the living. The matter was, however, afterwards discussed with several distinguished surgeons, to whose attention I brought the subject.

"Dr. W. Parker had occasion to examine one case where death occurred from hæmorrhage after both ends of the wounded femoral had been tied by Dr. Bontecou in the Hygeia Hospital. He found the portion of artery between the ligatures sloughy, and that the slough had extended above the upper ligature, thus causing the fatal hæmorrhage. A similar instance has fallen under his notice during the present war. The general opinion was that the hæmorrhage is, in most cases, due to sloughing of the artery above the ligature, and that the sloughing is due to a depraved condition of the patient's blood, brought on by unfavourable hygienic conditions before and after the battle. Let us briefly examine what these conditions were. For some weeks before the army of the Potomac moved from that river, the men had been exposed to a great deal of rain and dampness; and for four weeks after they landed in the peninsula, they were more or less wet day and night, the rain scarcely ever ceasing; added to this, the labour which they performed must have been prodigious. And, amid so much rain and mud, with the necessity of avoiding fires as much as possible, it is to be presumed that the proper cooking of food could not have been systematically attended to. Finally, a forced march through deep mud on the heels of a flying enemy, to Williamsburg, then an attack under a pelting rain, on the entrenchments, and a hard fight of several hours, then the wounded lying for some hours in the mud and rain, then jolted over horrible roads to the York river; then, after further delay, crowded on transports, where they could neither get suitable food nor proper surgical attendance, then the trip down the river, then another transference to ambulance, and conveyance a mile further to the hospital. Fatigue, loss of blood, loss of sleep, starvation; for such food as could be served under these circumstances was not that which the severely wounded could eat. Is it to be wondered at that the blood of these patients should have been dark, thin, diffluent, and defibrinated? But few operations had been performed on the field; and the bad cases, those of compound fracture especially, were in an exceedingly unfavourable condition for operation when additted. The battle was fought on Monday, and they were admitted into the hospital on the Monday following. The limbs were in many instances greatly swollen, infiltrated, and discoloured. In some cases, to wait was certain death—a painful, lingering one. To amputate was almost equally certain to insure death, but there was a forlorn hope, with a brave and hopeful patient, of saving life; and if death should ensue, it was a speedy and painless one. Once, I amputated close to the hip-joint in such a case; the patient died on the table soon after the completion of the operation, never recovering consciousness after inhaling the ether. Once, Dr. Alden March did the same in the lower part of the thigh, with a fatal result, a little less speedy. In many of the less desperate cases, where secondary hæmorrhage did not necessitate immediate operation, we waited in the hope that the general condition of the patient would be improved by the better hygienic conditions in which he was placed, and by the better food and nursing. But the local condition continued to grow worse, and if the patient rallied a little at first, he soon reached a point beyond which he could not be raised, and he then began to sink again. And we can hardly wonder at this, when we reflect on the conditions of the wound—a bone shattered into numerous fragments, and often split upwards and downwards almost to the adjacent joints, especially when a conical ball inflicted the wound; these fragments often driven into the surrounding muscles. This was the condition of most of the cases in which we amputated, and exsected."

The Author then quotes Dr. Macleod's 'Notes on the Surgery of the War in the Crimea,' to show that the experience was the same. Pyæmia was rare in these cases. Dr. Lente quotes John Bell in favour of amputations being done on the field preferably to the sufferer being jolted with a broken bone and lacerated limb in an ambulance waggon for days to some distant hospital, enduring much agony and the imminent risk of fatal hæmorrhage. In order to prevent unnecessary hæmorrhage, Dr. Lente urges the employment of the little ingeniously contrived serrefines, and he goes on to remark:

"Those wounds treated in the Mill Creek Hospital, which did not involve fracture of the large bones, or injury of large arteries, that is, a very large majority of all admitted, although many were complicated and severe, were progressing remarkably well: about fifty had so far improved at the end of a week as to be transferred to a transport for conveyance to convalescent hospitals. During the first week only twelve deaths occurred. The ventilation of the building was almost perfect; in this respect, superior to any of the other hospitals; and, amid all the confusion and inconvenience incident to a hospital of this character, special attention was paid to the nutrition and comfort of each patient, a liberal supply of all necessaries, and many luxuries, having been furnished through the energy of the medical director, Dr. Cuyler, who merits the warmest gratitude of thousands of sick and wounded who have passed under his supervision, and the devoted kindness and liberality of Mr. Barclay of Philadelphia, and Mr. Hayward of the Sanitary Commission.

"This paper has, under the circumstances, necessarily partaken largely of a rambling and desultory character, and has extended itself to rather an inconvenient length, I fear, for your journal. I had intended to notice the triumphant success of *sulphuric ether* as an anæsthetic in military surgery, as far as it was demonstrated in the Mill Creek Hospital, where no other anæsthetic was used, at least during my superintendence. But it must be deferred to another time and another paper."

There is another article in the same journal, giving Dr. David P. Smith's experiences in the practice of Military Surgery, with especial reference to *Amputation at or just above the Knee-joint.* As the results of the cases are not known, we do not think it necessary to quote them. The author reports two cases in which he ligated the femoral artery in Hunter's canal, where there had been great hæmorrhage, on the fourteenth and sixteenth days after the injury, but both patients died.

The 'Medical Times and Gazette' commences with an interesting case, by Mr. John Adams, of *Necrosis of the Lower Jaw* from exposure to the fumes of phosphorus, in which the entire bone was removed. The history is thus given:

"Two years before the appearance of the disease in his jaw, he had a tooth extracted for caries, but he continued quite well two years after this, when the jaw began to inflame. The disease appeared to commence by a swelling in that part of the jaw whence the tooth had been extracted; the swelling continued to extend until the entire bone become affected. He suffered deep pain in the part; and in consequence of his sufferings he came into the Hospital under the care of Mr. Luke; but his precise condition at that time is not known. He was re-admitted under my care in December, 1861, and was discharged cured last April.

"He told me on admission that he had suffered great pain through the entire jaw, and that his nights had been sleepless. He was looking very ill, was much emaciated, and he presented a curious appearance of the mouth, which was pursed up into a round aperture in consequence of the protrusion forward of the enlarged jaw. There were two fistulous openings, one on each side of the upper part of the neck; and a probe introduced struck the angle of the jaw, which was quite dead. I examined the mouth and found the jaw quite dead, and not unlike a jaw you might pick up in a churchyard; it had evidently been dead for some time. I could distinguish every part of the bone except the condyles, which were imbedded in soft tissues. The body of the bone was lodged in a groove of a dense cartilaginous structure, but I could not raise it from its bed in consequence of its fixity at the condyles. There was a large quantity of fetid discharge around it, but the principal part of this came from the vicinity of the condyles. I passed my finger readily along the body and from the angles up the rami of the bone, to satisfy myself that it was quite dead throughout. The outside of the cheeks about the masseteric regions were much thickened. The teeth were all gone, and the appearance of the jaw was that from an edentulated cranium.

"There could be no doubt of the death of the entire bone, but two questions suggested themselves: When was the proper time to remove it? and, How could it be removed without incision?

"In reference to the first point, I was quite aware that a great deal of new hard material had been thrown out, containing, very likely, bony matter, and I was unwilling to disturb that salutary

action by which new bone is formed around the sequestrum, although I had no expectation that this would ever become completely encased in new bone. However, I thought it better to wait, and in the mean time I gave the patient good stimulating diet with porter and wine, until I thought his health had begun to give way. But I was not idle during this time, for at each visit I cut away small portions of the symphysis, my object being, when the bone was divided at this part, to extract each portion separately."

"Finding that I made but slow progress in this way, I had the man brought into the theatre, and severed the bone at the symphysis with a mallet and chisel, as I could not accomplish the division with the strongest forceps I could use.

"To effect this it was requisite that the man should kneel on a cushion, and rest his jaw upon a table. I extracted the right half of the jaw first in two pieces, and a portion of the left; but, as the upper part of the left side was rather firmly fixed, and as the man wished its removal to be delayed, I removed it under chloroform after the interval of a week."

In consequence of severe arterial hæmorrhage coming on ten days after the operation, it was necessary to tie the common carotid; after which the man suffered from palpitation and occasional pains in the left side of the head, which, it is hoped, will gradually disappear. The man was fed well during the progress of the case. With reference to the nature of such cases, Mr. Adams remarks that:

"It may be said to be in its origin a specific inflammation of the periosteum of the jaw, and the jaw itself leading to the more or less complete destruction of the bone. That the inflammation is of a specific character, may be inferred from the fact that extensive bony deposits are found occasionally in irregular masses over the surface of the bone; they have a dingy grey colour, are in texture spongy, and have the appearance of pumice-stone. 'Von Bibra (*loc. cit.*) has made a careful inquiry into the physical structure and chemical composition of this morbid deposit; he finds it lamellated, with large Haversian canals, not running parallel to the general direction of the bone. The bone corpuscles (*lacunæ*) are rounded off; the proportions of organic and inorganic matter varies,—the average being in eight specimens, organic matter 32·4 per cent., inorganic 6·76.

"Now, nothing of this sort is discoverable in the sequestra from death of bone the result of common inflammation. I confess I cannot assign a reason why this disease should attack the lower jaw in preference to the upper; but the fact is so, although in an extensive series of observations the disproportion is by no means so great as is generally believed; thus, out of fifty-five cases collected from various sources by Dr. Letheby, twenty-seven were attacked in the lower jaw, and twenty two in the upper, whilst five were attacked in both jaws, and one case is not specified.

"The next question is, How does the disease take place? I must recall to your mind that, in the case before us, the young man had had a tooth extracted for caries two years before the appearance of the disease, and that, according to his description, the swelling commenced in the spot whence the disease appeared to radiate. I mention this subject because a theory has been advanced, that no disease would attack the bone if the teeth were sound; and that the disease arises from the influence of the poison being propagated down to the periosteum of the alveoli through the carious tooth. My limited experience will not allow me to combat this idea, but I confess I doubt its correctness, nor do I see that this case proves the theory; for, althouth the man had a tooth extracted for caries, yet no disease attacked the jaw for two years after, and when the alveolar cavity had probably been smoothed down by the natural absorption of its edges. But you may say that the disease appears to have commenced in this part; now I think it very likely that this was not the case, but that the young man's attention was first directed to this part when the general swelling of his jaw and consequent pain commenced, and that he was mistaken in the impression that this was the spot primarily affected. If this is found to be true, the disease must be regarded as strictly a local one, and its effects may be prevented by the workers in the lucifer manufactories always defending their teeth by a thin layer of wax, or some other material which might be easily contrived; but I do not suppose that you will ever get workmen to adopt such precautionary means."

Discarding these views, Mr. Adams thinks that the disease is owing to a poisoning of the blood.

Dr. CONNOLLY continues his *Recollections of Varieties of Insanity* in which there is much agreeable reading. Dr. JAMES EDMUNDS reports the *Case of Mrs. Phillips*, whose body was exhumed after four months' interment, on account of alleged poisoning. The body presented no evidence of poisoning as is now well known.

The same journal contains Dr. RAMSBOTHAM'S *Clinical Midwifery* Several craniotomy cases are given, seven of which were primiparæ, one in labour with her second child, which was hydrocephalic, and one in labour with her twelfth. We extract a few of the cases:

"*Craniotomy.—Case.* 110.—On April 4, 1840, at 5.30 a.m., I was requested by another of the District Surgeons of the Royal Maternity Charity to visit Mrs. S., in Spitalfields, aged 43, in labour of her first child. The midwife was first called to her at three o'clock the morning before; the membranes were then broken, but nobody could say when that happened. I found her much depressed, with a very quick pulse, and dejected countenance; the head was jammed in the brim of the pelvis, which did not measure more than three and a-quarter inches in the conjugate diameter; the base being quite above; neither ear could be felt. The vagina and external parts were exceedingly rigid, swollen, and very sensitive; the os uteri was entirely dilated. It was evident that delivery must be immediately resorted to, and that the head was too high for the efficient application of even the long forceps. I therefore perforated it, and had very great difficulty in extracting, even after a great part of the brain was removed. The operation occupied an hour. The uterus was so completely worn out, that it did not contract to expel the placenta; I therefore took it away by introducing the hand. There was very little hæmorrhage, and it remained firm. It was necessary to introduce the catheter once after delivery. Subsequently to that time she passed water freely. But a slough took place in the vagina. On September 18 she called on me, in good health, but with that organ much constricted for about two inches within the vulva upwards. She had menstruated regularly five times since her confinement. I placed her under a course of treatment to relax and dilate the vagina, and soon lost sight of her.

"*Craniotomy.—Case* 111.—On April 26, 1840, at 8 a.m., a Medical friend requested me to see Mrs. H., Clerkenwell, aged 40, in labour of her first child. The membranes broke early in the morning of the 24th. The pains had been very strong up to the evening before I saw her. They then ceased, but she got no sleep. I found her very restless, the pulse at 150 and small, the countenance very much depressed; she was vomiting a large quantity of black offensive fluid. The head was locked in the pelvis, which was narrow throughout its whole extent, especially at the outlet, consequent on the tuberosities of the ischia approaching each other too closely. The scalp was tumid and emphysematous; and the child's body emitted a most offensive putrid odour. The os uteri was quite dilated. The external parts were very rigid, dry, hot, swollen, and acutely tender. I had much difficulty in passing the catheter, owing to the pressure occasioned by the head, but I succeeded in drawing off nearly two pints of urine. I immediately perforated the skull, and delivered with much difficulty in about an hour. The placenta did not descend, and some flooding coming on, I removed it by the hand from the uterus. It was merely retained by inertia. The stimulus of the introduction of the hand into the cavity excited the uterus to contract; and there was no more hæmorrhage. A part of the neck of the bladder sloughed away, so that she recovered with a fistulous orifice into the vagina.

"N.B.—In almost all the cases which I have seen of a fistulous orifice into the neck of the bladder consequent on labour, the child has been putrid; and I attribute the slough more to contact with the putrid head than to simple pressure on the part.

"*Craniotomy.—Case* 115.—On February 10, 1841, at 9.30 a.m., a Medical friend sent for me to Mrs. H., in Bethnal-green road, in labour with her first child. The membranes had been broken for twenty-eight hours, the pains had never been powerful, and the woman's strength was not much impaired. She was greatly deformed in her person, and the pelvis at the brim was under two inches in the conjugate diameter. The os uteri was fully open. The pelvic deformity was of the elliptical variety, there being more room on the left side of the sacral promontory than on the right; but this space was filled by the right foot, which came down when the membranes broke. My friend had been trying to turn the child by bringing down his foot, but could not succeed. Fearing, even if the child was turned, there would be great difficulty in extracting the head through so small a pelvis after having perforated it, I determined on evacuating the brain at once. I therefore, having put a tape round the ankle to hold the foot as a reserve, opened into the skull. I brought away the whole of the parietal bones, a great part of the frontal and occipital bones, evacuated the whole of the brain and cerebellum, and broke each orbit and the foramen magnum, so that I had no purchase left for the crotchet. This took me two hours of hard work, and yet the base of the skull remained above the pelvic brim. I then made traction at the foot, turnd the child with less difficulty than I expected, and brought the head through the brim with comparative ease; because not only was the upper part of the skull broken to pieces by my instrument but the base was also. The placenta gave no trouble, and the

woman recovered without a bad symptom. On April 6, 1843, I learned that she was pregnant again, and recommended that permature labour should be brought on at six and a-half months."

Mr. MASSEY reports two cases of operation for *Femoral Hernia.*

The 'Lancet' opens with a continuation of Mr. HILTON'S lectures on *Pain.* Mr. Hilton shows the importance of his principle of "rest" in the treatment of hip-joint disease, giving several illustrative cases. Dr. PEACOCK contributes a Lecture, one of a series, on the *Recent Epidemic of Fever.* Dr. Peacock says that typhoid is an endemic and typhus an epidemic disease.

"As a general rule, typhus is most prevalent in cold weather, winter and spring; typhoid in warm seasons, summer and autumn; and the explanation of this difference is to be found in the causes which conduce to the spread of the affections. Typhus is in a large proportion of cases propagated by contagion, and consequently spreads most when, from the weather, the poorer portion of the population among whom it prevails are less in the open air, and their houses more crowded and less freely ventilated. Typhoid, on the contrary, generally depends on decomposing animal matters, and is consequently most common in hot weather, when such decomposition most actively proceeds. Our recent observations entirely confirm these views. Of 13 cases of typhus treated by myself, 10 occurred in winter and spring, and only 3 in summer and autumn; while of 32 cases of typhoid, 10 only occurred in winter and spring, and 22 in summer and autumn.

"I have already expressed the opinion that typhus generally depends on contagion. On this point also the experience of the present epidemic is conclusive. Of the 13 patients referred to, in 3 there had been other members of the same families in the hospital labouring under typhus. In some cases it was ascertained that persons of the same family, or residing in the same house, had had fever, or were suffering from it at home or in public institutions; and in others the patients were men out of work, on the tramp from place to place, sleeping in the common lodging-houses or in the union workhouses, where they were very likely to be exposed to contagion. But we have had much more conclusive proof of the infectious character of typhus; for, as you are aware, we have had five of the nurses ill with fever, contracted from the patients upon whom they were in attendance; and in at least two instances, patients labouring under other diseases, in beds adjacent to those occupied by cases of fever, have taken the disease. I have visited the houses from which three of the patients now in the hospital were removed. In one I found that the mother of the family had been removed to the Fever hospital. In another house, four children of the same family had all had fever, and the mother of the patient in the hospital, after having been in attendance upon them, took fever, and died in the workhouse. In the third house, the mother and brother of the patient had died; and a neighbour, the mother of a large family of children, who had gone in to nurse them, took the disease, and had died of it. Thus in four houses not less than twelve cases of typhus had occurred, and at least four persons had died of the disease.

"The question has several times been asked whether, as typhus is thus virulently contagious, we are justified in mixing cases of the disease with patients labouring under other affections. To this I should answer, that so long as the space allotted to each patient in the wards is ample, that there is good ventilation, and that only a limited number of typhus cases is admitted into each ward, there is little or no danger of the disease spreading, except to those who are in constant attendance upon the patients, and who would, under any circumstances, be exposed to take the disease. Thus I have never seen a conclusive case of infection amongst the patients in the new wards; while I have often observed the disease spread in the older parts of the building. Were, however, the typhus patients placed in special fever wards, the poison would become so concentrated that everyone brought under its influence, and not protected by having previously had the disease, would be almost certain to take it."

Typhoid is only slightly contagious; and Dr. Peacock has never seen it spread. Again—

"There is a marked difference between typhus and typhoid fevers in the ages of the persons who are commonly affected by the two diseases. Typhus occurs at all periods of life; typhoid chiefly in young persons, and rarely after middle age. The cases of typhus recently treated occurred in persons ranging from eighteen to fifty-five years of age, and presented a mean age of 30·4; and had two patients now in the hospital, aged five and nine, been included in the calculation, the range would have been still further extended. The mean age of the patients with typhoid was much less, or 19·9, and the range was from eight to fifty-one years, the latter being, however, a very unusual age for any one affected with typhoid. With this exception, no patient was older than thirty, and of forty-four cases of the disease which I analyzed for my last course of lectures on fever, three patients only attained the age of forty, and none exceeded it.

"The diseases also differ very materially in the modes in which they commence, and the severity of the early symptoms. Typhus occurs suddenly, and rapidly produces prostration of strength, so that patients soon seek admission into hospital; typhoid, on the contrary, generally commences by slight indisposition, and so gradually and insidiously advances, that it is often difficult to fix the precise duration of the disease. When, also, in typhoid, there is a more obvious commencement of illness, the attack is often found to have supervened upon a prolonged period of indisposition. To these rules the cases recently treated afford no exception. In six of the cases of typhus, the patients' intelligence was so much impaired at the time of their admission, that no accurate statement of the duration of their illnesses could be obtained; but of the other seven, two were admitted into the hospital on the fifth day, one on the sixth, two on the eighth, and two on the ninth or tenth day, giving a mean period of illness before admission of 7·4 days. In cases of typhoid, twenty-five in number, fourteen were admitted at periods not exceeding a week from the commencement of the symptoms; three in the second week; five in the third week; one at the end of a month; one at six weeks, and one at nine weeks, or eleven at periods varying from one to nine weeks.

"The eruptions which occur on the skin in these forms of fever also present striking differences between the two diseases in the frequency of their occurrence, the periods at which they appear, and the form they assume. The cases of typhus all presented more or less marked eruption on the skin. In one case only, however, was it observed to come out, and in this, the former period of illness could not be ascertained. In the nurses and patients who took the disease in the hospital, the eruption first appeared on the third or fourth day, and in the other cases in which it was already out at the time of the patient's admission, the period of appearance must have been before the fifth or sixth day.

"The form of the rash was generally very characteristic. At first it appeared as discute and slightly elevated spots of a dingy colour, and which faded on pressure. Very shortly the spots ceased to be at all elevated; the subjacent portions of the skin became mottled by what has been termed the subcutaneous rash, and the whole eruption faded less completely on pressure; and still later the eruption became very livid, and was very little, if at all, affected by pressure, and often interspersed with large petechial spots. The lividity of the eruption varied according to the age and power of the patients. In some of the nurses, who were young and healthy, it never had a purple but rather a pinkish colour. In others of the patients who were more advanced in age and less healthy, the spots were from the first very dingy in colour, and rapidly became petechial.

"The duration of the eruption varied considerably. In the slighter attacks it was very trivial, only continuing for a day or two, and never very fully developing itself. In others it became very full, and continued for many days—in different cases from six to fourteen. Usually the amendment was coincident with the disappearance of the eruption; but in some instances, where the eruption had been decidedly petechial, the spots did not entirely disappear till after the patients were well advanced in convalescence. Sudamina were of very rare occurrence in the epidemic, and were few in number when observed.

"In the cases of typhoid the peculiar eruption was noticed in only a small proportion of cases, though it was always carefully looked for. Of three cases, eighteen only presented any spots. This is a much smaller proportion than in the cases which I previously reported upon; of sixty-six cases, the spots were then observed in fifty-three. The period at which the eruption appeared was also usually late than in typhus. Thus it was noticed in only one case before the end of the first week from seizure, in five in the second week, in three in the third week, in two in the fourth week, and in other cases at still later periods. Its form was that of a small, elevated, but not acuminated, rose-coloured, ill-defined, and variously-sized pimples, which appeared in small crops of from two or three to five or six, continued for two or three days, and than passed away, to be succeeded by others, if the disease still pursued its course. The period during which the spots were observed averaged 8·7 days, and ranged from two or three to sixteen days.

"It has been thought that the eruption in typhoid is least frequent in young persons, but my observations do not confirm this idea. Of sixteen persons in whom the eruption was present, the mean age was 20·3, and the extremes of age thirteen and twenty-eight; while of thirteen persons in whom there was no eruption on the skin at any time during the progress of the disease, the mean age was 17·6, and the extremes eight and thirty—a difference too slight to indicate any special influence of age.

"It has also been supposed that the intensity of the disease influences the occurrence of the eruption, but this also appears doubtful. Of the three fatal cases, one had never at any time any eruption; and in the third, which proved fatal during relapse, there was no eruption in the primary attack, but some appeared during the relapse. I believe that the analysis of a larger number of cases would furnish similar results. I have been in the habit of regarding

a copious eruption on the skin, in cases of typhoid, as furnishing rather a favourable omen. In the cases of typhoid—probably in part from the season of the year in which they chiefly occurred—sudamina were both more frequently found and were more numerous than in typhus."

Dr. Morell Mackenzie communicates to the same journal a paper on *Phlebectasis Laryngea*, or congestion of the veins of the larynx, and Mr. Nunneley describes a *New Forceps for use in Ophthalmic Surgery*. The object Mr. Nunneley has had in view is to obviate the necessity of having recourse to the aid of a third hand; he therefore has invented a forceps that can be held between the first and second fingers of the operator,—trying to do too much we apprehend. It does not appear that they have yet been used.

REVIEW OF BOOKS.

On the Strength and Beauty of Mineral Teeth. By Edwin Truman.

This *brochure* is labelled for "private circulation;" but inasmuch as its author has sent a copy to our office, we presume that he has no objection to a public notice of it. Mr. Truman has, it would seem, passed many years of his life in experiments to discover the best material for artificial teeth. In this research he had the advantage of the late Prince Consort's influence in obtaining access to the porcelain factories of Berlin. After having taken infinite pains and visited nearly all the porcelain works in Europe, Mr. Truman adopted a composition and process for the purpose, which appears to have fulfilled his wishes.

Prolapsus, Fistula in Ano, and Hæmorrhoidal Affections. By T. J. Ashton.

This *brochure* is a cut-down of Mr. Ashton's larger treatise. There was no necessity for it, therefore, on the ground of science; but that was a consideration, perhaps, that Mr. Ashton did not take in view when he determined to publish the book. The subject matter shows the same practical ability and knowledge that characterise the larger work.

On the Use of Perchloride of Iron and other Chalybeate Salts in the Treatment of Consumption. By James Jones, M.D.

There is no novelty in the recommendation of the salts of iron for the treatment of consumption, and we do not think that it required a book to prove that the perchloride was a better preparation than any of its fellows.

On the Treatment of Gonorrhœa without Specifics. By J. L. Milton. Second Edition.

Mr. Milton has gained a high professional position by his able writings on gonorrhœa—and his views are widely known and appreciated. The Author prefaces his book with a fierce attack upon critics and criticism, which, we may venture to tell him, will do him no good and his critics no harm. It is a pity he has indulged in this vein. He has good talents, which will make their way in time.

On Uterine and Ovarian Inflammation, and on the Physiology and Diseases of Menstruation. By Edward John Tilt. Third Edition, with coloured plates.

The diseases of the womb have been a favourite topic among authors and practitioners for some years past; but it is chiefly those maladies that affect the os and cervix that have engrossed attention since the publication of Dr. Henry Bennett's well-known work. This author conceived that in nineteen cases out of twenty it was either inflammation or ulceration of these parts that gave rise to the symptoms. This opinion has been disputed, as we think, with justice; and now Dr. Tilt directs our attention to the body of the womb and to the ovaries, as important organs for clinical observation. We must confess to the opinion that the ovaria have been too much neglected in the formation of a diagnosis of disease of the pelvic viscera. A hyperæmic state of the female generative organs has been attributed to the womb as a matter of course; whilst in a considerable number of cases it will be found, on a close examination, that it is one of the ovaries that is the organ primarily in fault. We believe, indeed, that in subacute and chronic cases the ovaries are commonly the suffering parts; and that the uterus is not nearly so often the exclusive seat of mischief as is usually stated. The uterus will bear a great deal of rough handling without resentment; not so the ovaria, which are very sensitive, and easily fall into a state of hyperæmia. Dr. Tilt reminds us that the ovaries, instead of being the mere "appendages" of the uterus, as they are commonly called, are in reality the true sexual organs, and it is the uterus that is the appendage to them. To Dr. Tilt belongs the credit of having directed professional attention in this country to the diseases of these important organs. This book is the result of his experience and labours, and gives us the only comprehensive view in the language of the symptoms and relations of the morbid states of the ovaria.

The author affirms that pelvic peritonitis in woman is generally caused by ovaritis; if he had said that they are commonly coincident states his statement would have been unexceptionable. On the other hand, we have seen pelvic peritonitis ending in gangrene, with the uterus absolutely exempt from disease. The attention of practitioners cannot be too strongly drawn to the frequency of ovaritis; and, as an incentive to the observation of this form of disease, we recommend to them the careful study of this valuable treatise.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

June 4th, 1862.

Dr. Tyler Smith, President, in the Chair.

Dr. Richard Hodge read a paper

ON A CASE OF PRESENTATION OF THE RIGHT ARM AND SHOULDER; DELIVERY BY THE NATURAL POWERS, OR SPONTANEOUS EVOLUTION.

This labour set in on the 8th of January; the liquor amnii then escaped, and no more uterine action occurred until the 10th, when the hand was found presenting. An attempt was made to introduce the hand into the uterus to turn, but unsuccessfully, owing to the firm contraction of the uterus; and, finally, expulsion took place by evolution, the breech passing first. The child had apparently been dead some days.

Dr. Tyler Smith related

FOUR ADDITIONAL CASES OF OVARIOTOMY.

The present cases are in continuation of those presented to the Society in February and July, 1861, and numbered from 1 to 8.

Case 9.—*Polycystic disease of both ovaries; operation; death.*—The subject of this case was fifty-nine years of age, unmarried, and had suffered from ovarian tumour for thirty-eight years, a longer period, it is believed, than has been recorded of any similar case. She was of immense size. The operation was by the long incision, the bulk of the tumour being solid. Professor Simpson was present, and assisted at the operation. Numerous adhesions rendered the removal of the tumours very difficult. The pelvic adhesions were especially firm. In breaking them down, the rectum was slightly wounded. The patient died from shock six hours after the operation.

Case 10.—*Polycystic disease of both ovaries; operation; death.*—Mrs. M—— had been suffering from ovarian tumour for two years. She had been once tapped, but ineffectually. The tumour was large, and chiefly solid. There was dropsical swelling of the feet, legs, and abdominal walls; a quick pulse, and great emaciation. The tumours were removed by a moderate-sized incision, but the adhesions were extensive and firm. As in the former case, the pelvic adhesions were the most formidable. The peritoneum was found to be extensively diseased, being covered in patches with masses of scirrhous hardness nearly an inch thick. The pedicles were secured by ligatures, which were left hanging from the lower part of the wound. This patient lingered for three days, and then died of exhaustion.

Case 11.—*Polycystic disease of the left ovary; operation; recovery.*—This patient (Mrs. H——) had suffered for upwards of two years. In the first instance, tapping was attempted, but nothing escaped through the trocar, save a little blood. The tumour was large, and almost entirely solid. There were adhesions to the small intestines, the omentum, and the abdominal walls. The pedicle was of large size, and the clamp was used to secure it. Great irritation and some hæmorrhage were caused by the sloughing of the large pedicle; but with these exceptions her recovery was uninterrupted, and she is now convalescent.

Case 12.—*Polycystic disease of the left ovary; operation; recovery.*—Mrs. H——, aged fifty-eight, was first tapped and pressure applied. Two cysts were emptied, but a considerable quantity of solid matter still remained. After the tumours had refilled, the operation was decided on, and performed in the presence of Professor Nélaton. The tumour was removed by a small incision. It was adherent to the omentum and the abdominal walls. The pedicle was slight, and after being tied with a silk ligature the pedicle and the ligature were cut off as short as possible, and dropped into the abdomen. The wound was then closed entirely. It healed by the first intention. There was not a bad symptom, and in ten days she was convalescent. This is the second successful case in which the author has returned the pedicle and ligature into the abdomen.

Thus, up to the date of the paper, the author has performed ovariotomy in twelve cases. Of these, three have died, and nine have perfectly recovered. One of them has since become pregnant.

Mr. Spencer Wells said that he had been especially interested during the reading of the paper by the account of the two cases in which the pelvic adhesions had been so extensive, and by the mode in which the author had secured the pedicle in two other cases

He (Mr. Wells) felt that those who were learning how to lessen the mortality after ovariotomy had no more difficult problem to solve than the best way to deal with the pedicle. The fact that the author had in two successful cases tied the pedicle and returned it, with the ligature cut off short, into the peritoneal cavity, leaving the ligature and the portion of pedicle which it strangulated within that cavity, and closing the wound entirely, was very surprising; but it taught a very important lesson; and if it did not lead him (Mr. Wells) to follow the example so set without modification, it would certainly encourage him, in any suitable case, to tie the vessels only (not the entire pedicle) with wire, to cut off the ligatures short, return the pedicle, and close the wound. With regard to pelvic adhesions, he would remark that he looked upon them as one of the most serious indications against ovariotomy. He had several times refused to operate where dislocation of the uterus and the presence of fixed portions of an ovarium tumour between the uterus and rectum or the uterus and bladder had been detected; and in cases in which the patients had died of the natural progress of the disease the justice of the decision had been proved. In one case, the rectum, uterus, cyst, and bladder were found so fused together that it was almost impossible to separate them after death. Occasionally, it was extremely difficult to say whether portions of ovarian tumours in the pelvis were adhering there, or were simply pressed downwards and non-adherent. He had two cases of this kind now in the Samaritan Hospital, and he intended to tap the abdominal cysts to see if (when those were empty) the pelvic portion could be pushed upwards. In this manner he had cleared up the diagnosis in other cases. It was only by carefully observing various cases that we could arrive at the knowledge of the conditions which render ovariotomy advisable or otherwise; but we are now beginning to learn this, and to be able to say to a patient or her friends either that the case is one where recovery may be hoped for very confidently, or one where the prospect of success or failure was about equal, or one where the conditions are so unfavourable that no reasonable hope of success could be entertained. Among these conditions he was disposed to class pelvic adhesions. At least this was the result of his own experience, and the two fatal cases narrated this evening supported that view. The Profession in general, and those who were endeavouring to diminish the mortality after ovariotomy in particular, were much indebted to the author for this addition to their knowledge.

Dr. W. Tilbuy Fox read a paper

ON THE VESSELS CONCERNED IN THE PRODUCTION OF PHLEGMASIA DOLENS.

The Author first referred to Dr. Mackenzie's experiments as insufficient to determine the question of the production of phlegmasia dolens, and proceeded to argue that venous obstruction is followed by œdema only; that the action must be the same, whether the obstruction be produced locally or indirectly through a vitiated blood condition. If any difference in the two cases existed, the changes over and above œdema, which characterise the lesion as phlegmasia dolens, must be ascribed to the action of the blood state (which is absent in the locally produced disease) upon the general textures of the limb. If this view be adopted, the influence of the veins is *nil*, and we must look for the explanation in a special action carried on between the blood and the tissues. That the clinical history forbids the acceptance of such a doctrine, inasmuch as the very conditions (viz., blood-vitiation tending to produce "phlebitis") which are regarded as the cause of phlegmasia dolens very frequently exists, and yet are very rarely followed by white leg—for example, in the various blood-poisonings unconnected with the purulent condition. That if produced under the circumstances mentioned, the disease ought not to be so frequently unilateral, nor confined to the lower limbs. That the occurrence of white leg in cases of cancer, phthisis, pressure, &c., could not be explained hereby. That the death-rate of phlegmasia dolens forbad the same interpretation of the phenomena. That in the experiments of the injection of lactic acid into the blood by Dr. Mackenzie, there was no evidence to show that in the dogs operated upon anything but œdema resulted. That the existence of phlebitis, except as the rarest feature, is fallacious in cases of venous disease. Attention was then drawn to the distinction between the coincidences and the essentials of phlegmasia dolens, as in the case of puerperal fever complicated by the latter. For example, take away from the general total of such case the proper puerperal fever symptoms, and the phlegmasia dolens remains in perfect integrity; *per contra* take away the hot, white, tense, elastic swelling, and the puerperal fever remains in its entirety. In the combination, however, the pathological changes normal to phlegmasia dolens may be modified by the tissue actions, (abscess, &c.), which are the consequences of the existence of a virus in the blood; in uncomplicated phlegmasia dolens, the tissues are passive, so to speak.

The succeeding remarks went to show that the theory propounded by White was correct with regard to the *nature*, though not as to the *cause*, of phlegmasia dolens; that in the natural condition a large quantity of lymph travels from the limbs towards the thoracic duct, and when this current is impeded markedly white leg resulted. The case of the absorption of a poison into the cellular tissue (which, according to some, controverts White's opinion) was examined, and it appeared that this might or might not be followed by phlegmasia dolens, according as the obstruction in the lymphatics affected the main current or merely some minor channels (the latter being the rule); the swelling being modified in severe cases, as before observed, by the relative action of the septic blood state and tissues. Cases were quoted to prove that lymphatic obstruction is sufficient, and alone necessary, to give rise to phlegmasia dolens. The paper concluded with the following summary:—

1. Phlegmasia dolens is a local disease.

2. No general symptoms need be present (implying absence of blood-poison).

3. Phlebitis, however produced, cannot give rise to phlegmasia dolens, but œdema only.

4. Phlegmasia dolens may occur in, but forms no necessary part of, blood-poisoning (such as tends to phlebitis), but is modified thereby frequently; and any tissue conditions over and beyond the presence of fibrinous serosity, and the consequent hypertrophous state of the areolar tissue, are in nowise essential components of phlegmasia dolens, but common alike to very many different "blood" diseases.

5. Obstruction to the main lymphatic channels alone is capable of giving rise to white leg, and acts by preventing the removal of the lymph from the affected limb.

6. The obstruction may be the result of (*a*) extrinsic pressure; (*b*) thrombosis due to sudden (compensatory) absorption of vitiated fluid after sudden loss of any kind; (*c*) inflammatory changes in the vessels themselves (rare).

7. The effect of the action of venous obstruction upon the phlegmasia dolens as an intensification of the general swelling, and the presence of œdema during the subsidence of the enlargement of the limb.

Lastly, a frequent but unrecognised source of blood-vitiation was alluded to—namely, in cases where large tracts of cellular tissue were diseased—as in erysipelas, sloughing, cancerous, phthisical, and dysenteric ulcerations and the like—the lymphatics, charged with effete matter, and an excessive number of imperfectly-developed pale cells, formed in their glandular part, poured their contents into the venous system from the thoracic duct; and this might be a cause of thrombosis at the right side of the heart and in the vessels leading to the lung.

Dr. Tyler Smith thought the Society very much indebted to Dr. Fox for the able way in which upon several occasions he had brought forward this important subject. His own view was that all the symptoms of phlegmasia dolens might be produced either by obstruction of the veins, arteries, or lymphatics; but that pathology and clinical observation combined to show that obstruction of the veins was the lesion most frequently found in these cases. The author of the paper had rendered a service by directing special attention to the lymphatics in this disease—a point which had been somewhat lost sight of in the present day.

Dr. Fox, in reply, asked the President to explain how phlegmasia dolens resulted in cases where no trace whatever of venous disease existed post mortem; and how it was, supposing blood-vitiation and venous obstruction to be the cause, that sometimes œdema and sometimes phlegmasia dolens resulted; why the swelling commenced sometimes above and sometimes below; why phlegmasia dolens, which was a greater degree of disease than œdema, resulting from blood-vitiation (according to prevailing theories), possessed so low a mortality. It was evident in blood-disease, as appears from recent pathological inquiry (especially brought out in the late discussion on puerperal fever at the Parisian Academy), that the lymphatics are as frequently affected as the veins, as in the broad ligament of the uterus. A distinction must be drawn between thrombosis and inflammation of the lymphatics, which was usually due to septic poison, obstruction being uncommon, and certain tissue actions, set going in answer to the blood state, modifying the whole character of any swelling. He (Dr. Fox) did not throw cold water upon pathological facts, for the paper was based upon such; but thought that experimental evidence, such as that brought forward by Dr. Mackenzie, should not set aside clinical facts.

Professorship of Anatomy, Physiology and Pathology.—The Council of the University of Melbourne propose to appoint a professor of the above-named sciences during the present year. He will be required to give complete courses of lectures on Descriptive and Surgical Anatomy, and on General Anatomy, Physiology, and Pathology, and to act as Conservator of the Anatomical Museum. The salary will be 1,000*l.* a-year, with residence. The Professor will be required to devote his time exclusively to his duties in the University, and will not be allowed to practise. Candidates may send written applications, with not more than three testimonials, on or before June 23, to Sir Redmond Barry, Chancellor of the University of Melbourne, at Arthur's Club, St. James's, London, S.W.

Trinity College, Dublin.—The following degrees were conferred at the Comitia Æstiva, on July 2, 1862:—Bachelors of Medicine.—Isaac Ashe, Stephen Flood, William Stanley Pardon. Master in Surgery.—Isaac Ashe.

Births, Marriages, and Deaths.

BIRTHS.

ARMSTRONG.—On the 1st inst., at Peckham, the wife of H. Armstrong, M.D., of a son.

BEAZELEY.—On the 21st ult., at her father's (A. Martin, M.D.) house, at Rochester, the wife of Michael Beazely, Esq., of a son.

CHAMPNEYS.—On the 23rd ult., at Battle, Sussex, the wife of Henry Montagu Champneys, Esq., F.R.C.S., of a daughter.

DICKINSON.—On the 27th ult., at Chesterfield street, Mayfair, the wife of William H. Dickinson, M.D., of a daughter.

LANSDOWN.—On the 29th ult., at Park street, Bristol, the wife of F. Poole Lansdown, Esq., M.R.C.S., of a daughter.

MORRIS.—On the 24th ult., at Church street, Lower Edmonton, the wife of Charles James Morris, Esq., M.R.C.S., of a son.

RICHARDS.—On the 26th ult., at St. George's place, Brighton, the wife of D. Richards, Esq., M.R.C.S., of a daughter.

SHINE.—On the 21st ult., at St. Germain's terrace, High road, Lee, the wife of William Lamb Shine, Esq., M.R.C.S., of a son.

WOOD.—On the 30th ult., at Onslow square, the wife of Neville Wood, M.D., of a daughter, still-born.

MARRIAGES.

GARRINGTON—MOODY.—On the 1st inst., at Kingston church, Portsmouth, Arthur M. Garrington, M.D., of St. George's square, Portsea, youngest son of W. H. Garrington, Esq., J.P., to Sarah, youngest daughter of W. Moody, Esq., H.M.'s Dockyard, Portsmouth.

JACKSON—GATIS.—On the 5th ult., at St. Peters's Collegiate church, Wolverhampton, T. Vincent Jackson, Esq., M.R.C.S., (late Resident Surgeon to the South Staffordshire General Hospital, Wolverhampton,) of Darlington street, Wolverhampton, to Alice Jane, eldest daughter of James Catis, Esq., M.R.C.S., of North street, Wolverhampton.

SMITH—CLODE.—On the 18th ult., at St. John's church, Windsor, Charles John Smith, Esq., M.R.C.S., eldest son of Charles Smith, Esq., of Church house, Newington, Surrey, to Sarah Anne, only child of John and Sarah Clode, of Park street, Windsor.

DEATHS.

CARTER.—On the 28th ult., at Matlock, Daniel Carter, M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N., (Sept. 29, 1855), of 79 Packington street, Islington, aged 37.

GREATREX.—On the 23rd ult., at Holborn hill, Mary, the wife of Augustus Greatrex, M.R.C.S.

HOUGH.—On the 27th ult., at Cambridge, Eliza Sophia, eldest daughter of James Hough, Esq., M.R.C.S., aged 15.

LAWRENCE.—On the 27th ult., at Fulborne, Cambridge, Louisa, the wife of George W. Lawrence, M.D., aged 20.

MACCOSH.—On the 3rd ult., at Paris, Canada West, Robert MacCosh, formerly of Beith, Ayshire.

MILES.—On the 19th ult., at Plymouth, on his arrival from Vera Cruz, Edward Falconer Miles, M.R.C.S. Eng., Assistant-Surgeon (May 17, 1861), of H.M.S. 'Donegal,' aged 26.

MOSSE.—On the 26th ult., James Robert Mosse, M.R.C.S. Eng., L.S.A. Lond., of High street, Fareham, Hants.

WOOD.—On the 21st ult., at Eccles New road, Manchester, Thomas Wood, M.R.C.S. Eng., L.S.A. Lond., late of Grosvenor street, Chorlton-on-Medlock, Manchester.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 2nd inst.:—Barlow, Robert, Dalston—diploma of Membership dated July 29, 1859; Barnes, Thomas Henry, Clare, Suffolk—May 6, 1862; Carter, Jabez, Bedford—June 12, 1862; Couch, John Quiller, Polperro, Cornwall—May 21, 1862; Dry, Thomas, Salisbury place, Walworth—April 25, 1862; Dunderdale, William, Poulton-le-Fylde—May 8, 1862; Edwards, Morgan John, Rhoudda Valley, Newbridge, Glamorganshire—Nov. 14, 1861; Jones, John Lloyd, Treborth, Carnarvonshire—Nov. 14, 1861; Kernot, Charles Noyce, West Cowes, Isle of Wight—May 8, 1862; Masters, William Hooper, Yeovil, Somerset—Nov. 14, 1860; Matthews, James, Hammersmith—April 24, 1862; Sheppard, Walter George, Dorchester—May 20, 1862; Rutherford, Samuel, Pulborough, Suesex—April 23, 1862; Wilson, John Wise, Brunswick place, Barnsbury road—Jan. 31, 1862.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice or Medicine, and received certificates to practise, on the 26th ult.:—Brumwell, John Robert, Burnley; Gabb, Frederic Edward, Cheltenham; Hubert, Theodore Kelsall, St. George's Hospital; James, James, Aberavon; Lee, William Edward, Bideford, Devon; Richards, Henry Ebenezer, St. George's Hospital; Robinson, Hugh, Ripon, Yorkshire; Rowland, Henry Orford, Ipswich.

The following gentlemen also on the same day passed their first examination:—Carter, Richard, Charing-cross Hospital; Fry, John Blount, Sydenham College, Birmingham; Julins, George Frederic H., King's College; Ring, John, Middlesex Hospital.

[The Christian names of Mr. Hayden, who passed the first examination at the Hall on the 19th ult., should have been "William Gallimore," and not "William George," as published in the MEDICAL CIRCULAR of last week.]

OXFORD UNIVERSITY.—At a Congregation held on the 26th ult., the following degrees were conferred:—Doctor of Medicine—Moore, William Daniel, Trinity College, Dublin. Bachelors of Medicine—Clarke, William Fairlie, Christ Church College; Crucknell, Henry Heanes (Fellow), Oriel College; Evans, Herbert Norman, Exeter College; Harrington, James Douglas, Exeter College.

THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS.—The name of Thomas Watson, M.D., F.R.S., occurs in the list of those distinguished persons who on Wednesday last received from the University of Oxford the honorary degree of D.C.L.

THE FRENCH ARMY IN MEXICO.—M. Albert Ehrmann, *Médecin-major de première classe*, who sailed with the first French troops in February, has been appointed Medical Director of the Expeditionary Corps, in place of the late M. Ludger-Lallemand.

HONOURS CONFERRED ON MEDICAL PRACTITIONERS IN ITALY.—The celebrated Professor Buffalini, of Florence, has been made Grand Officer of the Order of St. Maurice and St. Lazarus; M. Sperino, of Turin, has been made Commander; and M. Rizzoli, of Bologna, Officer of the same Order.

THE MIDDLESEX HOSPITAL.—The Annual Distribution of Prizes will take place in the Board-room of the Hospital, on Friday, July 11, at three o'clock, p.m.; Captain the Hon. Francis Maude, R.N., in the chair.

THE FAILURE OF THE OPIUM CROP in India has had the effect of considerably increasing the market value of this drug.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The Cambridge meetiing of this Aociation has been postponed till October.

THE ANTIQUITY OF PLAGUE.—M. Chabas has recently thrown great light on the probable antiquity of plague. It was known to the ancient Egyptians under the name of Aat.

THE BRITISH MEDICAL ASSOCIATION.—The annual meeting of the Lancashire and Cheshire branch of this Association was held at the Royal Institute, Manchester, on the 25th ultimo. The next annual meeting will be held at Liverpool.

CHARING-CROSS HOSPITAL ACCOUNTS.—At the Manchester meeting of the British Medical Association, the mode of keeping accounts at this hospital was especially recommended for imitation by all similar institutions.

PALMER THE MURDERER.—At a recent meeting of the supporters of Dr. Lankester in his canvass for the office of Coroner for Central Middlesex, Dr. O'Connor, Physician to the Royal Free Hospital, related the following interesting occurrence as an instance of the necessity for having Medical Coroners. Addressing the meeting on the subject of Palmer's trial, he said:—"I will relate to you an interesting occurrence in connexion with that trial to prove that a Medical man, of the acquirements and professional knowledge of Dr. Lankester, is the most fitted person to fill the office of Coroner. It will be in the recollection of the meeting that the presiding judges on the occasion of the trial of Palmer were the late Lord Campbell, the late Baron Alderson, and Sir C. Cresswell. The Baron belonged to a family some of whom were able Physicians. One was the late Dr. Alderson, of Hull, another, Dr. Alderson, the present accomplished Senior Physician of St. Mary's Hospital. Baron Alderson, desirous of obtaining reliable information regarding the effects of atrychnine on the animal economy, sought the advice of his relative, who readily, with the aid of Mr. Copney, then Dispensing Apothecary at St. Mary's Hospital, went through a series of experiments with strychnine on frogs, and some of the lower animals. The Baron immediately afterwards communicated to Lord Campbell a full account of what he had witnessed, when the latter expressed an earnest desire to see the experiments repeated. Dr. Alderson promptly complied with the request, and a meeting took place at his house in Berkeley square. There were present on the occasion—Lord Campbell, Baron Alderson, Sir C. Cresswell, Dr. Paris (then President of the College of Physicians), Dr. Alderson, and Mr. Copney. After five hours' careful observation, during which many experiments were gone through showing the effects of doses of various degrees of strength of the strychnine, and the different tests applied for its detection, Lord Campbell and his brother Judges left better acquainted with the poisonous nature of strychnine and the processes necessary for its detection than many of the witnesses who were examined. This circumstance, which he (Dr. O'Connor) was able to state on the best authority, and which had never before been made public, was an admission by the Judges of the necessity of Medical knowledge on the part of persons presiding over injuries as to the cause of death, and it enabled the Judges with much greater facility to get through the conflicting evidence given at the trial, whilst it contributed much to the just conviction of Palmer."—'Morning Post.'

THE LUDGATE-HILL MURDERS.—In the examinations of Mrs. Vyse, before Alderman Wilson, no new facts of medico-legal interest were adduced. Mr. Attfield's analyses of the contents of the stomachs, and of Mr. Battle's vermin killer, were simply quantitative. He made no attempt to determine the amount of strychnia swallowed, although his experiments were quite decisive as to the presence of the poison. The state of the prisoner's mind is still only a matter of inference. It appears that she gave her sister a letter referring to her crime, but the latter had on her own judgment destroyed it without making herself acquainted with its contents. Before purchasing the preparation of strychnine she had asked the chemist for hydrocyanic acid. On being discovered she said that "she was mad and wished to die." It is believed that a porter in her husband's employ, named Smith, and one of the Hospital nurses in attendance on her, could, if they pleased, give information as to the circumstances which led to the commission of the murders. Mrs. Vyse is committed for trial.

OVARIOTOMY IN PARIS.—Professor Nélaton has just performed the operation of ovariotomy, on a woman of twenty-six, who had been ill only one year, but with whom the accumulation of water was so rapid that she was tapped in May last. The cyst filled again in a short time,

and M. Nélaton removed the whole growth on the 17th ult. After the incision of the abdominal walls, the cyst was seized with blunt forceps and tapped. When quite emptied, it was found to adhere to a portion of omentum, which latter was cut, a small piece of it remaining attached to the cyst. The latter was connected with the uterus by a very narrow pedicle, which was seized with a peculiar instrument, and divided. Three small omental arteries were tied, and the wound closed by six metallic sutures. Some blood had trickled into the abdomen, and as M. Nélaton considered that it might decompose, and be of great prejudice, he removed it from the cul-de-sac between the uterus and rectum by means of a sponge twice the size of a fist. The cyst was multilocular, and contained about eight quarts of a viscous stringy liquid. The patient was operated on in a country house near Paris, and was in a very favourable state a week after the operation. We must not omit to state that, on the 2nd of June last, Mr. Kœberlè, deputy-professor at the Faculty of Medicine at Strasburg, performed the operation of ovariotomy on a woman of twenty-six. The diameter of the cyst was from nine to ten inches; and we are glad to say that, on the 20th of June, the patient was doing extremely well, and likely to make a good recovery.

Deaf Mutes.—The first number of the 'Social Science Review,' just published, contains a curious paper on the statistics of the births of deaf and dumb children collected by M. Boudin, supporting the popular dislike of marriages of consanguinity on physical grounds. According to M. Boudin the result is a very considerable per-centage of deaf mutes. Where the relationship is the nearest, the per-centage is the highest. M. Boudin finds that consanguineous marriages take place in France in the ratio of 2 per cent. of the population; that of the issue of such marriages the proportion of deaf and dumb children is 28 per cent. in Paris, 25 at Lyons, and 30 at Bordeaux. At Berlin he has discovered that the number of deaf and dumb children born of Christian parents is 6 per cent.; while that of the children of Jewish parents is 27 per cent.—a result which he attributes to the fact that Jews intermarry with blood relations more frequently than Christians.

The Weight of the Human Body at Different Seasons of the Year.—Mr. Milner weighed the prisoners in Hull Gaol for five years, and found that they regularly increased in weight from April to November, and decreased from November to March. The diet was the same all the year round, and as nearly as possible the same temperature was maintained.

Discovery of a Human Skeleton at Leicester in the bed of the Soar.—Mr. James Plant, of Leicester, in the 'Geologist' of this month states:—On the western side of the town of Leicester there was an old bridge known as the "Bow Bridge." It has recently been taken down for reconstruction; during the progress of the work the stream has been stopped, and a dam thrown across the channel north and south of the bridge, leaving the bed of the river dry. The upper surface was a black, muddy, alluvial deposit, but this being penetrated, the pure drift gravel presented itself. This gravel lies immediately on the abraded surface of the Upper Keuper Sandstone, which here dips away under the town towards the Liassic hills on the eastern side. In excavating on the east side of the old bridge for the new foundations, and digging in the bed of the river, they came upon ground in the drift of a mixed character, gravel and silt. After digging out three feet of this, they came upon a human skeleton lying face upwards, the knees drawn towards the head. It was nearly entire, a few of the vertebræ and the smaller bones of the hands and feet only are wanting. Near this skeleton were found the skull of a horse, ox horns, and other bones. The horn-cores of the ox appertain to the *Bos primigenius*. Their mineral condition is very different from the human skull, which beyond its being slightly prognathic, and exhibiting rather thick canines, does not offer any marked peculiarity. Its antiquity may be considered as very doubtful.

The South Hants Medico-Chirurgical Society.—On the 21st ult., the members of this society held their annual gathering at the Royal Victoria Hospital, Netley. There was a numerous assemblage of metropolitan and provincial practitioners. Dr. Wiblin, the President of the Society, occupied the chair at the dinner-table. The usual loyal toasts having been drunk, Mr. Falvey proposed "The Members of the South Hants Medico-Chirurgical Society," and said "that the whole nation was deeply indebted to the Medical Profession for the zeal and energy with which they always endeavoured to ameliorate human suffering," and referred to the high position occupied by their President of that day, to whom they were so largely indebted for so great a treat. The toast having been drunk with great enthusiasm, Dr. Wiblin, in returning thanks, said that, "Speaking for himself and his professional brethren of the Society, it afforded them the greatest gatification to meet their metropolitan and provincial friends in that building, and hoped that they might have many of those agreeable *réunions*." Dr. Orsborn proposed the health of Major Ravenhill in an eloquent speech, in which he described in glowing language the advantages of the site of Netley Hospital, which he characterised as a magnificent building, fitted in every way for the purposes for which it was erected. After dinner the company visited Netley Abbey, and separated well pleased with the enjoyments of the day.

Venomous Caterpillars.—A most singular case, perhaps the only one on record, of death caused by caterpillars occurred a few days ago in the commune of Dardilly, near Lyons. A little boy, not more than eight years old, had gone into a neighbouring wood, in quest of birds' nests. Perceiving one on the top of a tree, he climbed up, but in so doing shook down an immense number of caterpillars, many of which fell on his shirt, his only upper garment, and soon covered his breast, which was bare, and penetrated to his arms and shoulders. For a few minutes the child took no notice of this, but he soon felt such an itching sensation that he was compelled to get down again and run home for assistance. Upon examination, his skin appeared covered with large red spots, which were soon followed by a general swelling, then by fever, somnolency, and delirium; and, notwithstanding all Medical care, death ensued in the course of a few hours. The kind of caterpillar which caused this disaster was the *Bombyx processionea* of Réaumur, a very venomous species. Botanists know that if a nest of these insects be touched, or only stirred up with a stick, the person so doing, and remaining for some time near the spot, within reach of the emanations arising therefrom, will be attacked with a papulous eruption of a more or less confluent nature, which will last several days, and be attended with violent itching. Dr. Calmell, Physician to the Hospital of Charenton, had preserved a nest of these caterpillars in a large glass phial, which was not opened for upwards of ten years. At length, the phial being accidentally wanted, it was opened in the presence of several persons, who all caught the eruption. This strange property has even suggested to several members of the Faculty the idea of using these caterpillars in cases in which it is required to subject the skin to a strong and permanent irritation. We may remark, in conclusion, that the number of caterpillars which infest the trees this year all over France is quite unprecedented,—a circumstance which has called the attention of the authorities and of various learned societies to the question of protecting insectivorous birds, the only really efficacious enemies of the caterpillar.—'Galignani's Messenger.'

Hospitals at Fortress Monroe.—Having recently returned from Fortress Monroe, I send you a brief statement of some of the objects of interest in the military hospitals of that vicinity. The old Hygeia Hotel, attached to the fortress, has been coverted into a military hospital, with several hundreds of beds occupied by sick and wounded soldiers. About two miles west of this is the Chesapeake Hospital under the supervision of Dr. McCay, Brigade-Surgeon. The principal building in this locality is a large edifice known as the Chesapeake Female College; besides this, there are connected with this establishment two detached cottages and a considerable number of tents. There are six or seven hundred beds in the establishment occupied by medical and surgical patients, including a large number of soldiers wounded at Williamsburgh at the great battle on the 5th inst. Between the Hygeia and the Chesapeake Hospitals is the Mill Creek Hospital, under the supervision of Brigade-Surgeon Hunt. This is a gigantic shanty, containing two hundred and fifty beds occupied by soldiers who were wounded at Williamsburgh. The situation of the Mill Creek Hospital is low and marshy, and the air around it is redolent with foul odours. Among the wounded in these hospitals are many of the confederate soldiers, although the large majority is composed of men who fought for the stars and stripes. The soldiers of both armies are treated with equal kindness and care, and I have abundant evidence that the wounded rebels appreciate fully the kindness with which they have been treated. All the wounds which came under my observation, were inflicted at the battle of Williamsburgh on the 5th inst., and they came under my notice on the 12th, exactly a week after the battle. They were then in a state of imperfect suppuration, the sloughs not yet having been thrown off. Nearly all of them were occasioned by musket or rifle balls, either conical or spherical. Some of them were occasioned by buck-shot or small bullets fired from revolvers. A few were occasioned by fragments of shells. In a few instances balls were lodged in the tissues; but, in most cases, they had passed through the body or limb, and had escaped through a second opening. In one instance, a single ball had made six holes, having passed through the fleshy part of both thighs and through the scrotum, without apparently injuring either testicle. In another instance, a ball had passed through the right forearm, and through the right side of the thorax, making four holes. In one case, a ball passed through the right side of the corpus cavernosum, thence through the root of the scrotum, and through the left side of the corpus spongiosum, making a free passage for the urine through the perinæum, and without injuring the thigh. A young man from Mississippi was shot through both lungs: he discharged from the wounds enormous quantities of bloody and purulent fluids. He survived the injury more than three weeks, and almost to the last had sufficient strength to sit up when his wounds were dressed. One man had a wound of the hip-joint, the ball having passed through the great trochanter, and thence through the head of the femur, and across the dorsum of the ilium to the cleft of the nates. He lived eleven days after the injury. Another, with compound fracture of the thigh near its middle, with extensive shattering of the bone, and with very profuse suppuration, survived the injury about three weeks. There were a number of cases of secondary hæmorrhage. The first occurred ten days after the infliction of the wound. The case was that of a young man, in whom the ball had passed from the upper and inner part of the thigh, a little below the pubes, down to the upper and outer part of the leg near the head of the fibula. The hæmorrhage was sudden and profuse, the blood issuing from the upper wound. As the track of the ball was very extensive, and the exact situation of the opening from which the hæmorrhage proceeded quite uncertain, I applied a ligature to the femoral artery, a little below the origin of the profunda. On the afternoon of the same day I was called to see the patient again, being informed that bleeding had recurred. On opening the wound, I found a small recurrent artery near the lower part of the incision which I had made throwing out a jet of dark blood. I tied this little vessel, and there was no return of hæmorrhage, but the patient died of pyæmia eight days afterwards. The next case of secondary hæmorrhage occurred on the day following the preceding case—viz., eleven days after the battle. It occurred from a wound in the mouth traversing the right side of the neck behind the angle of the jaw. The hæmorrhage was arterial and profuse; I tied the primitive and carotid arteries. The hæmorrhage did not recur, but the patient died from exhaustion about thirty hours after the bleeding took place. The third case of secondary hæmorrhage occurred from a wound in the axilla, fourteen days after the battle. The hæmrorhage was very copious, and the patient appeared much exhausted. I cut down into the axilla, and tied the artery above and below the wound. I found that the median nerve had been severed

by the ball, and that ganglionic enlargement had taken place at its proximal extremity. All the cases of secondary hæmorrhage which I saw were from the tenth to the sixteenth day after the injury.—'American Medical Times.'

APPOINTMENTS.—William Hugh Aldersey, F.R.C.S. (exam.), and L.M., L.S.A. Lond., has been re-elected Medical Officer for the South-East District of the Buntingford Union, Herts.—Joseph Ashton, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Waddingham District of the Caistor Union, Lincolnshire, *vice* William Noble Paterson, L.R.C.S. Edin., L.M. Edin., whose term of office has expired. Herbert Frederic Henry Barham, M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident Medical Officer to the Kent County Ophthalmic Hospital, Maidstone, *vice* Alfred Frederick Stratford Clarke, M.D. Univ. St. And., M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned on being placed on full-pay list as Staff Assistant-Surgeon, Army.—Henry Blenkinsop, F.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the County Prison at Warwick, *vice* Thomas Wheatley Hiron, M.R.C.S. Eng., L.S.A. Lond., resigned.—John Carleton Bury, L.K.C.Q.P. Irel., M.R.C.S. Eng., L.M. Dub., has been elected Medical Officer to the Workhouse of the Wisbech Union, Cambridgeshire, *vice* William Herbert Hole, M.R.C.S. Eng., L.S.A. Lond., resigned.—Albert Davies, M.D. Mar. Coll. Univ. Aberd., M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the newly-established Dispensary, Ely, Cambridgeshire.—Charles Gaffney, M.R.C.S. Eng., and L.M., L.S.A. Lond., has been re-elected Medical Officer of the North-East District of the Buntingford Union, Herts.—John Wycliffe Goodwin, M.D. Cantab., Physician to the Suffolk General Hospital, Bury St. Edmund's, has been nominated one of the Examiners for Medical degrees at the University of Cambridge, for the academical year commencing in October next.—George Edward Horton, M.R.C.S. Eng., has been elected Vaccinator for Dudley, Worcestershire, *vice* William Eagles Johnson, M.R.C.S. Eng., L.S.A. Lond., deceased.—Thomas Leeds, M.R.C.S. Eng., L.S.A. Lond., has been appointed resident Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester, *vice* William Lomas, M.R.C.S. Eng., L.S.A. Lond., resigned.—Geo. Winter Rhodes has been elected Medical Officer for the Northern Division and the Hospital of the Township of Hudersdfield, Yorkshire, *vice* Thos. Robert Tatham, M.R.C.S. Eng., L.S.A. Lond., resigned.—Henry Bennett Smith, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer and Public Vaccinator for District No. 7 (the parish of Brightling) of the Battle Union, Sussex.—Mr. Joseph Truelove has been appointed Dispenser to the Suffolk Genera Hospital, Bury St. Edmund's, *vice* Mr. Joseph Simpson, resigned.—Dr. George C. Pirie has been appointed Physician to the Dundee Royal Infirmary; and Dr. William Crockatt has been appointed Attending Surgeon.—Dr. George B. York has been elected Medical Officer and Public Vaccinator for the Sixth District of the Upton-upon-Severn Union, Worcestershire, *vice* Mr. Charles J. Axford, resigned.—Mr. Wm. W. Phillips has been elected Medical Officer and Public Vaccinator for the Northern District of the Wittlesea Union, Cambridgeshire, *vice* Mr. Peter V. Timothy, resigned.—Mr. Davis D. Tate has been appointed Resident Medical Officer to the North Union Workhouse, Dublin, *vice* Mr. Gerard Brown, deceased.—The following appointments were made at the Admiralty on the 20th ult:—Wm. Richardson, Surgeon, and John Mulvany, Assistant-Surgeon, to the *Rosario;* Wm. H. Sisson, Acting Assistant Surgeon (additional), to the *Narcissus.*

APPOINTMENTS FOR THE WEEK.

Wednesday, July 9.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.

NORTH LONDON MEDICAL SOCIETY OF LONDON.—8 p.m.

Thursday, July 10.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

LONDON SURGICAL HOME.—*Operations:* 2 p.m. Ovariotomy; Vaginal Rectocele, Vesico-Vaginal Fistula; Fibrous Tumour of the Uterus.

Friday, July 11.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 12.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, July 14.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 15.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Dental Review for July. London: J. W. Davies, 54 Princes street.
The Medical Critic. No. VII. London: J. W. Davies.
The Half-Yearly Abstract, from Jan. to June, 1862. London: John Churchill.

NOTICES TO CORRESPONDENTS.

X.—The instruments for the "pulverisation," as it is called, of water consist of a large vessel, with a pumping apparatus in which the air is compressed, and another smaller vessel in connection with it containing the water. The air is forced from the pump through the vessel containing the water. The air and water then pass together through a pipe with a minute nozzle, and are emitted like very fine rain or steam. The water in this condition is said to be "pulverised." The water may of course be medicated.

CHIRURGUS says, "I am gratified at the noble stand you have made on behalf of Kiernan. The Board of Examiners is the *imperium in imperio* of the College, the expressed quintessence of its oligarchical tendencies, and you could not do a greater thing just now than place the liberal-minded and philosophical Kiernan among that body."

F.R.C.S. Eng.—"On the Election of Mr. Kiernan," received.

Mr. B. EVANS.—1st. No.—2nd. No.

Mr. J. H.—The Fever Hospital has, we believe, about seventy beds, quite as many as it is advisable to place under one roof for patients labouring under fever. From a report now before us we find that the mortality among the whole number received, including typhus, typhoid, scarlet fever, and febricula, was 19.5 per cent., or more in detail, 22 per cent. in typhus, 21.15 per cent. in typhoid, and 15.26 per cent. in scarlet fever. We consider this a high mortality. It is higher than the mortality at St. Thomas's, but about the same as that at Guy's. It would be a great help to science if the Registrar-General could obtain for us the mortality among patients treated at their own homes. It must be remembered that the patients at the Fever Hospital are nearly all paupers.

Dr. PRICE is thanked.

W. T.—1st. It may be easily effected.—2nd. Alone, it could be no security.

A SUBSCRIBER.—Your request shall be attended to, and your letter forwarded.

AMICUS.—Dr. Tilt's work would suit you. The third edition has just been published.

BETA.—Declined with thanks. The subject of alcohol as food or poison is worn threadbare. Unless new facts be disclosed, papers upon the subject would be void of interest to the medical reader.

J. E. S.—The suggestion is valuable.

Mr. FRANK COOPER.—The Report of the Junior Medical Society's Meeting is unavoidably postponed to our next number.

SUBURBAN OR COTTAGE HOSPITALS.

To the Editor of the Medical Circular.

SIR,—I had a letter this week from the chief obstetric physician in Australia, thanking me for sundry notes on chloroform, as also some hints on "cottage hospitals" which I think by right belong to the Editor of the MEDICAL CIRCULAR. Notes from the colonies I think are peculiarly valuable, as the Medical men there are pure eclectics, choosing all that is best out of European literature; whereas here our popularity-seeking routinists too often follow some dread pedantry—*i.e.*, bleeding in typhus of the late Dr. Chutterbuck, stoutly upheld by two powerful editors, who also vote for a thousand beds in the new St. Thomas's Hospital; or, again, crotchets in lunacy cases, till the public revolt against lunatic hospitals and "mad doctors" *en masse*, or, again, "free and easy" opposition to special hospitals (two of a trade, &c.) by the most flagrant specialists, or essays on Lord Palmerston as if he were a Dodo.

"I wish you could see our Melbourne Hospital, especially the lying-in department," says my correspondent, "it would delight you or your friend the Editor of the CIRCULAR, whose fame is not unknown under the "Southern cross" in the affair of cottage hospitals; we give every woman a separate room in the hospital for at least a week, and thus can isolate bad cases of erysipelas, &c., and insure quiet to all. The plan answers capitally. I am doing my fourth vesico-vaginal fistula operation this week; these *opprobria* of half a dozen years since, are now easily cured with us, thanks to the indefatigable Baker Brown and chloroform, and what we learn of European successes in that direction." R.T.T.

It will be interesting hereafter to learn the rates of mortality in this Melbourne Hospital where single patients are thus segregated, the Dublin method, where there are about ten in each ward, and the formidable statistics of Paris, where they have arrived at the "bad eminence" of having had the worst and most crowded wards in the world. Such statistics would be suggestive, if not spoiled, by the hard algebraic formulæ or preconceived popular dogmas of the Registrar-General's calculating machines and the apotheosis of routine of the editors who see all wisdom in the classic writings of Chutterbuck, and even still uphold that bleeding is the true remedy for typhus, and a thousand beds all right at the new St. Thomas's Hospital.

There is an hospital atmosphere about an institution of a thousand beds that is most hurtful to patients with slight ailments, their lives, perhaps, balancing between life and death, or a scratch of a lancet, or bistoury, erysipelas or typhus. At any rate, it will be of interest to compare with this an hospital at Melbourne (on your plan) of 50 small rooms for 50 patients, the drainage of the hospital too not over good. Yours, &c., C. K.

June 24.

JOURNAL

OF

Practical Medicine and Surgery.

MEDICAL CORRESPONDENCE.

ART. 6244. MIDWIFERY; THE USE OF THE LEVER.—Sir, I read with much pleasure the account inserted in your April number (Art. 6209), of my memoir on the Use of the Lever for the Extraction of the Head after Expulsion of the Trunk in Breech-Presentations. Although the spelling of my name has undergone in your journal unexpected modifications, I am nevertheless happy that a scientific periodical which enjoys so extensive a circulation as the JOURNAL OF PRACTICAL MEDICINE AND SURGERY, should have invited the attention of the Profession to the utility of the lever, an obstetrical instrument less known in France for its real advantages than for its alleged dangers. Indeed, if the lever was estimated at its proper value, and its use more familiar, I venture to assert that in many instances of tedious labour, it would prove far more serviceable than the forceps.

A practical fact, to which I called attention in 1858, shows the great importance in instrumental labour, of the principle of *pressure*, on which reposes the action of the lever. The forceps, a mere *tractor*, requires the display of much more force for the extrication of the head. In addition to the first advantage consequent on its mode of action, the lever possesses several others, which, after an experience now extending over fourteen years, I may summarize as follows :—

The application of the lever does not require the co-operation of an assistant; it is more speedy than that of the forceps, and more firmly secures the head.

When handled with dexterity, the lever assists the mechanism of natural labour. In those cases especially, in which the diameter from the pubis to the sacrum is diminished, and the head of the fœtus is still retained at the brim, the lever is preferable to the forceps. It then presses downward and backward, that is to say, in a direction parallel to the axis of the brim, diminishes the antero-posterior diameter of the head, and when this portion of the fœtus is admitted into the contracted passage, the instrument enlarges the capacity of the latter by causing distension of the pelvic ligaments.

In many instances of deformity of the pelvis, the lever has brought matters to a successful issue, and facilitated the birth of a living child, when experienced accoucheurs exclusively addicted to the use of the forceps, would have been able to suggest no other resource but craniotomy.

The lever also renders prompt service in face presentations, which so frequently imperil the life of the child; and your readers have been enabled (Art. 6209), to judge of its utility, in those tedious cases in which after the delivery of the body, the head alone remains within the pelvis.

Its intervention is further beneficial in the operation tending to reduce the size of the cephalic extremity. After the extraction of the brain, the cranium can be flattened with the lever, and the use of the saw-forceps and cephalotribe dispensed with.

The lever in use at Ghent consists, as I have stated (*Annales de la Société de Médecine de Gand*, 1858), in a steel blade, thicker and narrower at its base, which is secured in a wooden handle, than at its extremity, where its width is about one inch. The instrument is slightly incurvated on one of its faces, and its entire length is twelve inches.

For the application of the lever, the patient should lie across the bed, the seat brought as forward as possible, and the feet resting on chairs. The bladder being emptied, if necessary, the operator, gently introducing two fingers of the left hand, grasps the anterior labium of the os uteri. The previously greased blade, held in his right hand, is then cautiously inserted between the uterine wall and the fœtal head, the concavity of the instrument being adapted to the convex surface of the cranium. During the pains, the handle of the instrument is raised towards the abdomen of the mother, and the pressure thus brought to bear on the head of the child, causes it to descend in a direction parallel to that of the brim.

I should observe that the curve of the lever should be but slight, if the application has to be made at the inlet. I have known practitioners who rejected the instrument on account of the difficulties they encountered in its application, which they would have been spared had they used a straighter blade.

In its action, the instrument is a lever of the first power; the fulcrum is at some part of the pubic arch; the resistance is supplied by the head, and the power resides in the hand of the surgeon.

The situation of the fulcrum is beneath the pubes, but it is imperatively necessary to avoid pressure of the urethra, and to use but a moderate amount of force. If in difficult and unfrequent cases, it is desirable to exert a considerable amount of power, the part of the blade in contact with the pubes should be padded with India-rubber, in order to avoid inflicting injury on the soft parts.

Before proceeding to the operation, it is absolutely indispensable to ascertain with perfect precision the position of the head. It must, on no account, be forgotten that the lever must be applied to the solid portions of the cranium only—viz., the occiput, temple, or mastoid region. It is not enough to be aware that the head presents; its position must be known with almost mathematical precision.

A few illustrations will clearly show the utility of this precept. In the third or fourth position of the vertex—at the outlet, for instance—were the lever applied beneath the pubic arch, which I do not recommend, the operator would incur the risk, if he used any amount of force, of injuring the eye or face of the child.

A host of other arguments suggest themselves to demonstrate the indispensable necessity of an accurate knowledge of the relative position of the different regions of the head with the various parts of the pelvis.

Let us—*e.g.*, suppose a case of deformed pelvis, the vertex presenting at the brim, the head in general occupying a transverse position. In order to apply the lever properly, the surgeon must ascertain the situation of the occiput, on which the instrument is to bear. Should the occiput be turned towards the left acetabulum, and the operator, by mistake, insert the lever on the right side, the blade may encounter the jaw or even injure seriously the soft parts of the neck.

This is not all: the first effect produced by the lever will be to raise the head from its flexed attitude on the breast, and the mechanism of natural labour will thus be interfered with in an injurious manner.

In presentations of the face, when the chin has already passed down as low as the pubic arch, it would again be obviously dangerous to harbour the thought, that the accoucheur has but to insert the lever beneath the pubes, without taking into account the position of the fœtus.

I am inclined to think that for young practitioners the forceps is the safest instrument, because, as it is in general applied merely on the sides of the pelvis, the application does not, perhaps, require so minutely accurate a knowledge of the position of the head; and an error of diagnosis would not, moreover, entail the same disastrous consequences. But when, after long experience of the forceps, the practitioner has recourse to the lever, he is surprised to find what a small amount of force is necessary to bring matters to a satisfactory conclusion, in cases, which could not have been managed without considerable tractive efforts had the forceps been used.

The forceps is, without doubt, a most useful instrument, indeed, the very best, when the head presents at the outlet, and its long diameter corresponds with the conjugate diameter of the pelvis, but when its situation is very oblique in the true pelvis or at the outlet, it cannot, as all practitioners are aware, be extricated without a considerable amount of force.

The lever permits the accoucheur to dispense with this great display of power, obeys the guidance of the surgeon's hand with readiness, and imparts to the head movements similar to those which take place in natural labour. In the instance alluded to, the first effect of the lever is to complete the

rotary evolution of the head, as it would be accomplished by nature, and once the presentation has been rectified, a very slight effort will, in general, be sufficient to extricate the child completely.

Ch. Coppee, M.D.
Assistant-Physician to the Civil Hospital, Ghent.

SCIENTIFIC MISCELLANEA.

Art. 6245. Combined Use of the Perforator and Lever in Craniotomy.—As an illustration of the concluding remarks of the above communication, we adduce a brief summary of an operation of craniotomy, performed on the 3rd of June, 1861, by our learned correspondent.

The patient was a primipara, whose pelvis was irregular and contracted. The child had ceased to live, and its head, movable above the brim, presented in an almost transverse direction, the occiput being turned towards the left acetabulum. Professor Van-Huevel's saw-forceps having been unavailingly resorted to, Dr. Coppée and another surgeon, Mr. Coghen, agreed that perforation of the head was the only resource.

Mr. Coppée had with him a new perforator, presented last year to the Society of Medicine of Ghent, by Mr. Frederich. This instrument consists in a kind of trephine, which is calculated to remove, by circular rotation, a piece of the cranial bones. The contrivance appears, by its small size and its simple mechanism, preferable to all those hitherto in use. All that is expected from a perforator however, is, as Mr. Coppée remarks, that it should effect an opening of sufficient extent to allow of easy escape of the cerebral substance. In cases of this description, the management of which is extremely arduous, the lever is most serviceable. It is perfectly adapted to the removal of the contents of the head, and to the flattening of the bones. When the perforator has broken down the brain, and the lever is applied to the surface of the cranium, the least pressure is sufficient to cause the cerebral substance to flow out, the bones yield and collapse, so as to adapt themselves to the dimensions of the contracted passage, and unless the constriction of the pelvis is excessive, delivery can be effected with this appliance.

In the case before us, the lever was found useful to keep the head steady, and thus much assisted the operator, craniotomy being always a delicate, and sometimes even a dangerous procedure, on account of the mobility of the surface acted on by the instrument. The aperture was here performed at the posterior fontanel, and the perforator was then moved about within the cranium, in order to break down the brain. After the conclusion of this first stage of the operation, the very first efforts of the lever caused the cerebral mass to escape in totality, and the head and body were soon afterwards, though not without difficulty, delivered. The cranium was found perfectly empty, and the skull was entirely flattened down at the basis and at the summit.

The mother recovered as if the case had been one of natural labour.

This instance shows that the pelvic deformity may sometimes be so considerable as to prevent the possibility of the application of the common forceps, or of Professor Van Huevel's saw-forceps, and likewise of the cephalotribe in use in France. In this emergency, the perforator must be resorted to, and the lever greatly assists in steadying the head, and in pressing upon the skull during and after the escape of the contents of that cavity.

Art. 6246. Treatment of Aneurism of the Extremities by Flexion of the Limb.—In the *Annales de la Société Médico-Chirurgicale de Liège*, Dr. O. Ansiaux reviews an interesting memoir of Mr. E. Hart, Surgeon to the West London Hospital, on the radical cure of aneurism by flexion of the extremities. Assuming, as a starting point, that forcible flexion of the forearm retards and almost entirely interrupts the circulation in the radial artery; that, moreover, in the wounds of the palmar arch, this method is also most efficient in checking the hæmorrhage, Mr. Hart conceived the happy idea of applying these well-known facts to the treatment of aneurism of the limbs, and in 1859 already thus effected a cure in a case of popliteal aneurism. On the 28th of January last, he related to the Royal Medical and Chirurgical Society several instances of the same kind which had fallen under his own observation, or that of other surgeons. Nine aneurisms have now been cured in this manner, seven of which are recorded in Mr. Hart's recent communication.

All, with one exception, are instances of popliteal aneurism; the seventh is a case of traumatic injury of the radial artery. Pressure was, in three patients, resorted to, in addition to flexion, but in four, flexion alone was employed. Among the latter, the most interesting case is that communicated to Mr. Hart by Mr. James Spence, of Edinburgh. In this instance, popliteal aneurism had relapsed after ligature of the superficial femoral artery; compression was then unavailingly resorted to for a period of five months. Mr. Spence had recourse to flexion of the leg upon the thigh, and in the space of a fortnight the tumour became more solid, and the throbbing almost entirely ceased. In a month from the beginning of the treatment, a cure was effected.

Mr. Hart relates another remarkable case, which came under his own observation. The patient was also affected with popliteal aneurism; the pulsations were immediately arrested by the flexed attitude, and in six days the cure was complete. As a precautionary measure, flexion was persevered in for another week. When it is considered advisable to have recourse to this method, it is necessary to apply a roller over the entire limb, in order to give support to the superficial veins, and rest to the contracted muscles. To obviate stiffness, and diminish the pain, which is, however, less distressing than when compression is employed, a plan often requiring instrumental appliances, it is proper to perform inunctions with chloroform and oil on the knee and thigh. The limb is then secured in a fixed attitude, and the patient is permitted to exercise and walk with crutches. Sleep in general is not disturbed; the flexion must be employed with care, and gradually increased every day.

Forcible flexion, as a mode of treatment of aneurism, is preferable to compression, inasmuch as it requires neither instruments nor assistants. It is not liable to induce ulceration of the skin, erysipelas, or varicose aneurism, as in a case reported by Mr. Oliver Pemberton. Should the method fail, it will at least have promoted the development of collateral circulation, and for these reasons, as well as for its great simplicity, it is well deserving of a trial.

Art. 6247. Inversion of the Body in the Reduction of Hernia.—Dr. Priou publishes, under the denomination of 'A New Method for the Reduction of Incarcerated Hernia,' an article in the *Revue de Thérapeutique Chirurgicale*, from which we extract the following passages:

"I was recently summoned in three cases of strangulated hernia, which had resisted all attempts at reduction, and the surgeons were about to proceed to the use of the knife, when I was fortunately enabled to avert this undesirable alternative, by adopting a plan that suddenly occurred to me, and which I now communicate to the profession.

"I proceeded as follows:

"Climbing on the bed, on which the patient was horizontally stretched, and placing myself between his legs, I seized them under the knees, and raised them in such a manner as to elevate the pelvis as much as possible, and completely invert the body. At the same time an assistant was directed to press the extruded intestine downwards through the ring, whilst I imparted gentle succussion to the body, in order to direct the viscera towards the diaphragm, which, by the inversion of the trunk, had become the most dependent portion of the abdominal cavity.

"This method is well calculated to facilitate the dislodgment of the incarcerated intestine from the inguinal canal."

This procedure is not a new one. Many years ago Amussat laid down the precept of proceeding to the reduction of hernia only after placing the patient in such an attitude that the weight of the intestines might contribute to their return into the abdomen. In 1844, Dr. Hirigoyen, then clinical clerk at the Hospital Saint André, at Bordeaux, carried out Amussat's

precept in the very fullest manner, and succeeded in two cases, which we recorded at the time in the present journal (Art. 2724). The patient's legs were placed on the shoulders of a vigorous man who grasped them in his hands, and the patient, thus lying in an inverted position, the viscera descended towards the diaphragm. Reduction was effected without difficulty.

The procedure adopted by Mr. Hirigoyen closely resembles that now advocated by Mr. Priou; both are equally commendable, and repose on the same rational principles. Were we, however, compelled to make a selection between the two, we should be inclined to give the preference to Mr. Hirigoyen's method, which relieves the surgeon from the coarser details of the operation, and enables him to bestow all his attention on the taxis.

Art. 6248. Mortality among Children put out to Nurse by the Administration of Hospitals in the Departments of La Seine and La Gironde.—From the statistics recently published by Mr. Le Barillier, a physician attached to the hospitals of Bordeaux, of 6,178 children admitted into the Special Asylum of that city, from January 1, 1850, to December 31, 1861—*i. e.*, in a period of twelve years, 2,131 died in the course of their first year—viz., 1,083 in the institution, and 1,048 at the homes of the country people to whose care they had been confided. These figures, representing a mortality of 33 per cent., contrast advantageously with the average mortality of foundlings, in the Département de la Seine—viz., 55 per cent., as stated before the Academy of Sciences by Mr. Bouchut in his last paper.

Mr. Le Barillier inquires into the cause of this difference, and conceives that it resides in the more attentive supervision exercised by the Medical Inspectors in the Département de la Gironde, serious diseases being, in consequence, checked at an early stage of their development, and the children better cared for. It is but fair to add that, with respect to hereditary syphilis, the infants are placed in more favourable conditions than the Paris foundlings. In the Seine, the mortality of nurslings put out to nurse by the administration is, for the first year, 55 per cent., but it reaches 29 per cent. only for children intrusted to women in the country by parents belonging to the middle classes, a result which, in Mr. Bouchut's opinion, depends on the greater liability to hereditary syphilis of illegitimate infants, who, by the depravity of their parents, are doomed, even before their birth, to casualties of the worst description.

Art. 6249. Ammonia in Capsular Cataract.—The following case, illustrative of the curative action of ammonia in certain forms of cataract, is recorded in the *Giornale d'Oftalmologia Italiana*, and reprinted in the *Gazette Médicale de Lyon:*

A woman, aged twenty-two, having observed a diminution of her visual power, and alarmed at the idea of cataract, with which her mother, two of her brothers, and a sister, had been affected in succession, consulted Mr. Quadri, who had already couched the lens in the case of her sister. The surgeon discerned, with the ophthalmoscope, capsular opacity, more marked at the circumference than at the centre of the lens; vision was so weakened that the patient was unable to pursue any occupation.

The treatment consisted in the daily application of liquor ammoniæ to the temples beneath a watch glass, and in the internal exhibition of a grain of muriate of ammonia, every day.

The patient persevered in this medication with a remarkable degree of docility, and at the expiration of two months, her sight was sufficiently improved to admit of her resuming partially her usual avocations, and a diminution of the extent and intensity of the opacity was ascertained, by inspection with the opthalmoscope, to have taken place.

The treatment was continued for five years, with considerable amelioration of the state of the eyes. Mr. Quadri further remarks that after an interruption of a month in the remedial measures, an aggravation was observed, which has since yielded to the application of ammonia.

PRESCRIPTIONS AND FORMULAS.

Art. 6250. Local Application for the Cure of Tinea Sycosis.—Mr. Bouchardat's *Annuaire Thérapeutique* for the year 1862 (*a*), amongst other important formulas, mentions an application which Mr. Decondé has used with success for the destruction of the fungus (*Microsporon mentagrophytes*) which causes sycosis. Its efficacy appears unquestionable. The following is its composition:

Crystallised acetate of lead, ℥j.
Thick cream, ℥jss.

Reduce the acetate to a fine powder; mix. The diseased parts should be covered at night with this compound, which renders depilation unnecessary, the salt of lead penetrating readily to the skin, and destroying the parasitic growth.

Art. 6251. Influenza; Spasmodic Cough; Infusion of Wild Thyme.—Mr. Cazin, in his treatise on the *Indigenous Medicinal Flora*, states that wild thyme is not less beneficial in *humid asthma* and *chronic catarrh*, than hyssop, ground-ivy, and other plants of the same class. Capuron recommended the infusion of wild thyme in hooping-cough; it is not, therefore, a new medicinal agent, but its virtues had been forgotten. The oblivion into which it has fallen is, according to the *France Médicale*, much to be regretted; Dr. Joset asserts, in a paper recently published in the columns of that periodical, that a sweetened infusion of wild thyme, containing a small quantity of gum arabic, has relieved and sometimes even *cured*, as it were by magic, hooping-cough at all stages of its evolution. The author further declares that similar good effects have been induced in laryngismus stridulus, spasmodic and convulsive cough, etc.

The preparation chiefly recommended by Dr. Joset is an infusion of half an ounce of wild thyme in two pints of boiling water. This tisane should be strained, sweetened, and taken at will.

Art. 6252. Chloroform in Hooping-Cough.—Dr. Jacquard, of Tourcoing, formerly attached as house-surgeon to Mr. Roger's wards at the hospital for Infancy, has recently recorded, in the *Gazette Médicale*, several cases of hooping-cough, treated in 1860 and 1861, by the exhibition of chloroform. Dr. Roger, who, doubtless, has not the same confidence as Dr. Joset in the efficacy of wild thyme, has tested in this obstinate affection, the curative power of chloroform internally, with the following results:

Diminution of the frequency of the paroxysms.

Less usually, but sometimes however, simultaneous decrease of their violence.

Occasionally, an abatement of the intensity of the fits of spasmodic cough, without any change in the frequency of their return.

Chloroform failed in shortening the duration of the disease, like all the other remedies which have heretofore been resorted to, not excepting belladonna. It is, therefore, at most, a useful palliative.

The doses prescribed by Mr. Roger to infants vary from 6 to 30 drops daily in a 4-oz. gum mixture.

(*a*) One vol. in thirty-twos. Germer Baillière, Paris.

Death from Chloroform.—A death arising from the adminstration of chloroform took place on Saturday last at the United Hospital, Bath, during the performance of an operation for the removal of a tumour on the lower jaw of a widow named Susan Harrison, aged forty. At the inquest it appeared, as the result of post-mortem examination, that deceased had suffered from fatty degeneration of the heart.

Terrible Encounter.—On Tuesday morning a fearful fight took place between a bull and a stallion, at Lynn, both being the property of Mr. James Corken. It appears that the animals were grazing in a field near the Chase, and early in the morning they engaged in deadly combat, from which they could not be parted. The sight is described by an eye witness as most appalling, both animals tearing up the earth and making the air reverberate with their hideous noises. It was soon found that the struggle would be fatal to one if not both of the combatants. At length the bull became the victor, the horse, which was worth 60*l.* dropping down dead. The horse was frightfully injured, the bull's horns having made several large holes in his body.

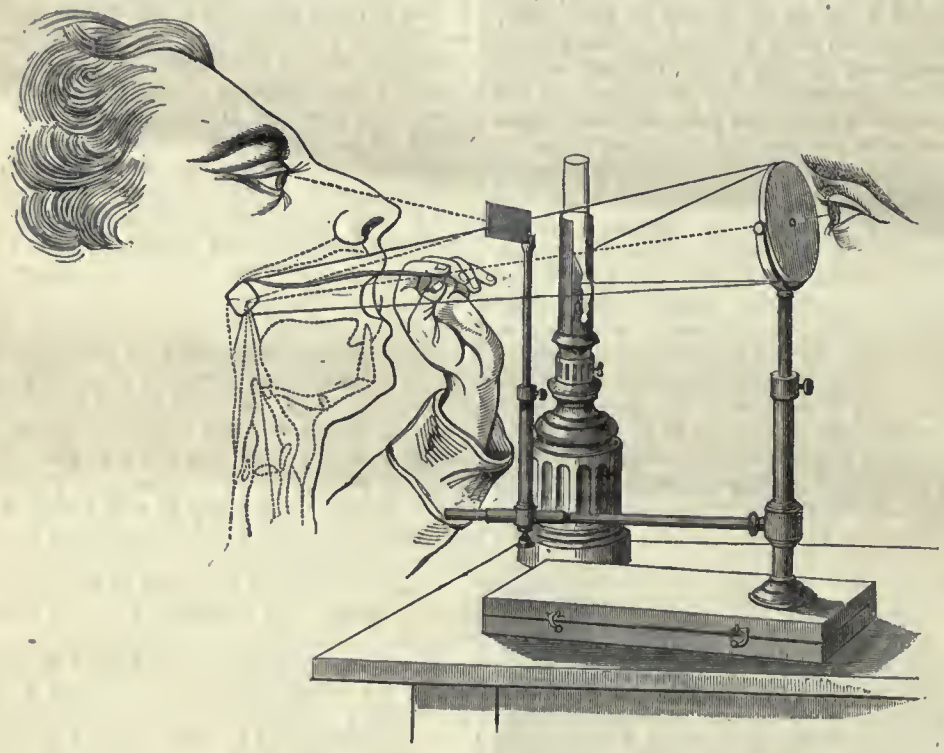
The Medical Circular.

THE HISTORY OF THE LARYNGOSCOPE.

By JAMES YEARSLEY, Esq.,
Surgeon to the Metropolitan Ear Infirmary, Sackville street.

(Continued from page 24.)

The accompanying sketch is a representation of the apparatus devised by Dr. Czermak for demonstration upon himself—auto-laryngoscopy. It tells its own tale, requiring but little verbal description. Owing to the different visual axes of the two observers, the eye of the one looking through the concave illuminating mirror does not see all that the operator who is examining himself sees. The observer of himself will always see more of the parts situated behind—the spectator, those situated before; but much will be seen by both simultaneously. But the demonstration need not be limited to two persons. Others can place themselves either behind the operator, and with him look into the quadrangular mirror, or arrange themselves at the side of the observer who is looking through the central hole of the illuminating mirror.



The diseased conditions of the throat, for the elucidation of which the laryngoscope is required, are mostly of a chronic kind. Practically speaking, therefore, it is not of such great moment that your first, second, or third attempt at examination should fail. It is satisfactory to know that by patience and perseverance you are ultimately sure to succeed. My own experience already enables me to speak with confidence on this point.

Having recorded in previous papers my opinions of the advantages we may be expected to derive from laryngoscopy in practice, after having traced its history, which was the principal object I had in view in writing upon the subject, it only remains for me to pass in review some of the results which have accrued in the practice of others, reserving for a future period a detail of my own experience, observing only here, that already it enables me to confirm the possibility of effecting all that has been claimed for the method by Czermak, Turck, and their followers.

Czermak and Turck—the reader of these papers must have observed how frequently these names are associated. It has been in some measure with me, as it was with Czermak, in coupling the names of Liston and Garcia, to whom he ascribes the merit of making known the *principle* of the treatment, not knowing to which to give the palm. So, with himself and Turck—the latter was the first manipulator, but failed, or, if not failed, lost confidence in the method, and handed it over to Czermak, who undoubtedly succeeded—not only succeeded, but was the first to put pen to paper in favour of the method, and give proofs of its value by the relation of seven cases. These seven cases, he says, "form the *first series* of observations which have well established the practical advantages of the methods of Liston and Garcia." Let me enumerate the morbid conditions found to exist in these and many more cases subsequently examined.

Case 1.—Complete obstruction of the larynx by two tumours springing from the mucous membrane beneath the free border of the vocal cords, the result of scrofulous infiltration, and necessitating laryngotomy, in a young girl eighteen years of age, of lymphatic temperament, middling size, and robust constitution. Up to seven years of age she enjoyed perfect health, she was then seized with bronchitis, which persisted during a whole year. In the spring of 1858, the sub-maxillary glands became considerably enlarged and soon were developed into a series of scrofulous sores. The larynx began to swell in the month of April, though there was but little tenderness on pressure. There was neither redness nor swelling of the pharynx, no fever, the voice, habitually weak, was reduced to a whisper. Eventually, the swelling of the larynx subsided, and assumed its natural position and size. Nevertheless, the hoarseness continued, and by degrees she entirely lost her voice.

In the month of September, the patient began to suffer from difficulty of breathing; both inspiration and expiration became sonorous, and at night her loud snoring interfered with the sleep of her friends.

From the 24th of September, the dyspnœa had so increased as to render the state of the patient critical. The larynx was now painful on pressure; sleep was impossible in consequence of the sense of oppression. On the 4th of October, a suffocative attack, which lasted several hours, confirmed Dr. Porges in the opinion he had for some time entertained of the absolute necessity of laryngotomy. This operation was performed on the 5th of October, by Professor Balassa, whilst the patient was so near death that artificial respiration was necessary to keep her alive. Since that time she has gone on tolerably well, but the larynx is completely closed, this was readily shown by stopping up the external aperture of the canula, through which she breathed.

The value of laryngoscopy was doubly shewn in this case, for by its aid an examination of the condition of the glottis was made, from above and from below, by which the nature of the disorganisation was fully made out. The case is graphically narrated by Dr. Czermak, in his work 'Du Laryngoscope et de son emploi en Physiologie, et en Medicine,' 1860.

Case 2.—Polypus attached to the right vocal cord, giving rise to constant hoarseness, supposed to be nervous.

Case 3.—Ulcers of hard and soft palate, with considerable loss of substance, involving nearly all the uvula. Hoarseness; great swelling of the epiglottis, which is injected and ulcerated, with a mucous patch on its right side, giving it a trilobed form. Constriction of the larynx, dyspnœa, laryngotomy. Recovery, with restoration of the voice.

Case 4.—Cicatrices and loss of substance of the larynx, causing

incurable aphonia; destruction of the epiglottis, and part of the velum palati, from old syphilitic disease.

Case 5.—Retraction of the right inferior vocal cord, with swelling of the superior vocal cord of the same side, producing loss of voice, from syphilis.

Case 6.—Partial destruction of the epiglottis, with considerable swelling of the false vocal cords; hoarseness degenerating into aphonia; congenital fissure of the velum. Inspection of the entire trachea, down to the bifurcation.

Case 7.—Aphonia for eight months; constriction and insufficiency of the glottis; swelling and infiltration of the mucous membrane of the arytenoid cartilages; obliteration of the ventricles of Morgagni; direct cauterization of the affected parts by the aid of the largyngoscope; formation of white eschars.

Case 8.—Hoarseness bordering on aphonia, associated with severe pain in the windpipe; application of glycerine within the larynx.

Case 9.—Syphilitic ulcer of the lower lip; pain in the larynx, with redness and a small ulcer; cauterization with the solid nitrate of silver; an attack of hæmoptysis.

Case 10.—Redness and swelling of the superior vocal cords; with a circumscribed inflammation at the point of insertion of the four vocal cords.

Case 11.—Tubercles on the right vocal cord, and in the mucous membrane between the arytenoid cartilages; cushion of the epiglottis very prominent.

Case 12.—Constant difficulty of breathing, supposed to depend upon some obstacle in the larynx; negative results afforded by the laryngoscope.

Case 13.—Transformation of the left superior vocal cord into a hard, rough, and ulcerated tumour, producing constriction of the glottis and dyspnœa.

Case 14.—Cauliflower excrescences upon the posterior walls of the pharynx, covering and obstructing the larynx.

Case 15.—Minute condylomata upon the edges of the glottis, producing hoarseness and aphonia.

Case 16.—Conical excrescence upon the inferior vocal cord, with thickening, producing hoarseness; believed to be syphilitic.

Case 17.—Accidental growth beneath the angle of insertion of the vocal cords, and above the right superior vocal cord.

Case 18.—Polypus on the left inferior vocal cord, causing very slight hoarseness.

Case 19.—Large epithelial muriform polypus, developed within and above the glottis.

Case 20.—Œdema of the glottis.

Details of all these cases are given in the work already referred to, and are well worth the reader's attention. Several additional cases have been of late notified in the English journals as coming under the examination of Dr. Czermak during his recent visit to this country. In my own practice we have conjointly investigated the condition of several patients with more or less success; two of these I am now treating with advantages which I owe entirely to laryngoscopy.

I may, therefore, conscientiously conclude my notice of laryngoscopy by endorsing the opinion of Czermak—that precision and accuracy of diagnosis will permit in many cases of the employment of rational means of local treatment, and that the pathology and treatment of laryngeal affections, where laryngoscopy can be applied, are on the point of making unexpected progress.

HOSPITAL REPORTS.

ST. GEORGE'S.

EMBOLON OF THE FEMORAL ARTERY, CAUSING FATAL GANGRENE OF THE FOOT.—DR. PITMAN, MR. PRESCOTT HEWITT.

The patient, a man about fifty-five or fifty-six years of age, was admitted in last November, under the care of Dr. Fitman, in consequence of an attack of dropsy arising from disease of the heart. He was getting well, however, and was able to walk about the ward.

On the 17th of December he was seized with violent pain in the left groin, and the leg on that side became perfectly powerless, cold, and numb, and he was in great pain during the remainder of the day and that night. On the following day he was seen by Mr. Hewitt, at the request of Dr. Pitman. He was still suffering great pain, especially in the groin. The limb was lower in temperature than the rest of the body, and there were patches of discoloration extending over the dorsum of the foot and toes, with some degree of œdema; the leg was red and inflamed-looking to about midway between the ankle and knee.

On examining the groin at the spot where the patient had first felt the pain, a hard round substance was felt; it was about three-quarters of an inch in length, and rolled under the finger. Its position was exactly in the course of the femoral artery, about two inches below Poupart's ligament. As the patient was very thin, there was no difficulty in making out its size and form, and it was at once pronounced to be a plug of lymph in the artery. Above the plug pulsation could be distinctly felt, but below it there was no pulsation whatever in any of the vessels of the limb. The general appearance of the patient was unhealthy, and his skin had a yellow tinge, his countenance sunken and anxious, pulse intermittent and feeble, heart's action intermittent and weak, but no valvular disease could be discovered.

The limb was wrapped in cotton wool, and an embrocation of compound soap liniment was rubbed into the groin. To relieve the pain, morphia was given, and stimulants to support the vital powers. Notwithstanding, however, gangrene commenced in the toes, and spread slowly through the foot. The toes became black and dry, and the œdema and redness of the leg much increased. The patient's strength failed gradually, but the gangrene appeared to have ceased after having involved about two-thirds of the foot. Death relieved the unfortunate patient of further suffering, on the 23rd of January, only a few days after the line of demarcation had formed, the vital powers of his constitution being unequal to hold out any longer against the force of the disease. Had there been more vigour in his constitution, an operation would have been performed after the establishment of the line of demarcation; but, considering his low condition, it was not thought advisable to interfere.

Upon a post-mortem examination, it was found that the plug was situated in the upper part of the superficial femoral artery, at the origin of the deep femoral; the surrounding tissues were much thickened, and the artery was firmly adherent to its sheath, and also to the vein. The plug was adherent to the inner coat of the vessel. It had a rusty appearance on the surface, but of a fawn colour in its interior. It strongly resembled the fibrinous layers of an aneurism. The heart was large and flabby, but there was no endocarditis, no disease of the valves; several large masses of fibrin, however, were found entangled in the fleshy columns of the left ventricle—they were mostly of a fawn colour, very firm, and apparently of long standing. A large mass of fibrin was also found in the left auricular appendix, and partly projecting into the auricle. There were also several loose coagula, of recent formation, particularly in the right ventricle. The large vessels were all apparently healthy. The lungs were inflamed at their bases. There was a large mass of fibrin at the upper, and another at the lower, part of the spleen; they were of deep yellow colour, and firm in texture; the arteries leading to them were also found blocked up with fibrin. The other viscera were in a healthy condition.

Mr. Hewitt remarked that this case offered several interesting points for consideration. What led to the conclusion that the case was one of embolism, was the gangrene of the foot, and œdema and redness of the leg, which showed that there was obstruction of the arterial system in the upper part of the limb. Then, on examination of the part where the pain was first felt, the hard substance felt in the course of the artery, taken in conjunction with the cessation of pulsation below that point, while it still existed above, showed that the vessel was plugged. As to the cause of the plugging, the sudden pain, and loss of sensation and power in the limb, indicated that the plug had, in all probability, come from the heart.

The progress of the case proved that it was not owing to arteritis, as the inflammation followed the plugging instead of preceding it, which would have been the case had the plug originated in the vessel, and also that the man had lived thirty-seven days after the plugging took place.

Mr. Hewitt considered the question of amputation in such cases a very important one. In this instance it was abandoned, in consequence af the man's low condition which precluded all hope of a successful result. As a general rule he considered amputation quite useless where embolism existed high up with obstruction, until after the establishment of the line of demarcation.

But in a case of rapidly advancing gangrene where the plug was at a sufficient distance from the trunk to admit of the removal of the limb above that point, he thought amputation would be proper, as the only chance of saving the life of the patient.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE, HELD IN THE LIBRARY OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON,

On Thursday, July 3, 1862.

Present—Dr. John Kirkman (*President*), Suffolk; Dr. J. L. Robertson (*General Secretary*); Dr. Caleb Williams, York; Dr. Ross, Hants; Dr. Harrington Tuke, Chiswick; Dr. T. B. Christie, Pembroke House; Dr. Andrew Wynter; Mr. J. Gustavus Symes, Dorset County Asylum; Mr. John Warwick; Dr. W. Wood, Harley street; Mr. R. H. Sankey, Oxford Asylum; Dr. Salomon; Dr. Fayrer; Dr. Sibbald; Dr. Mundy; Dr. Monro; Dr. Davey; Dr. William Kirkman, County Cumberland Asylum; Dr. Henry H. Stewart, Government Asylum, Lucan, County Dublin; Dr. Corsellis; Dr. Wing, Northampton General Asylum; Dr. Paul, Camberwell House; Dr. Campbell, Essex Asylum; Dr. David Mackintosh; Dr. Boyd, County Somerset Asylum; Dr. Jacobs, Hoxton House; Dr. Bucknill, County Devon Asylum; Mr. E. Toller, St. Luke's Hospital; Dr. Stillwell; Dr. E. S. Willett, Wyke House; Dr. Fox,

Brislington; Dr. E. Sheppard, Colney Hatch Asylum; Mr. Brushfield, Chester; Dr. Gilchrist, Dumfries Asylum; Dr. James Rorie, Dundee Asylum; Mr. Lowry; Dr. Burnett, Alton, Hants.

The General Secretary (Dr. C. L. Robertson, Hayward's Heath Asylum), read a letter from the President for 1861–62 (Dr. Lalor, of the Richmond D.L.A., Dublin), expressing his extreme regret at his inability—on account of official engagements—to attend the meeting, and resigning his chair to his successors,

Dr. Kirkman, County Suffolk Asylum, thereupon read his "Opening Address," in which, amongst other things, he alluded to the unwarrantable interference with the Resident Physicians on the part of visiting justices—an annoyance which, however, he had never himself, during the thirty-one years since his appointment to the Medical superintendence of the Suffolk Asylum, experienced on one single occasion. He warned his brother Medical superintendents against devoting their energies to so superlative a degree to the duties of their post as to injure their health, and thus acting unjustly to themselves, while thinking that they were only acting conscientiously towards the public. He said he hoped the day was not far distant when Medical superintendents would be able to *demand* as a *right* the retiring allowance at the end of fifteen, or, at the most, twenty years' service which they now (with difficulty sometimes) obtain after the expiration of a period of service equal to forty years of *ordinary* public employment. The President, after saying that he had not in his address attempted to open up any new avenues, but had merely led his audience a few steps along the old beaten path, sat down amid loud applause.

Dr. Bucknill proposed a vote of thanks to the President, for his able and instructive address.

The motion was seconded by Dr. Munro, who said that he was not quite sure that he was justified in offering any remarks at all, for he feared he was not likely to be in good odour with the most of those present on account of his being one of the unfortunate *Visiting* Physicians. Dr. M. said that he hoped that he would be enabled to attend many future meetings of the Society, and would be glad to be of service to them in any way in his power. He had been enabled this year, as a Censor of the College of Physicians, to procure for the Association the use of the room in which the meeting was held, and would feel most happy in using a similar influence on any future occasion.

The Secretary read portions of a letter he had received from the Treasurer, Mr. Lee, which was accompanied by a statement of the accounts of the Association, which showed a balance of 61*l.* to its credit. Dr. Robertson explained that the reason why the balance was this year so much below that of last year (80*l.*) was, because the Committee had this year thought it right to deal with a small sum—which never heretofore had been so allocated—to refunding the Editor of the Journal for several expenses which he had previously always paid out of his own pocket.

Dr. Robertson, in proposing the adoption of the Treasurer's report, alluded to the fact that seven defaulters (three being in the return from Ireland) had rendered themselves liable to have their names struck off the list of members. He wished to have the opinion of the meeting with regard to the expediency of carrying out to its full extent the law regarding defaulters.

Dr. Campbell—after several members had asked the Secretary questions with regard to the defaulters having been duly noticed—said, he thought there was no use in having laws at all if they were not to be acted upon, and would therefore feel inclined to move an amendment, giving directions to the Secretary to strike off the names of the defaulters from the list of members.

Dr. Woods proposed an amendment (which, however, was afterwards withdrawn), in which an opinion differing from that of Dr. Campbell was expressed.

It was finally agreed that the Secretary should receive directions to write separately to each of the seven defaulters, and acquaint them that, in case their subscriptions were not paid before the 4th of August, their names would be struck off the list of members.

The Secretary stated that, in accordance with custom, the Committee had agreed upon the names of two members for recommendation to the Association for election to the Presidential chair. The Committee had accordingly agreed to bring before the Association the names of Dr. Tuke and Dr. Skae.

The President was about to take the votes of the members in the usual way (by the holding up of hands), when Dr. Davey (superintendent of a provincial asylum at North Woods) proposed that the voting should be by ballot. Thereupon Dr. Tuke rose and said he would be sorry that the fact of his being present and Dr. Skae being absent should be the cause of the Association departing from its usual custom. He felt confident that there was not the slightest chance of the choice of the meeting falling upon Dr. Skae, and only feared that such a happy choice might be prevented by members not liking in his presence to vote for his opponent. He begged to assure them that he would not feel aught but satisfaction himself in case the majority was for Dr. Skae; so that there need be no delicacy on the part of any present with regard to the voting for his opponent because he happened to be present.

It was finally, however, agreed to adopt the proposal of Dr. Davey. The bowl which the College of Physicians, through Dr. Munro, kindly placed at the service of the Association, was accordingly sent round, when there appeared for

Dr. Skae	19	votes.
Dr. Tuke	13	"

The President thereupon declared Dr. Skae to be the President-elect for 1863-64.

Mr. Lee was unanimously re-elected Treasurer of the Association.

Dr. Bucknill was unanimously re-elected Editor of the Association Journal; and, in returning thanks to the meeting for this proof of their renewed confidence, Dr. B. alluded to a resolution passed at a previous meeting with regard to the allocation of a portion of the Balance funds to the payment of expenses connected with the sub-editorship of the journal. He now proposed to appoint regularly a junior to do this work in the position of sub-editor of the journal. He had already the authority to do so, but thought it only right to mention the fact thus publicly before he actually made the appointment. The General Secretary, Dr. Robertson; the Secretary for Scotland, Dr. Rorie; the Secretary for Ireland, Dr. R. Steward; re-elected unanimously.

Dr. Robertson said, that there was an inclination on the part of the Committee to recommend the Association not to elect any honorary members this year. Thirteen new members (ordinary) were then elected, amongst whom were the following:—Dr. Mundy, of Moravia; Mr. Harper, Chester; Mr. Gideon Geo. Gardner, Brooke-house; Mr. T. C. Coulson, Mr. Jacobs, Hoxton house, Middlesex; Dr. Eastwood, Fairford Retreat, Bristol; Mr. Duckworth Williams; Dr. J. F. Duncan, Dublin; Mr. Mold.

Dr. Davey, at this stage of the proceedings gave notice that at the London Meeting in 1863, he would propose a change in the law with regard to the nomination of candidates for the office of President of the Association, believing as he did that the operation of the present law tended towards the handing over to the few (meaning the Committee), the election which should be in the hands of the many.

Dr. Mundy (of Moravia), then commenced the reading with so foreign an accent as to be scarcely intelligible at the other end of the room, his paper on the Cottage system. The latter part of the paper was read by the Secretary, Dr. Robertson at the request of many who were unable to distinguish what the Moravian Doctor was endeavouring to communicate.

A warm discussion with regard to the advantages and disadvantages of the Cottage system ensued, in which Mr. Warwick, Dr. Sibbald, Dr. Bucknill, Dr. William Kirkman, and others took part.

Dr. Bucknill said, he had prepared a paper on "The modes of Death among the Insane," but as the hour was so far advanced he would confine himself to a few remarks regarding the phraseology generally adopted by Medical superintendents of Asylums in their Obituary tables when stating the *causes* of death. He thought there were very many of the terms used very objectionable. Amongst these were the term "Death from Exhaustion." He thought the term "Decay" was equally wrong—as being to vague if used without a prefix.

A discussion ensued, in which Dr. Caleb Williams and Dr. Davey took part. The latter thought the difficulty (or a great part of it at least) would be bridged over by the division of the causes of death into two classes, "proximate" and "remote."

The only other papers which it was intended should be read at the meeting were those by Mr. Maunsell and Dr. Robertson.

The latter confined himself (on account of the lateness of the hour at which the previous discussion concluded) to merely bringing before the meeting a plan of a portion of his asylum which had been manured by means of the sewage of the institution alone, which plan he said he had brought the engineer (who had made it) up to the room to explain more fully in detail than he could to any gentleman who wished to go more deeply into the subject than the limited time at his disposal permitted him to do.

He contented himself with merely stating one or two facts with regard to the effect of the application to the land in question of the sewage in the improvement of the crops taken off it. The result of the first six months' application was, that he was enabled to feed twenty cows off four acres!

He should not omit, he said, to mention, that the first day the cows were put on the grass, they refused to eat it; but after a night's fast they became less suspicious and have never thrived better, nor given better, or a larger quantity of milk, than they have since. He received in the first week of May, 14*l.* per acre for grass off the land thus manured.

An animated and very lengthened discussion followed Dr. Robertson's remarks. Amongst those who took prominent part in the debate were Dr. Campbell, Dr. Hitchman, Dr. W. Kirkman, and Dr. Sar, one of the Medical Officers of the Oxford County Asylum, the two former entirely disapproving of such an application of the sewage, as being more expensive than the authorities would, as a general rule countenance, and as being inapplicable to any land in which there was not a gradual fall; the two latter, on the other hand, supporting the views of Dr. Robertson, as to the great advan-

tage in a pecuniary point of view of turning the sewage of asylums to profitable account.

Mr. Warwick brought before the meeting an act of injustice (as he thought it) on the part of the lunacy commissioners, who refused him (although he had had seventeen years experience in the treatment of insanity), a license for a new metropolitan private asylum. He said, he could not imagine any cause for this refusal, except, perhaps, it could be found in the fact—as stated to him by a friend—that the commissioners were anxious to lessen the number of *metropolitan* private asylums. He said he thought it was strange that he (who was fully qualified as a medical practitioner) should be refused a license, when he was told by their own (the commissioner) chairman, Lord Shaftesbury, that they had the greatest abhorrence of the "licensed houses" of the metropolis. Mr. Warwick concluded a lengthy statement, by moving that a sub-committee be appointed to inquire into the conduct of the commissioners with regard to the licensing of metropolitan private asylums. He said, all he asked, was that the owners of metropolitan private asylums should be placed on a level with their more favoured brethren in the metropolis. He would have the sub-committee, if necessary, petition parliament on the subject. The motion, however, fell to the ground for want of a seconder.

Dr. Campbell and Dr. Davey made some remarks on the absurdity of Mr. Warwick's motion, the former saying that such a course of procedure as that which Mr. Warwick would wish them to adopt, might do the Association a great deal of injury without any corresponding advantages.

Dr. Robertson said he had received letters from Drs. Manley, Thurnam, Stewart (Secretary for Ireland), and several others, expressing each his regret at being unable to attend the meeting. He had a similar letter from Dr. Flynn, of the Carlow Asylum, in which he also expressed a wish that the Association would mark its sense of the exertions made by Sir Robert Peel, to get the lately promulgated Privy Council Regulations for the management of Irish Asylums passed in the face of most determined opposition.

Dr. Robertson accordingly proposed that a vote of thanks be given to Sir Robert Peel for acting so fully up to what they had pointed out to him as the course which, if adopted, would materially benefit the working of the Irish District Asylums.

Dr. Henry H. Stewart said that, as the hour was so far advanced (it being then five minutes past four p.m.) he would content himself with merely stating, while seconding the motion, that he had learned himself that Sir Robert Peel was obliged to bring into play his most powerful arts of persuasion and determination, as well as perseverance, before he was enabled to induce the other members of the Irish Privy Council to adopt the rules alluded to.

A member then brought forward a case in which he believed the public money had been mal-appropriated by the admission of a so-called *idiot* into a County Asylum.

Some desultory conversation ensued on this statement being concluded, after which

Dr. Bucknill proposed a vote of thanks to the Royal College of Physicians for their kindness in giving to the Association the use of their fine room for the holding of the meeting.

Dr. Munro was requested to convey the said vote of thanks which he promised to do, as also to try and obtain the use of the room for next year's meeting also.

A vote of thanks to the President for his able conduct as Chairman of the meeting was then passed, and the reply of thanks from the President brought the proceedings to a close at twenty minutes past four p.m.

The usual annual dinner of the Association took place the same evening at the Star and Garter, Richmond, when upwards of thirty were present, and a most agreeable evening having been spent, the company separated greatly pleased with the entire day's proceedings, and the high and influential position to which the Association had attained, as a most important section of the Medical Profession.

LAYING OF THE FIRST STONE OF THE NEW COLLEGE OF PHYSICIANS IN DUBLIN.—On Monday, the 7th inst., the first stone of the new Hall about to be erected in Kildare street, Dublin, on the site of the old club-house, by the King and Queen's College of Physicians, was laid by His Excellency the Earl of Carlisle, K.G., Lord-Lieutenant of Ireland. The arrangements made for the performance of the ceremony and for the accommodation of the spectators were perfect. The foundation of the proposed building was boarded over, and in the centre a raised platform was erected, on which chairs were placed for the Viceroy and the principal visitors. This platform was carpeted, and covered with an awning; and at either side of it were ranges of seats rising tier above tier. In addition to the President and Fellows of the College, and a numerous attendance of the Profession generally, a large number of ladies and gentlemen were present. Among the more distinguished visitors were the Earl of Meath; Lord Brabazon; the Lord Justice of Appeal; the President of the Royal Hibernian Academy; Colonel Lake; the ex-Lord Mayor; Sir H. Brownrigg; Sir Bernard Burke, Ulster King at Arms; &c. His Excellency, having taken his seat, was addressed by the President, Dr. Corrigan, who entered into a brief history of the College, from its first incorporation by Charles II., and its re-incorporation by William and Mary, from which latter it derives the title it at present bears. Dr. Corrigan stated that by a recent Act of Parliament the College is authorised to change it designation to that of "The Royal College of Physicians," but that its members are so attached to the name of "Queen," that they have determined to retain their present style. After some further remarks, in the course of which he alluded to the great benefits conferred upon the profession in Ireland by Sir Patrick Dun, who procured the present charter for the College, and bequeathed his fortune to found a School of Medicine under its guardianship, by Dr. Richard Steevens, Dr. Mosse, and the late Richard Carmichael, the learned President concluded in the following words:—"The present year will be remarkable in our annals, not alone as the era of the foundation of our new College, but for an important improvement in legislation affecting our body. For this advantage we are indebted to the Chief Secretary for Ireland, the Right Hon. Sir Robert Peel, whose absence we regret, as we hoped to have the pleasure of thanking him in person on this occasion. The Act introduced and passed by Sir Robert Peel will come into operation on the 1st of September next. Previously to the passing of this Act we could only elect to the Fellowship of our College the graduates of three Universities—practically we were limited to one,—but after the 1st of next September we shall be no longer thus trammelled. We shall then have power to award without distinction to all of those of our Profession whose personal conduct and professional merits deserve it, the fellowship of our College. We shall attain our true position, recognising perfect freedom in education; and our only question henceforth will be, as it ought to be, what a man knows, not where he learned it. It is only just to the memory of Sir Patrick Dun to observe that no such restriction as that I have noticed as hampering the action of our College existed in the charter obtained by him. It was imposed by an Act of Parliament of 1800. Fully impressed with the responsibility entailed upon us of truly carrying out the wise intentions of our founder, relieved from the restrictions that impeded our progress, heartily desirous of promoting the cultivation of our science, and maintaining, as far as falls to our department, the scientific position of our metropolis, we shall endeavour to fulfil to the best of our capability the trust we hold. In conclusion, I have now to thank, most sincerely and gratefully, the Fellows of my College, who have so far overrated my poor abilities as to place me in the proud position of their President, and to deem me deserving of wearing, on this occasion, the robe which has descended through a long line of eminent men from our first President, Sir Patrick Dun. It therefore remains only for me, on the part of myself and the Fellows of my College, to repeat the request, to which we have already received a gracious reply, that your Excellency would confer on us the honour of laying the first stone of our new College Hall." (Loud applause.) At the conclusion of Dr. Corrigan's address, His Excellency proceeded to the place where the stone was suspended, and performed the ceremony of laying it in the usual manner. A glass vessel containing some current coins of the realm, and the following inscription on vellum were deposited in a cavity in the stone:—King and Queen's College of Physicians in Ireland.—The first stone of this building was laid by His Excellency George William Frederick, Earl of Carlisle, K.G., Lord-Lieutenant General and General Governor of Ireland, Monday, July 7, 1862. *President*—Dominic John Corrigan, M.D. *Vice-President*—Aquilla Smith, M.D. *Censors*—Aquilla Smith, M.D., James Foulis Duncan, M.D., John Ringland, M.D., William Moore, M.D. *Registrar*—Lombe Atthill, M.D. *Architect*—William Murray, Esq. *Builder*—William H. Beardwood." In laying the stone His Excellency used a silver trowel, with the handle of Irish bog oak, richly carved with shamrocks, which was manufactured by Mr. John Donegan, of Dame street. On the front of the trowel the arms of the College and the following inscription were tastefully engraved by Mr. Richardson:—"Presented to His Excellency George William Frederick, Earl of Carlisle, K.G., Lord-Lieutenant General and General Governor of Ireland, by the President and Fellows of the King and Queen's College of Physicians, on the occasion of His Excellency laying the first stone of their new College-hall in Kildare street, Dublin, July 7, 1862." Having declared the stone well and duly laid, the Lord-Lieutenant returned to the *dais* and spoke as follows:—"Dr. Corrigan, Ladies and Gentleman,—I consider it both an honour and happiness to perform any part in the good work of laying the foundation of the new Hall of the King and Queen's College of Physicians in Ireland. This City of Dublin is not without its fair allowance of comely architectural buildings, whether for the purposes of business, of pleasure, of learning, or of charity; but surely none can have been raised for a nobler or more benevolent end than that which we have met to inaugurate. The immediate site on which we stand has till very recently been appropriated to uses of social intercourse and good fellowship. We grudge them not the ampler space and proportions which they have now obtained hard by, but certainly if to soothe and to save life is a higher function than merely to enjoy it, this spot will lose nothing of interest or dignity in its new consecration. (Applause). Glad I, therefore, must justly be to find myself in any way united with the objects and members of a Profession who fill so exalted a place in the service of humanity. Among the Medical bodies of Dublin it has been my happy fortune to know many who have coupled their special professional gifts with all the qualities that can exalt, and all the graces that can adorn our life. I think it a happy omen for the work of this day, that the Profession has found a President so entirely worthy to represent it as Dr. Corrigan. (Loud applause.) May the blessing of the Most High rest on his undertaking. May those who fill the high places in the Medical Profession of this country be ever more associated with the high ability and conscientious worth which have hitherto rendered it illustrious, and which have attracted to this city from all shores crowds who deemed it a privilege to sit at their feet and profit by their lessons; and may the building of which we have just laid the first stone ever take within and send without its portals a long succession of pupils and students who shall carry from its honoured walls the learning, the skill, and the devotedness which shall soothe suffering, prolong the lives, and increase the happiness of the coming generations." (Loud applause.) His Excellency then retired, and the proceedings terminated.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 16, 1862.

THE ELECTION OF MR. KIERNAN.

After a contest such as has been never known since the College of Surgeons has existed, Mr. Kiernan has been elected a Member of the Board of Examiners. We have now driven home the wedge to the very centre of collegiate exclusiveness. The Board of Examiners is no longer the choice preserve of London Hospital Surgeons,—simply as such. Merit can enforce its claims to a seat in that august conclave. We congratulate the Council upon this election; it is a proof that a more liberal spirit than existed some years ago, when we commenced our assaults upon this body, is infused into its counsels. The MEDICAL CIRCULAR has but one object in view, whether in upholding or assailing the Council, and that object is to do justly both by men and principles.

DR. LANKESTER'S ELECTION.

At the time of the issue of our last number, the result of the poll for Coroner of the Middlesex Central District had not been declared, and some doubt existed whether Dr. Lankester had been elected, and the Profession had, through him, achieved a triumph. That doubt exists no longer. Dr. Lankester, after a stout fight, has won the battle by a majority of forty-seven votes, and he is now Coroner for this populous district of the county. We hope that this contest will settle for ever the pre-eminent claims of the Medical Profession to this important office. The common-sense of the public appears to be unmistakably on our side; but the lawyers have, as they think, a prescriptive right to the office, and will, no doubt, exert all their power and influence to retain it among themselves, whensoever an opportunity occurs. Thanks are due to Dr. Lankester for his manly stand on this occasion, and we congratulate him most cordially on his success.

SELF-SUPPORTING ASYLUMS.

We want a short name for a kind of accommodation for the insane, of which society is greatly in need. At the last meeting of the Social Science Association, it was stated that insanity was increasing at the rate of 1·300 per annum, and a vivid and truthful picture was drawn of the mischief done to poor lunatics, who in the early stage of their disorder, and whilst in a curable state, were sent into workhouses and subjected to the depressing routine of these establishments, instead of being confided to the enlightened care of a man versed in the treatment of the insane, and under whose watchfulness the patient might be restored to health and society. The evil is undoubtedly great, but at the present time, cannot be easily avoided.

Perhaps one of the worst phases of this evil is found in the fact, that all insane patients committed to the care of the Parochial authorities are not, in reality, paupers; they are the wives and daughters and fathers and sons of persons moving in a decent sphere of life, who are, in all other respects, independant of extraneous aid, and who have a becoming pride in their social position and personal self-reliance. Why, then, when any member of the family becomes insane, do they seek the aid of the parish for his support? Alas! these persons do not willingly or hastily seek that succour. For months they will endure the misery of daily association with an irritable, and, perhaps, dangerous lunatic, expend all their hard earnings, and, perhaps, their savings, too, in procuring for him Medical aid or domestic comforts, until, at last, worn down with anxiety, and, perhaps, beggared into submission, they apply to the parish to provide an asylum for the lunatic, now diseased beyond all possibility of cure. No asylum exists with charges within their means. They must either expend half of what they earn to support their relative, or they must be content to throw themselves upon the bounty of the public. But the time passed whilst the pride of the family has been bending, has settled the fate of the lunatic. His case is now hopeless. His darkened mind shall never again be lit up with a ray of intelligence; the shapeless phantoms that terrify his imagination shall never be exorcised; the moanings of his spirit shall never be silenced; his name still remains upon the muster-roll of humanity, but a line has been drawn through it; he is doomed for ever to exile, alienation, and a death-in-life vacuity of spirit.

All this might in many instances be prevented if society would make the effort. It requires only the establishment of asylums, where inmates could be received at a cheap rate, to obviate much of this calamity and ruin.

We believe that there are not at present any asylums where private patients can be received at less than a guinea a week, and there are not many even of those which receive patients at so low a charge. Now, if asylums were founded where the patients could be kept for the minimum cost of the board, facilities would be offered for the accommodation of lunatics in the humbler classes of life which would be greedily seized, and would be conducive of great social advantage.

We press this subject especially upon the notice of County Magistrates, within whose power it is, by a mere vote, to provide this invaluable accommodation. Let them allot a portion of their buildings for this class of patients, charging only sufficient to defray the expense of maintenance, and they would confer a blessing upon their poorer neighbours.

When the City of London was considering a plan for an Asylum this purpose was seriously discussed as a part of the scheme; whether it will be finally adopted or not, we cannot foretell. We hope it will; and that the City, so renowned for its noble charities and the munificence of its merchant princes, will set an example to the rest of the country which will find many imitators.

Our Union Boards should encourage projects of this kind, if only from the economical view of saving their own funds. It has often been considered feasible for them to issue loan-tickets to persons not actually paupers, to enable them to get medical aid with a promise of payment to the Guardians when the patient's health was restored. What class of persons could require their irregular assistance so much as the helpless lunatic? Suppose they were to consent to the poor's rate being applied by the magistrates in the erection of wards for humble, middle-class lunatics, it would be only a wise and humane extension of help, attended with the advantage of an ultimate relief of their own resources.

However this work may be done, whether with public funds or by private munificence, it is a work that is imperatively required to be performed. Humanity pleads for it at the hands of an exacting civilisation. It often happens that a free-handed charity is the wisest statesmanship; and we believe that in this case a liberal use of national funds in behalf of the middle-class lunatic would be a blessing highly valued and approved by the country.

THE Viceroy of Egypt has proposed to the Emperor of Austria to let the Empress Elizabeth pass the next winter at Cairo. Her Majesty, who is now at Kissengen, is somewhat better, but still extremely weak and suffering.

SUMMARY OF THE WEEK.

GRATITUDE.

In consequence of the influx to this country of a large number of continental *savans* to visit the exhibition who were strange to our manners, and without English connections, it was thought that we should be only performing a becoming act of courtesy in throwing open the halls of our societies to give them a welcome. The Royal Society, and the College of Physicians, as well as other bodies, have acted in this spirit. But whilst we have been flattering ourselves that we have done an act of kindness and afforded a few evenings of social gratification to our foreign confrères, we have, it seems, on the contrary, excited emotions of a very different kind. A writer in 'L'Union Médicale' says that some of these meetings were organised by subscription, and he charges us with exercising our usual skill in making money by organising "soirées after soirées during the Exhibition year, to attract foreigners." After this we advise that a subscription should be raised to refund these unfortunate foreigners the expenses of their visit. We will take care, however, that this hospitality "to attract foreigners" shall not be repeated, as it has been obviously very distasteful. The taste and truth, too, of such a communication as this in 'L'Union Médicale' may be questioned.

SENTENCE ON MRS. VYSE.

This lady has undergone her trial at the Central Criminal Court, and has been acquitted of the charge of murder on the ground of insanity. She will, therefore, be retained in an Asylum during her Majesty's pleasure. The verdict was that which was generally expected, as it was difficult to believe that any woman of sound mind could have murdered her offspring under the circumstances described. It appeared in evidence that several members of her family had been insane—her paternal grandfather and maternal grandfather, her uncle, her cousin, and various other relations. There was, consequently, every presumption of an hereditary taint.

MURDER OF MR. PUCKETT.

The newspapers have contained an account of a most shocking murder committed at Sutton near Weymouth, by a lunatic named John Cox. The victim of this man's fury was Mr. Puckett, the Union Surgeon, who having had Cox under his care for some time, declared his determination, in the man's presence that he should send him to a lunatic asylum. On the appointed day, Mr. Puckett went with a man named White to Cox's house, but having heard that he was very violent, and had threatened to murder him, he sent White for a cart whilst he himself went into the house for the purpose of quieting the lunatic. On his entrance the lunatic darted at him and said he would kill him, Mr. Puckett escaped outside the door, which he held closed by the handle; but, unfortunately, relaxing his hold, Cox rushed out and stunned him with a blow over the eye. Cox afterwards dragged him into the room, and sawed off his head and right hand and foot; the enraged lunatic dragged the mangled body about the room, and eventually threw the severed head and members into the road. Having satiated his frenzied wrath, he made his escape, but was subsequently captured at the Plough Inn, near Osmington. The father and mother were outside the house, but were so terrified that they were unable to interfere. Mr. Puckett was over sixty years of age, and was highly respected in his neighbourhood. We have seldom had to record a more horrible event. We would merely observe upon this recital, that Union Surgeons are not compellable to superintend or effect the seizure of a lunatic for conveyance to an asylum. Their duty is fulfilled with the writing of the certificate. We know that in the country, surgeons are apt to undertake the dangerous duty; but we advise them to leave it to the proper officers.

RETIREMENT OF DR. MUSHET.

It is much to be regretted either that Dr. Mushet continued in the field so long, or that continuing the contest he did not go to the Poll. After so many flourishes of determination, and boasts of his promises of support, we did not expect to find him backing out when the crisis was at hand. The result is that there is now no Medical candidate for the Western District. Dr. Mushet promises to come forward again on the next opportunity; perhaps he may, and retire again, for we doubt if he will receive much help. He has been faithless to the confidence of the profession, and has kept better men out of the field. We supported him warmly; and helped to clear the ground for him to win, but he has disappointed us,—a circumstance that is not likely to happen a second time.

MR. LAWRENCE IN HIS ORIGINAL CHARACTER.

At the late Fellows' Dinner, Mr. Lawrence, amid repeated plaudits, reappeared in his original character of Reformer. We must confess that he played the part remarkably well, and exhibited a large portion of his early vigour. The 'Lancet' has given a brief report of his speech; and in order that our readers may judge of its worth, we transcribe it:—

"Mr. Lawrence, who was cheered on rising, proceeded to contrast the present system of "over lecturing" with the more efficient education afforded principally by clinical instruction. Long-winded courses of lectures on Materia Medica, Botany, Chemistry, and so forth, utterly failed to accomplish the great end of all medical education—that of making practical physicians and surgeons. The great men of the past—not surpassed, if equalled, by any of our own day—such men as Heberden, Mead, the Hunters, Astley Cooper, and Abernethy, were not brought out by a round of tedious routine lectures, but were taught to observe for themselves, and to reflect. However much, therefore, those collections of lectures denominated "schools" might suit the purposes of the lecturers, they served no useful end compared with the invaluable experience gained by pathological combined with clinical observation and instruction. What essentially constituted a medical school? Was it not the hospital itself, wherein was gathered the principal object of medical and surgical study, and of future practice? He therefore strongly supported the principle—at variance with the "recommendation" of the General Medical Council—that students would most advantageously commence their medical education in hospitals, not necessarily having schools connected with them. By this regulation, very many most excellent hospitals could be brought into use, and made subservient to medical education. He contended that, keeping steadily in view the eminently practical character of surgery, it would be far more appropriate to use the old and expressive term 'apprentice,' in preference to the newfangled designation 'articled student.' The *practical* knowledge of medicine and surgery was to be learned only by practice; and all other branches of medical knowledge were subordinate, and important merely in proportion to their subserviency thereto. How 'articled students' contrived to undergo the present severe ordeal of their successive examinations, and come out decent practitioners, was a puzzle to him. They must have broader backs to bear their burden than he could well imagine. In his opinion, it would be far better to revert to the more practical character of medical education in the time of Abernethy, than continue the 'over-lecturing' system of the present day."

What say you to this, gentle reader? Down with those long-winded lectures! Down with the Schools! Down with the Medical Council! Down with articled students! Down with—no—up with Mr. Lawrence!

HUMAN REMAINS OF REMOTE ANTIQUITY.—At the meeting of the Ethnological Society, held on the 1st inst. Mr. Mackie described the human remains found at Markham, in the Valley of the Trent. The skull possesses very peculiar characteristics, and belongs to an extinct and pre-historic race of men. Its most remarkable feature is the unusual direction of the foramen magnum. The direction of this plane, indicating an approach, though in a very moderate degree, to the head of the gorilla and the chimpanzee, leads to the inference that the individual to whom it belonged was possibly not completely erect in his carriage. The other human bones discovered, including those found at the Heathery Burn Cave, belonging to the same pre-historic race of men.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (June 28th). Dr. LATHAM'S articles are continued. He expatiates this week on *Pain*. What are we to understand by such rhapsody as this:

"Playing upon the nerves as upon an instrument, the force which Pain can exercise over the movements of disease is very various. It can raise, and it can depress them. It can quicken them into twofold activity and liveliness, and it can subdue and bring them down as low as death. Moreover, still playing upon the nerves, it can so jar and spoil the concord of symptoms as to falsify the disease, and make it appear other than it really is."

Dr. Latham gives a few cases from the author to show that mere Pain can cause death. The following is curious and instructive:

"In Dr. Merriman's 'Synopsis of the Various Kinds of Difficult Parturition' in a case, furnished by Dr. Gooch, of a woman in whom the severest pain and the most violent expulsive efforts still continued after the child was born, until she became cold and delirious, and her pulse gradually went out, and she died. After death, the pain and the expulsive efforts were found to be owing to a polypus, which had its attachment to the mouth and some way up within the neck of the uterus. Dr. Gooch remarks upon the case 'as a striking proof that mere pain can destroy life.'"

Dr. LATHAM remarks that the capital punishment by *crucifixion* caused death by severe and protracted pain. The writer then discusses the influence of pain in disorders of the stomach, "sick headache," in rheumatism, gout, &c., and adds that oftentimes the successful treatment of these cases has turned upon the administration of an opiate. Dr. GRAILY HEWETT continues in the same journal his lectures on the *Diseases of Women*. On the treatment of *Dysmenorrhœa*, he says:

"Whatever be the cause of the painful sensation experienced during menstruation, certain general rules are applicable as regards the treatment.

"The first element in the treatment is *rest* during, and for a short time previous to, the period of the flow. The patient must be directed to remain more or less constantly in the horizontal posture during the period in question. Means are to be taken to ensure the regular and proper action of the digestive organs. The food should be plain and simple; and aperients are to be administered, if necessary, to produce regular action of the bowels, and prevent congestion and fulness of the pelvic organs.

"We are often called upon to prescribe remedies calculated to relieve the pain actually present. When the pain is very severe, opiates may be necessary; and these are most efficacious in the form of enemata. We are generally able, however, to do without opium; ether, of which the best and most efficacious preparation is unquestionably the compound spirit of sulphuric ether of the *Pharmacopœia*, combined or not with camphor, henbane, or sal volatile, one or more of these are medicines very satisfactory in their effects, when given for the purpose of alleviating temporarily the pain present in menstrual retention, or for more simple cases. Cannabis Indica is a valuable medicine in certain cases An objection to it, stated by Dr. West, is the varying and uncertain strength of the preparations obtainable. Chloroform inhaled, or given internally in the form of chloric ether, is often employed with advantage. Opium, in doses of half to one or two grains, may be necessary in extreme cases. Opium and camphor combined I have frequently found very serviceable. When we have reason to believe that the sufferings of the patient are connected with the presence of a tendency to gout or rheumatism, it will be proper to give colchicum internally, which may be advantageously combined with a little blue pill, every night or every other night; and saline laxatives twice or thrice a day.

"The warm hip-bath, in which the patient is to remain for half an hour or so, is perhaps the most effectual of all remedies in affording relief from the extreme pain sometimes present, while it is occasionally not less effectual in directly causing the discharge to appear. It is, in fact, both palliative and remedial in its effects.

"Although I have been all along advocating a mechanical theory of dysmenorrhœa, it does not follow from this that I am an advocate for an universal mechanical treatment.

"The urgency of the symptoms and other circumstances must determine whether, in a given case, it is necessary or advisable to adopt other than the general treatment now described. The presence of sterility, associated with dysmenorrhœa, may be mentioned as a circumstance which would show the necessity for having recourse to other measures directed specifically to the removal of the cause; and, if the canal of the cervix were found too small, it would be desirable to enlarge it. A careful examination of the cervical canal, the manner of effecting which will be explained in its proper place, will generally give the observer a knowledge of the cause of the disorder, and what is the proper remedial treatment will in most cases forthwith suggest itself. In many cases, even where there is evident narrowing of the cervical canal, it is not judicious to attempt and at once to dilate the same by cutting or otherwise, as more good may result from the treatment of the condition leading to the narrowing in question.

"*Means of Procuring Enlargement of the Canal of the Cervix Uteri.*—There are two methods by which the calibre of the cervical canal of the uterus may be increased—incision and dilatation.

"*Incision.*—The hysterotome of Dr. Simpson is an instrument by which the cervix may be incised from within longitudinally, and the canal thus enlarged. In using the instrument in question it must be recollected that the part of the canal which it is desirable to affect by the operation is situated high up; and under ordinary circumstances, therefore, the instrument must be introduced more than an inch before the blade is projected and the cutting effected. Moreover, it is desirable to make two slight incisions, one opposite the other, rather than one deep one. In cases where the instrument of Dr. Simpson cannot be introduced, the internal os uteri being too narrow to admit it, Coghlan's probe-pointed metrotome will be found applicable. (See 'Med. Times and Gaz.', June 1st, 1861, p. 573.) After performing the operation, it is advisable to introduce one of Dr. Simpson's solid round metallic bougies, of which graduated series are sold by the instrument makers, in order to maintain the patency of the canal; otherwise the effect of the operation is lost by the healing of the cut surfaces. The metallic bougies are less objectionable than sponge-tents. Little tubes of rolled lead have been recommended for the same purpose (Coghlan).

"*Dilatation.*—The dilatation method consists in the gradual enlargement of the cervical canal by means of bougies or other instruments gradually increased in size, one instrument being worn for a certain number of days, and then replaced by another a little larger; or a speedier method, but one not quite so easily carried out in the particular kind of cases now under consideration, is to dilate the canal by means of sponge-tents; and, having obtained the necessary enlargement, to leave an instrument in to maintain the patency of the canal.

"Incision and dilatation are not equally applicable in all cases, and incision is open to certain objections which do not apply to dilatation. The danger of purulent absorption and pyæmia is greater when incision is performed; and, although the operation is more speedy, it is, unless conjoined with careful subsequent treatment, less certain than the more tardy dilatation process. Care should always be exercised in dilating the cervix uteri; for, although, as a rule, the organ is capable of bearing a tolerable amount of rough treatment with impunity, it is not by any means always so; fatal peritonitis has followed want of attention to this rule. If sponge-tents be employed very great attention to cleanliness is essential. It is proper always to allow a day or two to intervene between each insertion of the tent, and it is better not to leave the tent in the cervical cavity more than four or six hours. After removal of the tent, tepid water should be very gently thrown up the vagina."

The 'American Medical Times' (June 21). Dr. ISAAC TAYLOR contributes a paper headed *On the Non-Shortening of the Supra and Infra-Vaginal Portion of the Cervix Uteri up to the end of Pregnancy.* The author does not agree with the generally-received opinion that the cervix shortens during pregnancy. One would think that this question was one of very easy determination. Dr. Taylor fairly cites all the eminent opinions on this subject which are against him. He then goes on to say:

"During a service of four consecutive months, in the Bellevue Hospital, as well as in the Island Hospital, in the spring and summer of 1861, and also during a short service in the fall and winter, in the presence of the house staff, and several medical gentlemen and students, not less than upwards of one hundred and fifty patients have been examined by the touch and speculum, at various periods of gestation, from seven months to the full time, and during the first stage of labour in some of the patients. Nearly all, however, were the completion of pregnancy. I am not aware that the investigations relating to this subject at full term, and during the first stage of labour, have been conducted in the like manner, but the touch has been solely relied upon. Dr. Duncan, who has written an excellent article, and published in the March number for 1859, p. 776, says, after recommending the investigator to measure the length of the cavity by introducing his finger through the external os uteri:—'I would especially insist on the value of examinations made immediately before labour, when the cervix is extremely softened and largely dilated.' And at page 774, 'In discussing this subject, I intentionally omit the latter days of the ninth month of pregnancy, and diagrams of the cervix are made from the third to the eighth month.' While a pupil of Cazeaux, in 1841, I became acquainted with the views of Stoltz, modified in some measure by Cazeaux; and after my return home, edited the work of Dr. Evory Kennedy on obstetric auscultation, where

diagrams were introduced, showing how these changes of the cervix took place. Shortly after my service commenced, in 1851, in the Bellevue Hospital, my attention was especially called afresh to the subject, in a female dying in the first stage of labour from apoplexy, who was brought into the hospital from the street; and a second case in 1853, and another in 1854, at the same period. On post-mortem examination, no change was manifest of the supra or infra-vaginal portions, except in being softer and broader than natural. Just previous to presenting the subject before the Academy of Medicine in this city, in March, 1862, Professor C. R. Gilman gave me a specimen taken from a female, who died in the first stage of labour from placental apoplexy a few days before, where there was no change in the whole cervix, supra or infra-vaginal portion. Another specimen of my own was also presented to the Academy, showing how soon the neck returns to its natural size when there is no laceration of the os, taken from a patient who died in the Bellevue Hospital very soon after the child was born, where the whole neck was as perfect as though no labour had occurred.

"Dr. Dalton (J. C.), in the March No., 1860, of the 'New York Medical Journal,' said at the Pathological Society:—'He could say very positively, from his own observations, that neither the os internum nor the os externum disappears at all, even up to the end of the ninth month; and that he is very sure that he has seen both the os internum and the os externum clearly marked in a case that died during delivery.'

"The examinations of the patients were made by the touch, horizontal and dorsal position, and by various kinds of specula—the glass black-coated speculum preferred—and the records taken by the house staff, and several of the cases were delivered the same day, or one or two or three days after; and in many instances the infra-vaginal portion of the cervix was longer instead of being shorter.

"To more fully comprehend and appreciate these investigations, it would be well to enter somewhat into the details respecting the appearance of the cervix and os uteri in multiparæ and primiparæ. The appearance of the cervix uteri, in both the multipara and primpara, was broader, softer, and in several instances longer than shorter, in comparison with the non-pregnant uterus, examined at the same time. The measurements of Farre, Duge, and Velpeau differ only one-sixth of an inch in the whole cervix; and the infra-vaginal portion is stated at one-third to one-half an inch in the non-pregnant. Yet, in several cases, the measurement gave in these examinations one inch, usually three-quarter inch. The colour, in the general run of cases, was of a light blueish red; in some, quite dark blue, in others very little change had occurred, but sufficiently so as to differ from a simple congested cervix uteri by disease. In several, the physiological changes of colour were so great, and the veins enlarged to such an extent as to become hæmorrhoidal; and in three or four instances, at the commencement of labour during the expansion of the cervix uteri, they were lacerated, and quite a hæmorrhage ensued; so much so, as to be mistaken for a case of partial attachment of the placenta. As a general rule, the vagina did not present that blueness spoken of by Kluge, Jacquimier, and Kilian, but the contrast of the cervix uteri was distinctly marked in colour, as well as the entrance of the vulva, whilst the vagina was but slightly tinged. The blueness of the cervix uteri and the entrance to the vagina was generally in the same ratio as the colour of the areola. The ramollisement was the characteristic feature in nearly all of the cases examined by the touch, and in nearly all it was full, soft, and compressible, like wet chamois leather: this, however, was not always the case, as some did not present, even at the full term, this softness, though the blueish colour existed. In multiparæ, if the os uteri had been lacerated by previous delivery, the os was pætulous and the cervical lips everted, showing the glandulæ nabothi; and the same would exist in some of the cases in primiparæ, where the cervix had been divided for dismenorrhœa, or disease. The finger in these cases could be introduced to the full extent of the cervix, and the fœtus felt. But this was not attainable if the os uteri had not been lacerated or divided; and this will explain why, according to Cazeaux, the neck is funnel-shaped in multiparæ. In the primapara, it was seldom the finger could be introduced beyond a quarter of an inch, generally only a mere dimple or depression was realised by the touch, and the cervix presented a conical form up to the time of labour; but, being broader, longer, and softer than in the non-pregnant, the os was generally round, though sometimes it was a tranverse slit.

"In some of the cases of multiparæ at the seventh month, the finger could be introduced to feel the child, through the membranes; the os seemed to be capable of being dilated a quarter to a half inch in diameter, though the neck was not shortened. In the case of the first stage of labour, the cervix, during an examination, would seem to be dilated to the size of a quarter dollar during contraction; but after the pain had ceased, the neck would appear fully three-quarters of an inch in length, and nearly closed, as though no labour existed. In many of the cases a cervical leucorrhœa existed, and in some of the multiparæ examined, after the finger had passed through the cervix, no discharge was perceptible, and, therefore, the cervical plug did not exist, as many suppose, up to the full term of gestation. When the position of the patient was changed from the dorsal to the lateral, the neck was, to the touch, longer, and more fully developed through the speculum, thus verifying on this point the result of such a change, as is shown in one of the plates of W. Hunter."

His propositions finally are thus stated:

"*Proposition* 1.—That the cervix uteri, supra and infravaginal portion, does not unfold or lose itself during gestation in the body of the uterus, and the cervix uteri become obliterated at the full term of pregnancy, as Baudelocque, Gooch, Dewees, Meigs, Montgomery, Bedford, and others, believe.

"2.—That the cervix uteri is not lost or merged into the vagina, by dilating from below upwards, and becomes obliterated at eight to eight and a half months, as Stoltz, Chailly, and others believe, but remains of its natural length and is sometimes longer.

"3.—That the whole cervix uteri, supra and vaginal portion, remains intact up to the full term of pregnancy, and sometimes during the first stage of labour.

"4.—That the shortening, as it is termed, is only apparent to the touch, consequent upon the ramollissement and physiological hypertrophy that take place during gestation, the cellular tissue becoming infiltrated by the changes incident to pregnancy, and hence its breadth is greater than natural and softer.

"In multiparæ, where laceration of the os uteri has taken place, on one or both sides, and the glands were also diseased, and labia are everted and the os patulous, the same as is noticed in many cases of cervical leucorrhœa, and hence, the finger can be introduced at the seventh, eighth, or ninth month, to the internal os, and touch the membranes of the child, and should the cervix have undergone a more perfect softening, the os and cervix may be dilated a half to three-fourths of an inch in diameter, though the whole cervix remains, supra and infra-vaginal portion.

"5.—That in primiparæ, the finger cannot be introduced into the external os uteri; but in very exceptional cases, it may reach half way through the cervix.

"6.—That the external os is always felt first, and not as some have supposed, the internal os.

"7.—That the secretion of the cervix uteri, which forms the so-called plug, does not remain to the full term, but is changeable from time to time.

"8.—That the more perfect the softening the shorter the labour.

"9.—That when labour sets in, especially in a primipara, the cervix (even if obliterated, and the os the size of a five-cent piece) can be clearly defined from the body, by the difference it presents to the touch of the thick, round, and soft portion of the body, and the tense thin membranous neck, and os.

"10.—That after labour in primiparæ, if the neck has not been lacerated, the cervix uteri will return, supra and infra-vaginal portion, to its natural length very soon, though it is patulous and soft.

"11.—That these propositions are also corroborated by cases where the complete separation of the vaginal portion of the cervix has occurred, and which could not have taken place if the neck was fully obliterated at term (case in Bellevue Hospital), also in cases of excessive œdema of the cervix, where the neck is one and a half to two inches in length.

"12.—That from the investigations made during life, at various periods of pregnancy, at full term, and during the first stage of labour, and on post-mortem examinations, the cervix uteri does not undergo any shortening or expansion of the supra or infra-vaginal portion, but retains its whole length, and only becomes expanded or dilated at the commencement of labour, the cervix serving as an intermediate channel, or canal, between the body of the uterus and the vagina; this dilatation is effected through the combined operation of the softened condition of the neck, and by the pressure of the liquor amnii and the descent of the child's head or body, the internal os being the first to yield. The expansion thus beginning slowly, tends downwards towards the external os, and then the walls of the cervix are gradually expanded and unfolded for the passage or exit of the child; no better or more perfect illustration can be adduced, than the gradual expansion of the horse's anus during an evacuation, and its contraction after an evacuation occurs. Some of the cases of labour in the hospital have illustrated the same facts; during the first stage of confinement, while the membranes have been protruded through the os tincæ, only a half inch in diameter, the child has been delivered soon after."

The 'Lancet' opens with Mr. HILTON'S Lectures on *Pain*. He treats this week of the important subject of opening diseased joints. He says:—

"Some surgeons would say, 'I see no harm at all in opening the abscess as soon as it shows itself;' and they advise the treatment accordingly. For my part, I believe such a recommendation is fraught with extreme danger to the patient, and marks the indiscretion of the surgeon."

The healing process, Mr. Hilton says, goes on better when the

atmospheric air is excluded; consequently opening a joint by giving admission to oxygen must be prejudicial. He observes:—

"Experience teaches us that so long as an abscess remains unopened, and its walls are kept free from local disturbance by the muscles or other causes, usually no inflammatory condition is manifested upon the walls of the abscess. Then one might fairly say to oneself, 'Why open it?—why not leave it alone? It is not doing harm in any way, either as regards the original local disease or the general health; why meddle with it?' On the other hand, all surgeons know that when such an abscess is opened, it becomes, or it may become, inflamed, and great local and constitutional disturbance may supervene; the effects of that inflammation will be that the originally diseased parts, as well as the new repairing structures within and without the joint, will participate in both the local and constitutional disturbance, which lowers their vitality; and they soften down or ulcerate, and become subservient to the law, *that inflamed or newly-formed or renewed structures suffer rapid deterioration from constitutional or local disturbance.* This is no exaggerated statement; I have seen many illustrations of it. Thus, we know that if a person has had an ulcer recently healed up healthily, or a cicatrix which has well closed after a burn or scald, if he contracts erysipelas (a blood-poison), not at the seat of injury, but elsewhere, or is attacked by small-pox, scarlet fever, or measles (blood-poisons), the cicatrix, which was perfectly healed, will quickly ulcerate, break down, disintegrate, or entirely melt away. If this be true with regard to external parts, may we not argue that it is equally true with regard to internal parts? If we can see the fact manifested on the surface of the body, that scarlet fever, erysipelas, &c., or local inflammation, can so damage new tissues as to lead to their destruction, whilst those which have not been previously diseased or structurally deteriorated will pass unscathed through that ordeal, surely that is a potent argument against the propriety of opening these abscesses early. These facts form the basis of one of our arguments against the propriety of opening an abscess connected with a diseased joint before it is absolutely necessary, or before the medium of reparation deposited within or about the joint, or interposed between the bones, is so completely consolidated, and so efficiently organised, that it is structurally competent to resist the twofold deteriorating influences of local and constitutional disturbance, or of either of them."

His advice is thus ultimately given:

"Instead of hesitating as to what we should do in the case of an abscess communicating with a diseased hip joint, I would advise that the opening be deferred as long as possible, until we can be pretty well satisfied that anchylosis or bony consolidation has actually taken place at the joint. If the bony union be perfect, then we may open the abscess without involving the patient in undue risk, as regards the repair of the joint, or as regards the general health."

He narrates a case of hip-joint disease in which the opening of a large abscess was deferred for eight months. It is eminently a crucial case, and we give an extract from the report:

"A large abscess presented itself at the anterior part of the hip-joint, and slowly descended the thigh. Cod-liver oil, steel wine, and quinine were administered as medicines; the recumbent and a fixed position of the diseased joint were strictly and uninterruptedly maintained. These were all the means employed. No counter-irritation, none of the old horse-doctoring style of treatment—no setons, issues, nor painful applications of any kind. In March, ten weeks from my previous visit, I saw the patient again, and found that her health had steadily improved. The abscess subsequently diminished in size, and descended lower down the thigh, and appeared perfectly unconnected with the joint. After eight months of rest, the femur and acetabulum being firmly united, there being no pain in the joint, and no constitutional disturbance, the abscess was opened at its most depending part; it discharged a strumous, purulent serum, containing cheesy flakes and masses, the thigh was afterwards carefully strapped and bandaged, so as to coapt the walls of the abscess, the pressure being made upon the cyst from above downwards. The abscess closed somewhat rapidly. The recumbent position, with the splint upon the limb, was maintained a few months longer, and she regained perfect health, with a firmly anchylosed hip-joint.

"The conclusion of this case is this:—She is now in her twenty-first year, in good health, and well grown. The right leg is only half an inch shorter than the left, and she cannot be said to walk with a limp even. She is an excellent dancer, frequently dances for a whole evening, and but few persons know, when she sits down, that the right knee-joint is bent at right angles with the thigh and body, and tucked under the chair to meet the inconvenience of her fixed hip-joint.

"This case shows that, notwithstanding the continuance, more or less for several years, of symptoms of diseased hip-joint, with every indication of most serious ulterior consequences, yet by 'rest during many months, and with an appropriate, but simple splint, the patient may get well. It also exemplifies in a most emphatic manner the advantage of deferring the opening of the abscess till the medium of union is consolidated between the two bones, so producing perfect anchylosis of the joint."

Dr. Robert Barnes contributes an article intituled the *Obstetric Bag*, being a description of the instruments used in operative midwifery, and Mr. Radcliffe a paper on the *Recent Epidemic of Diphtheria*. Dr. Leith Adams reports a case of *Encysted Abscess in both Hemispheres of the Brain*. There was neither convulsions nor paralysis in this case; there was, however, sickness of the stomach. Coma came on only three days before death.

Dr. Cartwright Reed reports a case of *Resuscitation in a Fœtus after Long-suspended Animation*. Dr. Reed arrived twenty minutes after the birth, the child having been supposed to be still-born; he detected, however, a fluttering over the region of the heart, and commenced breathing into the child's mouth, and making compression of the ribs. After forty minutes the child sighed, and by perseverance in these measures it was finally resuscitated.

The 'Medical Times and Gazette' contains *Clinical Remarks on Seven Cases of Ovariotomy*, by Mr. Spencer Wells, which are interesting. Dr. Arthur Mitchell writes on *Difficult or Anomalous Parturition in Connection with Idiocy*. This article contains some suggestive statements: we will quote a few. The cases of idiocy under analysis were 494, and Dr. Mitchell remarks:

"For instance, when it is said that 22, and probably more, of the 494 idiots were delivered by forceps, the fact will have a very different signification to a Siebold or a Busch, who deliver respectively every 7th and 12th woman under their care by forceps, from that which it may be expected to have to a Collins or a Simpson, who only deliver in that manner respectively every 617th and every 472nd mother. The proportion of cases supposed to require instrumental delivery differs very widely in the practice of different Schools and Institutions. It is difficult, therefore, if not impossible, to say definitely, regarding the fact in question, that it is in rule or out of rule. And the same difficulty extends itself to the other results of this investigation. . . . . .

"The act of birth is, beyond doubt, fatal to a large number of children, and this result is most likely to occur when the case is complicated, tedious, or instrumental. The measure of the calamity, in fact, is in direct proportion to the seriousness of the difficulty or anomaly. And it is a reasonable inference, that that which is fatal to so many, will inflict grave and permanent injury on many others where *life* may be spared. And further, since it is the head which is chiefly exposed to such injury, it may fairly be expected that disease and defective development of the brain should follow.

"The head, indeed, in all cases is subjected to such compression as to make one rather wonder that it ever escapes than that it often receives injury. According to the extent of this compression, so we know is the frequency of *fatal* results, and so also will the frequency of those injuries be which are *short of death*. Increase the size of the head only by the difference which exists between the heads of male and female children, and an examination of the results will prove what has been stated. Many more boys than girls always die from the act of birth, and it is the act of birth which makes the difference; for of the still-born, who perish before parturition begins, or who are putrid when delivered, there are as many girls as boys, if not more. But not only does the act of birth kill more boys than girls; among those whom it merely injures there are also more males than females. As one proof of this, I think I am justified in using the greater mortality of male children during the first year of life. There is a further proof in the fact, that while of those who become insane in adult life there are constantly more females than males, the reverse is true of those whose insanity dates from infancy, among whom there are constantly more males than females.

"Another fact which supports these views is derived from the very large proportion of idiots who are first-born children, in whose cases the difficulty of parturition depends on the state of the passages and not on the size of the head, as when it was the question of sex."

The following is a condensed statement of the results of my inquiry:

"I. *Labour Tedious or Protracted.*—Of cases in which the labour was long, 57 are noted, or one in 8·7 of the whole. . . . .

"II. *Labour unnaturally Rapid.*—Four cases are noted in which this occurred. In all of these, labour was said to have lasted less

than one honr. In one, the placenta was delivered along with the child, and in another, the child was delivered into the night-stool.

"III. *Delivery by Forceps*—Of such cases, 22 occurred, or 1 in 22·5. The Edinburgh Maternity shows 1 in 472. We have here, therefore, a very wide contrast. One of the 22 was paralysed at birth. Several had fits after birth. In others, animation was suspended. One was born with double rupture. In 9 cases, bald patches or cicatrices about the head attested the use of 'the instruments.' I mention this last, though I am aware that even great permanent depressions have been said to follow forceps deliveries, without any such accompanying defect of intelligence as to be acknowledged. . . . .

"IV. *Version.*—Four cases of this occurred, or 1 in 123. The Edinburgh Maternity shows 1 in 236. By correspondence and otherwise, every effort was made to determine that turning had really been performed in these four cases. Here again, of course, we are only dealing with survivors.

"V. *Preternatural Presentations.*—On this point I obtained very scanty information. Only 6 cases are recorded, the breach presenting five times and the feet once.

"VI. *Plural Births.*—Twins occurred 11 times, or *quam proxime*, every fortieth idiot was found to be one of twins. In a separate paper I shall discuss the connection between plural births and idiocy.

"VII. *Premature Births.*—I thought that I should easily obtain trustworthy information on this point, but I found it otherwise, and was often left in doubt as to whether the idiot under examination had or had not been born before the full time. This occurred especially in alleged eight-month cases. . . .

"VIII. *Animation of Child Suspended at Birth.*—In 29 instances (or 1 in 17) this is noted. In most of these cases it was stated that the child had been dipped first in hot and then in cold water, or that it had been rubbed with whiskey, or that its throat had been tickled with a feather, or that the Doctor had 'worked its chest.'

"IX. *Condition of Idiot at Birth* (c).—(*a*) In 33 instances, or 1 in 9·3, the idiot was described as having been weak at birth. (*b.*) In 11 instances, or 1 in 28, the idiot was described as having been notably small and puny at birth. (*c*). In 23 instances, or one in 13·4, the idiot was described as having been unable to suck for several days after birth, and in some of these the child did not attempt to suck for thirty days. (*d.*) In 17 instances, or one in 18·1, there were such peculiarities about the child at birth as to lead at once to the suspicion of idiocy.

"All these conditions are more or less directly connected with difficult or anomalous parturition, and for that reason they and others of a similar character are here stated.

"X. *Number of Idiots who are First-Born and Last-Born Children* (d).—443 idiots and imbeciles gave 138 first-born children, or 1 in 3·2. The increased danger to which first-born children are exposed in parturition must in part explain this, though I do not think that it accounts for all.

"Of the same number of idiots and imbeciles (443) 89 were last-born, or *quam proxime* 1 in 5. Of these my notes show that 1 was the youngest of 17, 1 of 15, 1 of 14, 1 of 13, 4 of 12, 6 of 10, etc.

"XI. *Other facts not embraced under the Foregoing Headings.*—(*a*). In one case the mother of the idiot insisted that her child's condition was attributable to her having gone 'greatly beyond her time.' (*b.*) In one case great flooding preceded labour. (*c.*) In one case there was adhesion of the placenta, requiring forcible removal."

Mr. Horsley contributes a paper on the *Nitro-Prussiate of Sodium as a test for certain Alkaloids.* It is said to be a very delicate test for strychnia, morphia, &c. Dr. Ceccarelli communicates some *Notes on Cholera at Rome in* 1854.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 24th.

Dr. Babington, President, in the Chair.

Mr. Salter read a paper entitled

AMAUROSIS CONSEQUENT ON ACUTE "ABSCESS" OF THE ANTRUM, PRODUCED BY A CARIOUS TOOTH.

The case upon which this paper was based was one of unusual severity, and of exceptional complications.

The patient, a young woman, twenty-four years of age, was attacked with violent toothache in the right upper first molar, which was followed by enormous swelling of the side of the face, and intense pain. The eyeball then became protruded, and she soon after perceived that the eye was blind. Shortly after the establishment of these symptoms, "abscess" of the antrum pointed at the inner and then at the outer canthus, and a large discharge of pus at both orifices followed; these orifices soon closed, and the general symptoms of the part continued unchanged—the swelling of the face, protrusion of the globe, and blindness. This state of things lasted for about three weeks, when the patient was sent to Guy's Hospital, and admitted.

At this time the patient exhibited hideous disfigurement from swelling of the face, œdema of the lids, and lividity of the surrounding integument. Upon examining the mouth, it was found that the carious remains of the first upper right molar appeared to be associated with and to have caused the disease. Together with the other contiguous carious teeth this was removed, and led, by an absorbed opening, into the floor of the antrum. The hæmorrhage which followed the operation was discharged partly through the nose and partly through the orifices in the cheek, as well as from the tooth-socket, showing a common association of these openings with the antrum. The condition of the eye constituted the most important symptom, and the most distressing. The sight was utterly gone; the globe prominent and everted. There was general deep-seated inflammation of the fibrous textures of the eye. The pupil was large and rigidly fixed; it did not move co-ordinately with the other under any circumstances. Some abatement of the symptoms followed the extraction of the tooth; but it was soon found that there was a considerable sequestrum of dead bone, which was removed. The necrosis involved the front part of the floor of the orbit, the upper cheek portion of the superior maxilla, with the infra-orbital foramen, and a large plate of bone from the inner (nasal) wall of the antrum. The removal of the dead bone was followed by the immediate and complete cessation of all inflammatory symptoms; but the eye remained sightless, and the pupil rigidly fixed. About five weeks after the removal of the dead bone, it was noticed that the pupil of the affected eye moved with that of the other, under the influence of light, though vision in it had not returned. The eye was frequently examined at this stage with the ophthalmoscope. All the structures, including the retina, appeared healthy, except the termination of the optic nerve, which was perfectly white and anæmic, while that of the other eye was pink and natural.

The author referred to two other cases essentially similar to his own. The first (unpublished) occurred in the practice of Mr. Pollock, of St. George's Hospital. The patient had intense inflammation of the entire maxillary region on one side, caused by a carious tooth. It implicated the whole face and the contents of the orbit, but was not attended by "abscess" of the antrum or necrosis of bone. The inflammation completely ceased on removal of the tooth, but the sight was permanently lost; the pupil was at first fixed, but afterwards moved with that of the other eye.

Another example, closely resembling these, was published by Dr. Bruck, in Casper's "Wochenschrift" for 1851. It was, however, more chronic, and the loss of vision was only temporary.

The author concluded his paper by suggesting that the serious ophthalmic symptoms depended on the nerves of the eye being involved in a plastic inflammation in their course, external to the skull and before their distribution; that the optic nerve was permanently damaged, as shown by the permanent blindness; that the third nerve was temporarily implicated, as shown by the temporary fixedness of the pupil; and the eversion of the eye from the first seemed to indicate that the sixth nerve was less or not at all involved. Finally, the author left it an open question whether the anæmia of the optic nerve, as displayed by the ophthalmoscope, is to be looked upon as a cause or consequence of its suspended function.

Dr. Goodfellow related

TWO CASES OF EXTENSIVE ARTERIAL OBSTRUCTION FROM SEPARATED CARDIAC VEGETATIONS, FOLLOWED BY GANGRENE AND DEATH.

It was the object of the Author simply to bring these two cases before the Society, and not to enter into the general subject of arterial obstruction. The cases spoke for themselves. The extent to which the plugging took place, the number of vessels involved, the morbid changes in and around the coats of the vessels at the seat of obstruction, and the consequences which ensued, appeared to the Author to give a peculiar interest to them. In both cases vegetations of considerable size had formed on the mitral valve and surrounding surface of the endocardium. Some of these had become detached, and caused obstruction to the circulation in several of the large arterial trunks; coagula formed around them, and complete occlusion followed. The symptoms were well marked,—namely, pain, intense and agonising, at the seat of obstruction, and coldness and numbness at the distal extremities of the effected limbs, speedily followed by dry gangrene. In the first case the evidences of occlusion were observed about a month before the fatal event, and about seven days prior to the appearance of gangrene. In the second case the interval between the evidence of obstruction and the appearance of dry gangrene was shorter; the pathological changes in and around the walls of the arteries at the seat of obstruction were less extensive.

The first case was that of a woman, aged thirty, who had had an attack of acute rheumatism twelve years prior to her admission into the hospital. The heart was damaged during that attack. She, however, was enabled to follow her usual occupation, with occasional interruptions, up to a short period before the appearance of the symptoms denoting obstruction.

The second case was that of a girl, aged seventeen. She had had an attack of acute rheumatism about three years before, complicated with pneumonia, but not with heart affection. Another attack of

rheumatism occurred about eighteen months afterwards, which was complicated with endocardiits. From the time of this attack to the period of her seizure with her last fatal illness she suffered considerably from dyspnœa and frequent and severe pain in the præcordial region.

Mr. SPENCER WELLS gave a

DESCRIPTION OF A SYPHON-TROCAR FOR OVARIOTOMY AND OTHER PURPOSES.

This instrument consists of a canula, in which, instead of the ordinary solid rod, a hollow tube slides. This tube is sharpened at the end like a tubular needle. The instrument is introduced in the ordinary manner, and the sharp tube is then withdrawn by the thumb. The fluid flows along the canula to an elastic tube, which may be bent to form the long and short branches of a syphon; and the fluid continues to flow so long as the short branch is immersed, while no air can enter. If suction power be wanted, a syringe may be used instead of the simple tube. The addition of a grooved ferrule outside the canula completes the instrument for ovariotomy. The cyst, as it is emptied, is tied on the ferrule to prevent the escape of fluid, and to assist in drawing the cyst outwards. If other cysts require tapping, the sharp tube can be immediately projected and withdrawn. The power of doing this with one hand only is a great convenience, not only in performing ovariotomy, but in tapping collections of fluid through the vagina or rectum.

Instruments of various sizes, made by Messrs. Weiss, were placed on the table of the Society.

Mr. HOLMES COOTE communicated the particulars of a

CASE OF RUPTURE OF THE LEFT VENTRICLE OF THE HEART IN AN AGED FEMALE, AGED EIGHTY-TWO, WHILE RECLINING ON HER COUCH.

Her habits had been very quiet, and her diet regulated for above forty years. She was quite childish, but fond of all about her, and never gave way to temper. The substance of the heart had undergone general fatty degeneration. After referring to other cases, and to the paper by Dr. Quain, in the "Transactions" of the Society, on Fatty Degeneration of the Heart, Mr. Coote said that, in his experience, such cases were of sufficient rarity to render their collection and publication desirable.

Mr. FRENCH read a paper

ON THE SUBCUTANEOUS TREATMENT OF BOILS AND CARBUNCLES.

The author was desirous of calling attention to the fact, that subcutaneous division of the induration of the cellular membrane arrests the progress of boil and carbuncle at once. It was necessary to make crucial, and, when the disease is extensive, even three incisions across the centre, extending completely to the outer boundary of the disease—free divisions of the centre alone not being sufficient to prevent it from spreading. This plan of treatment was very convenient to the patient, whose time was valuable; and this sudden interruption to the progress of the malady was not followed by its outbreak elsewhere. Three cases were given in illustration, and several surgeons, to whom the author had suggested this method, and fully confirmed the author's experience.

Mr. PARTRIDGE said that he had lately had an opportunity of putting in practice the plan recommended by Mr. French, in a case of carbuncle of the neck. The relief was immediate and recovery rapid.

TUESDAY, JULY 1ST.

REPORT OF THE COMMITTEE APPOINTED TO INVESTIGATE THE SUBJECT OF SUSPENDED ANIMATION.

The inquiry was conducted,—

By means of experiments upon living animals;

By means of experiments upon the dead human body.

In investigating anew the subject of apnœa by means of experiments on the lower animals, it seemed expedient to observe, in the first place, the principal phenomena of apnœa in its least complicated form—namely, when produced by simply depriving the animal of air.

The principal facts to which attention was directed during the progress of the apnœa thus induced were—

The duration of the respiratory movements;

The duration of the heart's action.

The duration of the heart's action was observed—

(*a*) In relation to the duration of the respiratory movements.

(*b*) In relation to the time after the stoppage of the breathing.

From the experiments performed it appeared that in the dog the average duration of the respiratory movements after the animal has been deprived of air is 4 min. 5 sec., the extremes being 3 min. 30 sec. and 4 min. 40 sec. The average duration of the heart's action is 7 min. 11 sec., the extremes being 6 min. 40 sec. and 7 min. 45 sec.

From these experiments it appears that on an average the heart's action continues for 3 min. 15 sec. after the animal has ceased to make respiratory efforts, the extremes being 2 min. and 4 min. respectively.

Rabbits on an average ceased to make respiratory efforts in 3 min. 25 sec. Their heart's action stopped in 7 min. 10 sec.; consequently, the interval between the last respiratory effort and the cessation of the heart's action was 3 min. 45 sec.

The next question investigated was—the period after the simple deprivation of air at which recovery is possible, under natural circumstances, without the aid of any artificial means of resuscitation.

The experiments performed led to the conclusion that a dog may be deprived of air during 3 min. 50 sec., and afterwards recover without the application of artificial means; that a dog is not likely to recover, if left to itself, after having been deprived of air during 4 min. 10 sec.

The force of the inspiratory efforts during apnœa was observed in the experiments to be so great that it was determined to measure them. They were found to be capable, in the dog, of raising a column of mercury four inches. It appeared, moreover, that their force increases up to a certain period.

In other experiments, plaster-of-Paris, and even mercury, were thus drawn upwards into the minute bronchial tubes.

It is easy to understand, therefore, how foreign bodies may be drawn into the lungs in cases of drowning, and the importance of this fact in the consideration of the pathology and treatment of apnœa.

The Committee next passed on to the subject of drowning.

The first question investigated was—For what period can an animal be submerged, and yet recover without the aid of artificial means?

It was found as the result of numerous experiments on dogs that, in striking contrast to the previous ones, 1½ minutes' immersion in water suffices to destroy life.

Other experiments satisfactorily showed that the difference of time between simple apnœa and that by drowning is not due to submersion, or to depression of temperature, or to struggling, but that it is connected with the fact, that in the one case a free passage of air out of the lungs, and of water into them, is permitted; in the other, the exit of air and the entrance of water are prevented.

There can be no doubt, from other considerations put forward, that although both these circumstances are concerned in producing the difference observed, yet that it is mainly due to the entrance of water and the effects thereby produced.

The treatment of apnœa was next considered.

For conclusions respecting artificial respiration, the Committee refer to the second portion of the Report.

Many other methods of resuscitation which have been recommended were employed, including actual cautery, venesection, cold splash, alternate application of hot and cold water, galvanism, puncture of the diaphragm.

Although some of the above means were occasionally of manifest advantage, no one was of such unequivocal efficacy in a sufficient number of cases as to warrant the Committee in specially recommending its adoption.

The experiments upon the dead subject were made with a view to determine the value of the various methods which have been employed for alternately compressing and expanding the cavity of the chest in such a manner as to imitate the natural movements of the thoracic walls in breathing. The following methods have been investigated:

1. Pressure exerted by the hands on the anterior wall of the thorax, the body being in the prone posture. Such pressure has for its object, to expel a portion of the air contained in the chest: on relaxing the pressure, the chest expands and air enters.

2. The postural, or so-called "ready" method, described by Dr. Marshall Hall, which consists essentially in "turning the body gently on the side and a little beyond, and then briskly on the face alternately;" and in making pressure along the back of the chest each time the body is brought into the prone position.

3. The method of Dr. Silvester, in which the action of the pectoral and other muscles passing from the shoulders to the parietes of the chest in deep inspiration is imitated. An inspiratory effort is produced by extending the arms upwards by the sides of the head; on restoring them to their original position by the side of the body, the expanded walls are allowed to resume their previous state and expiration takes place, the quantity of air expelled being in proportion to that which had been previously inspired.

It being necessary to measure the flow of air in and out of the respiratory cavity under conditions of pressure closely resembling those which exist in natural respiration, no means of measurement could be used, which, in its working would offer any appreciable resistance to the passage of air. With this consideration in view, an instrument designed by Dr. Sanderson was employed. (The instrument was exhibited to the Society.)

General results.

1. As regards the volume of air which can be expelled from the thorax by compression of its walls, and inspired by the elastic expansion, consequent on relaxation of the pressure, it was found—

(*a*) That pressure by both hands on the lower third of the sternum in the adult male subject usually displaced from 8 to 10 inches of air.

The pressure actually exerted amounted to about 30 lbs. It was, therefore, not greater than might be safely applied to the living subject. The volume of air expelled varied from 8 cubic inches to 15 cubic inches.

(*b*) That pressure made in the same manner on the upper part of the sternum usually displaced 2 or 3 cubic inches less than pressure on the lower part.

(*c*) That pressure exerted by one hand on the upper part, by the other on the lower part of the sternum, produced about the same results as were observed in *a*.

In this case the whole amount of pressure did not exceed that exerted in *a*.

(*d*) That the pressure of a weight laid on the lower third of the sternum produced similar results according to its amount.

(*e*) That lateral pressure exerted on the ribs or costal cartilages of both sides simultaneously, was, in no instance, more effectual.

(*f*) That compression by a broad bandage encircling the chest, the ends of which were crossed over the sternum, and drawn in opposite directions by two persons, produced no greater effect than pressure with the hands on the sternum or sides.

2. As regards the whole amount of exchange of air produced by the method of Dr. Marshall Hall, "to imitate respiration," it varied much according as the subject was favourable, or the contrary; sometimes not exceeding a few cubic inches, but never exceeding 15 cubic inches.

3. As regards Dr. Silvester's method, it was found that, on extending the arms upwards, a volume of air was inspired into the chest, which varied in different subjects from 9 to 44 cubic inches, and it was observed that the results obtained in successful experiments on the same body were remarkably uniform, in which respect, as well as in their amount, they contrasted with those obtained by the method of Dr. M. Hall. On restoring the arms to the side, the quantity of air expelled was generally nearly equal to that previously inspired. Occasionally less.

In the treatment of apnœa generally, the Committee offer the following suggestions :—

That all obstruction to the passage of air to and from the lungs be at once, so far as is practicable, removed; that the mouth and nostrils, for example, be cleansed from all foreign matters or adhering mucus.

That in the absence of natural respiration, artificial respiration by Dr. Silvester's plan be forthwith employed in the following manner :—The body being laid on its back (either on a flat surface, or, better, on a plane inclined a little from the feet upwards), a firm cushion or some similar support should be placed under the shoulders, the head being kept on a line with the trunk. The tongue should be drawn forward so as to project a little from the side of the mouth. Then the arms should be drawn upwards until they nearly meet above the head (the operator grasping them just above the elbows), and then at once lowered and replaced at the side. This should be immediately followed by moderate pressure with both hands upon the lower part of the sternum. This process is to be repeated twelve or fourteen times in the minute.

That if no natural respiratory efforts supervene a dash of hot water (120 deg. Fahr.) or cold water be employed, for the purpose of exciting respiratory efforts.

That the temperature of the body be maintained by friction, warm blankets, the warm bath, &c.

In the case of drowning, in addition to the foregoing suggestions, the following plan may be in the first instance practised :—Place the body with the face downwards, and hanging a little over the edge of a table, shutter, or board, raised to an angle of about thirty degrees, so that the head may be lower than the feet. Open the mouth and draw the tongue forward. Keep the body in this posture for a few seconds, or a little longer if fluid escapes. The escape of fluid may be assisted by pressing once or twice upon the back.

(Signed) C. J. B. Williams, *Chairman.*
W. S. Kirkes.
George Harley.
J. B. Sanderson.
C. E. Brown-Sequard.
H. Hyde-Salter.
E. H. Sieveking, *ex officio.*
Wm. S. Savory, *Hon. Secretary.*

On the motion of Dr. Edward Smith, the resolution of the Council appointing the Committee was read.

Dr. C. J. B. Williams said, the Committee, having to consider the subject of "Suspended Animation," directed their inquiries to that kind of interference with life which results from stoppage of the breath in suffocation, strangulation, and drowning. The first series of experiments was to investigate the result of simple apnœa, or stoppage of the breath; and for this purpose the trachea of animals was opened, and a tube inserted so as to command the supply of air; and this tube being furnished with a stop-cock could be closed, and the result noted, especially these:—After the closure of the tube, 1, how long respiratory efforts continue; 2, how long the heart's action continues; 3, how long the heart beats after the breathing efforts cease. The experiments show a considerable variety of result; but, as a general average, it may be stated that in dogs efforts at breathing continued a few seconds more than four minutes after the closure of the tube; and the heart's action three minutes and a quarter longer. The duration and force of these respiratory efforts in an animal deprived of air, were not more remarkable than important, as indicating the period within which an animal deprived of air could recover; and this was found to be almost, but not quite, as long as the duration of these efforts—that is to say, a dog deprived of air four minutes only, would recover; but if the exclusion of air lasted ten seconds longer, he did not recover. The extraordinary force of these struggles for breath was shown by plunging the end of the tube into mercury, when it was found that the inspiratory effort sometimes raised a column of four inches of mercury, and, if the tube was shorter, would draw the quicksilver in considerable quantities into the bronchial tubes and air-cells of the lungs. The next subject of investigation was suspended animation from drowning; and here the experimenters soon found a remarkable difference in the greater rapidity of the death, and the shorter time during which life is recoverable. An animal simply deprived of air for four minutes may recover; but one immersed in water for one minute and a half is irrecoverably dead. Recovery took place in several cases where the immersion lasted one minute and fifteen seconds; but fifteen seconds more made all the difference. The experimenters proceeded to search into the cause of this peculiarly destructive operation of drowning, as compared with simple privation of air; and very soon they were enabled to trace it to the action of the water itself, forcibly drawn into the lungs by the respiratory struggles of the animal. Two dogs were plunged into water, one having its trachea closed by a stop-cock at the moment of immersion. The dog with the trachea free was taken out in two minutes, irrecoverably dead. The other, with the trachea closed, was taken out at the end of four minutes; the trachea was opened, and in the course of a few seconds the animal began to gasp, and soon recovered. Another mode of diminishing the inspiratory struggles of the animal was by stupefying it with chloroform before immersion in water, and it was actually found that recovery took place after two minutes and fifteen seconds' immersion. On this point he (Dr. Williams) adverted to a popular opinion, that it is more difficult to drown a drunken man than one who is sober, as having some foundation on this fact, that insensibility of any kind retards the fatal influence of drowning, by diminishing those violent struggles for breath which, by forcing water into the lungs, soon put the case beyond recovery. But nothing so fully pointed out the extent and nature of the fatal influence of water in the lungs as the appearance of these organs in drowned animals as compared with those killed by simple apnœa. In the latter, the air-passages remained free from all secretion or effusion, and the lungs themselves were light and buoyant, and contained remarkably little blood. Now this is contrary to what is generally described as the state of the lungs in asphyxia; and probably in ordinary cases, where death is not sudden, but prolonged, more or less engorgement may take place. But here there was no engorgement or obstruction, and it was not wonderful that animals would recover more readily. But with drowned animals, not only were all the air-passages choked with frothy fluid, and that fluid generally more or less bloody, but the whole lungs were always highly engorged with blood, so that they were heavy, dark-coloured, pitted on pressure, and on being cut exuded an abundance of blood-tinged fluid with many air-bubbles in it. On this subject he would make two remarks on his own responsibility, apart from his office in the Committee. One was—How opposed these observations and conclusions are to those many years ago propounded by Goodwyn in his treatise on suspended Animation, whose opinions have generally been adopted to the present time. Goodwyn concluded from his observations, that water never to a hurtful extent enters the lungs of the drowned, and he deprecated the popular practice of hanging up a drowned person by the heels to let the water run out. He (Dr. Williams) was by no means sure that, as Dr. Goodwyn was certainly wrong in his pathology, some modification of the popular practice may not be beneficial. The other remark related to the mode in which the water which got into the lungs of the drowned proved so rapidly and extensively injurious. No doubt much was due to its mechanical pressure on the tubes and cells, forming an impervious barrier to the readmission of air; but this would not account for the extraordinary increase of blood in the lung, and its transudation into the air-tubes. He believed the injurious influence of water to be due to its chemical power of acting by endosmosis on the blood within the capillaries of the lungs, swelling up and bursting the blood-corpuscles, and causing their rapid accumulation in the organ, and their extravasation into the bronchial tubes. This was a subject for further experimental investigation, and he thought it one of great importance, as bearing on the action of water as a noxious or a therapeutic agent. He would not detail the various means of resuscitation which were tried by the Committee, but the results of the trials were not such as to induce the Committee to recommend them strongly for general adoption. Various instructive experiments were made on different modes of performing artificial respiration, and the most conclusive of these had reference to the so-called "ready methods" of Dr. Marshall Hall and Dr. Silvester. One of their Com-

mittee (Dr. Sanderson) contrived the apparatus on the table for measuring the air which could be forced out of it into the lungs of a dead body by these methods of artificial respiration; and the general result was, that by Dr. Hall's method the quantity of air moved in and out of the lungs rarely reached nine cubic inches, and never exceeded fifteen; whereas by Dr. Silvester's plan an interchange of forty cubic inches was effected; and when this method was further improved by alternating the drawing up of the arms, with depressing them, and with pressure on the lower part of the sternum, the expelled air was as much as fifty cubic inches. So far, then, as these experiments go, they show a great superiority of Dr. Silvester's over Dr. Marshall Hall's "ready method."

Dr. Edward Smith adverted to the importance of the quantity of bloody water found in the lungs of the dogs drowned, and explained that the water would be introduced from the bronchi into the bloodvessels by endosmosis, and these would cause the swelling and bursting of the blood-corpuscles after the circulation had been greatly retarded or arrested, and would also cause rupture of the capillaries, or the attenuated blood would pass through the walls by exosmosis, and thus appear in the bronchi. He did not think that the experiments upon the action of chloroform in deferring the fatal issue were conclusive, since they were too few, and the increased duration of life very small, and it had not been shown that a narcotised animal might not have greater tolerance of apnœa independent of the idea which the Committee had—the diminution of muscular effort. The matter of greatest interest in the Report was the comparision of the Marshall Hall and Silvester methods, and he (Dr. Smith) thought that both might be equally advantageous in the cases in question. The experiments have shown that, with the lungs full, there was greater change of air with the Silvester method. The Marshall Hall method started from the point of expiration, but living persons could by their effort expire forty cubic inches below that point, and if, by external pressure on the inanimate, one-half of that quantity could be displaced, it would probably suffice for the purpose in hand. The Silvester method, by enlarging the cavity of the chest above the line of expiration, must cause greater displacement of air; but it had been shown by the Report, that in a case of phthisis, where the lung capacity was greatly reduced, the effect of the two methods was precisely the same. Such would also probably be the case with drowned persons, in whom the lungs were full of water, which offered a great obstacle to the introduction of air; and in this condition the Committee had not made any experiments. It was in reference to the practical object in the appointment of the Committee that the Report failed. The Committee had not proved that any one of their inquiries was applicable to the drowned human subject. The time during which a man could be immersed in water and recover could not be proved by experiments on dogs, and the Committee themselves had shown that all their plans for the restoration of drowned dogs had failed. The Committee had, in one part of the Report, disclaimed any intention to say how far the Silvester method was fitted for the restoration of the drowned; and yet in their recommendations they advise the use of this method almost exclusively, whithout having in any experiment tried it, under these conditions. The recommendation to place the body prone, and allow fluid to run out of the mouth, was an old recommendation; but they had inferred, and not proved, its value, and that only from experiments on drowned dogs which they could not resuscitate. The experiments on dogs had shown that neither cold nor hot water alone had any value as restorative agents, but that the alternative of the two was somewhat useful; but this alternative had not been recommended for man. Hence he (Dr. Smith) regarded this Report as but the commencement of the inquiry, a labour which had elicited important facts fitted to be employed in further researches; but as to the great object had in view in the appointment of the Committee—the scientific determination of the best method for restoring drowned men—he thought that it had altogether failed.

Dr. Webster said that he thought the Silvester method was the best, and that the recommendation was very important. He was sorry to hear that the lives of so many dogs had been sacrificed in the experiments. He hoped that in future, if possible, experiments on living animals would be avoided.

Dr. Marcet agreed with Dr. Edward Smith, inasmuch as, from the method of investigation adopted by the Committee, he felt assured of the correctness of their results. He was, however, sorry that so little consideration had been given to the instrumental means of performing artificial respiration, which he believed to be of the greatest importance in a practical point of view; because, in his opinion, a much larger quantity of air was required to inflate the lungs in suspended animation than the Silvester or the Marshall Hall method could possibly effect. It was to be borne in mind that in cases of asphyxia or of poisoning by chloroform, a poisonous gas accumulated in the blood; and the object of artificial respiration was, to remove this poison and excite the action of the heart. He (Dr. Marcet) contended that in order to obtain a sufficient amount of diffusion to allow of poisonous gases to escape from the blood at the lungs, it was necessary that these organs should be inflated with as much or nearly as much air as they could contain, and this no ready method was capable of doing, as the volume of air required would be from 150 to 200 cubic inches. He believed that the instruments for performing artificial respiration should not be set aside on the ground that they cannot be had and applied quick enough when wanted, and proposed that surgeons and hospitals should provide themselves with some apparatus of ackowledged efficiency for inflating the lungs. In hospitals there would be no difficulty in carrying out this plan, so as to have in readiness a means of restoring animation in cases of accidents with chloroform. Dr. Marcet then alluded to the instrument he had exhibited to the Society on the 11th February last. He said he had obtained most satisfactory results when using it to restore animation in cases of dogs poisoned with chloroform, and that in these experiments he had been able to avoid performing tracheotomy for the purpose of inserting a canula into the trachea, which greatly added to the interest of the results. He had no doubt that this very simple instrument would prove most available in cases of suspended animation in the human individual, and concluded by observing that the instrument used by the Committee in their inquiries was one he had invented and described in 1854; it was not nearly so practical as that exhibited lately to the Society.

Mr. Charles Hunter said, that as he was one of those gentlemen who six years ago conducted the experiments upon the dead body for Dr. Marshall Hall, and upon those experiments the "Ready Method" was established, he felt called upon for a few words in its defence. He regretted that the Committee thought fit to condemn it, and observed, that if the Marshall Hall method after all was a failure, the long series of experiments carefully made by him (Mr. Hunter) with others must go for nothing; and yet the original experiments were much more numerous than those made by this Committee, and perfectly conclusive in their general results to those who made and saw them. They were, moreover, backed by astonishing evidence in its favour from medical men in all parts of the kingdom—testifying to its success in actual cases of drowning. In reply to Dr. Harley, he said the Silvester plan was tried a few times, but without success equal to that obtained by the "Ready Method." He would correct the idea that only ten cubic inches were obtained in the experiments—it was much more, and, in favourable cases, varied between twenty-five and thirty-five cubic inches, and sometimes forty inches. Mr. Hunter was glad to find his own experiments on the lungs of drowned animals, as described by him in 'The Lancet,' were corroborated by the Committee; he was also glad to hear that they did recommend the pronation of the body as the first measure in cases of drowning—it was the essential part of the Marshall Hall treatment. The special advantages of the pronation are that fluids escape from the mouth, throat, and lungs, and the tongue dropping forward leaves the glottis free during inspiration. He was sorry, then, to find that the Committee recommend the Silvester plan. He could imagine no plan so rational as the Marshall Hall method for a case of drowning. The experiments of the Committee prove that water is drawn forcibly into the lungs in drowning, and that that water hastens death; how necessary, therefore, a method of recovery that will get rid of the water! The Committee objected to the Marshall Hall method that the expiratory act precedes the inspiratory. Mr. Hunter considered it a physiological advantage, as by first inducing expiration much of the fluid is got rid of that has entered the lungs, as well as the bad air, which it is as important to get rid of as to introduce good air. He observed that frequently in his experiments artificial respiration could not be effected in the supine position, but could by pronolateral movements. He considered that in drowning cases pronation of the body should be continued some length of time, as fluid can be expelled from the lungs of a drowned individual for half an hour by the Marshall Hall method. He inquired if the Committee meant to recommend the continuous warm bath or not, as they had recorded no experiments in the Report. His own observations he considered proved it to be a most prejudicial measure, impeding respiratory action, and excluding the prone and postural movements.

Mr. Acton was sorry to hear that the opposition to the Report was more to its details than to the Report itself. He thought that the members of the Society should consider that the Committee had come forward for the first time, and that, as in the Academy of Medicine at Paris, they ought to be received with laudation. Members of the Society should not come forward, each with his own particular views, to attack the Report; and, instead of dwelling on its shortcomings, they ought to receive the labour of the Committee thankfully.

Dr. Kidd considered that artificial respiration would be valuable in restoring persons from the effects of an overdose of chloroform. He had seen cases in which pressure on the chest seemed to restore life.

Dr. C. J. B. Williams said that the experiments detailed in the Report had been made with great care, and the methods of Dr. Marshall Hall and Dr. Silvester had been fully compared. He thought that the Committee had done wisely in not recommending instruments, but what they considered to be the readiest plan under all circumstances.

JUNIOR MEDICAL SOCIETY OF LONDON.

The last meeting this session was held at Westminster Hospital, July 1st, 1862, CHRISTOPHER HEATH, Esq., V.P. in the Chair.

Mr. GANDY (Westminster Hospital), showed a "Fractured Pelvis."

Mr. HATHERLY (Westminster Hospital), "Fibroid Tumour recurrent after amputation at the Shoulder-joint."

Mr. CLARKE (Westminster Hospital), "Mr. Holt's Stricture Dilator, and a Specimen of Stricture after Operation."

Mr. HEATH (Westminster Hospital), "Cancer of Neck, involving the Trachea and Œsophagus." The same gentleman exhibited a boy suffering from spurious anchylosis of the lower jaw, caused by contraction, on the right side of cicatrices, consequent upon sloughing after scarlet fever.

MARK TANNER, Esq. (Westminster Hospital), then read a paper on "Uterine Hæmorrhage." Introducing the subject, the Author observed that it was fraught with the greatest possible interest, both on account of its frequency, the imminent danger with which it was too often attended, and the promptness and decision required to cope with it successfully. Alluding to the numerous diseases of which uterine hæmorrhage was an accompaniment, and the impossibility of considering them all in one evening, he requested their especial attention to those hæmorrhages connected with pregnancy and parturition, of which it formed the chief source of danger, whether occurring prematurely or at the full period of utero-gestation; and glancing *en passant* at the wonderful metamorphosis undergone by the lowly-organised structure, the unimpregnated womb, and the comparatively enormous size, and the muscular and highly vascular condition of the gravid uterus, he proceeded to the consideration of hæmorrhage during the non-viable period as the ordinary precursor of abortion; its various causes, maternal and ovuline, and the two methods of treatment, preventive and accelerative. Touching medicines, he remarked that opium was often administered with very indefinite notions of its *modus operandi*, which could only be by its undoubted power of controlling uterine contraction—and that whereas, in an attempt to arrest a miscarriage, opium would be a most important adjunct in our treatment; should, on the other hand, abortion be inevitable, opium would, *à priori*, be injurious. With the exception of that drug and ergot of rye, he cautioned them against too easy a belief in the action of medicines as supposed specifics in uterine hæmorrhage, but was of opinion that the so-called hæmostatics which acted beneficially did so by quieting the general circulation, and not by any direct influence. In hæmorrhage of the capillary type, the mineral and gallic acids, acetate of lead, &c., were undoubtedly important adjuvants; but in the cases now under consideration, the hæmorrhage was more akin to the surgical or traumatic bleeding, in which it proceeded from a wounded vessel no surgeon would trust to the influence of internal remedies to arrest such, and, he contended, the indications were the same; blood flowed from disrupted utero-placental vessels, and the only remedy to be trusted to was Nature's own—*i.e.*, uterine contraction which delegated the vessels by a multitude of, so to speak, living ligatures; this arrests the hæmorrhage, and stays the danger.

Dr. Tanner then proceeded to the consideration of accidental and unavoidable hæmorrhages, their diagnosis and treatment; one must not be guided in this so much by the actual amount of blood lost as by the general effect produced upon the system, bearing in mind the danger of concealed intra-uterine bleeding, on which he dwelt somewhat at length, he cautioned against temporising too long, and allowing the vital powers to become exhausted, and, alluding to the beneficial use of the Tampon in placenta prævia, contrasted with the previously urged objections to it in accidental hæmorrhage. Lastly, he described the various means used from time to time for the purpose of facilitating dilatation of the os uteri, and obviating the danger of protracted compression of the child from rupture of the membranes, the introduction of catgut bougies in partial separation of the membranes, sponge tents, Gariel's air pessary, the vaginal and intra-uterine, commenting upon the increased ratio of mortality to the child by the last method, if any reliance were to be placed in statistics, and mentioning, lastly, the invention of a water dilator, by Dr. Barnes, which appeared to be a very admirable contrivance for certain cases which he indicated. In conclusion a few observations were made upon the plan of removing the placenta before the child in placenta prævia, and the instances in which it would appear justifiable to have recourse to it.

Births, Marriages, and Deaths.

BIRTHS.

BARNES.—On the 6th inst., at Islington, Liverpool, the wife of J. H. Barnes, Esq., M.R.C.S., of a son.

BREMNER.—On the 5th inst., at Rossie House, Bridge of Earn, Perthshire, the wife of Bruce A. Bremner, M.D., of a son.

BURN.—On the 15th of May, at Hingolee, the wife of Dr. G. A. Burn, 2nd Cavalry Hydrabad Contingent, of a son.

FITZPATRICK.—On the 3rd inst., at Enniskillen, the wife of Bernard Fitzpatrick, Esq., M.R.C.S., prematurely, of a daughter, who only survived a few hours.

MARRIAGES.

EYRE—PROWSE.—On the 3rd inst., at Bath, Edmund Walter Eyre, Esq., Inspector-General of Hospitals, Madras Army, retired, to Frances, fourth daughter of the late Rev. John Arbuthnot Prowse, Bromham, Wilts.

KEDDELL—SCUDAMORE.—On the 2nd inst., at Hunton, Kent, William Frederick Keddell, Esq., M.R.C.S., of Aylesford, Kent, to Rose Anne, younger daughter of the late William R. Scudamore, Esq., Lord of the Manor of Upton-Bishop, Herefordshire.

DEATHS.

DONNELLY.—Recently, Samuel Donnelly, Staff-Surgeon, R.N. (May 16, 1842.)

HOLDEN.—May 17, Horatio Nelson Holden, Assistant-Surgeon 21st Regiment of Foot, on half-pay.

JACKSON.—On the 4th inst., Mark Wilson Jackson, F.R.C.S. Eng., L.S.A. Lond., Senior Surgeon to the Stamford and Rutland General Infirmary, of St. Martins, Stamford, Lincolnshire, aged 60.

MEDD.—On the 3rd inst., John Medd, F.R.C.S. Eng. (Hon.), L.S.A. Lond., Senior-Surgeon to the Stockport Infirmary, of the Mansion house, High street, Stockport, Cheshire, aged 57.

O'NEILL.—On the 5th inst., Thomas O'Neill, Esq., late of the Madras Medical Service, aged 66.

POWELL.—On the 2nd inst., Charles Powell, M.R.C.S. Eng., L.S.A. Lond., Haw house, Olvestone, near Thornbury, Gloucestershire.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the First Part of the Professional Examination for the Licence of the College, on July 4, 1862:—Vivian Wearne, St. George's Hospital; John Foot Churchill, Charing-cross Hospital; Aaron George Medwin, Guy's Hospital; Shephard Thomas Taylor, King's College; Matthew Trevan, St. Bartholomew's Hospital; Richard Douglas Powell, University College; John Blount Fry, Sydenham College, Birmingham; Alexander Bruce, University College; Arthur Evershed, Arthur George Mickley, John Jones Phillips, and Edward Whitfeld Thurston, Guy's Hospital.—Also on the 5th: Thomas Carter, Guy's Hospital; William Philipps Bingley, University College; Sedley Wolferstan, St. Bartholomew's Hospital; Frederic Thomas Hindle, Guy's Hospital; Edward Sutcliff, St. Thomas's Hospital; Frederic Long, Guy's Hospital; William Gallimore Hayden, Charing-cross Hospital.—Also on the 7th: John Foster, University College; Thomas Osmond, St. Bartholomew's Hospital; William Gill, Truro, Cornwall; Thomas Edward Williams, and Richard Luscombe Elliot, St. Bartholomew's Hospital; Henry John Hunt, King's College; Fleetwood Buckle, St. Bartholomew's Hospital.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 3, 1862:—Alfred Johnson, Blossom street, York; Edward Thomas Newbold, Macclesfield; John Maugin Waters, 15 Bedford square; Thomas Jones, Llandyssil, Cardigan; Jonathan Dalgliesch, Newcastle-on-Tyne; James Allen, Bollington, Macclesfield; John Talfourd Jones, Brecon; William Sturdy Bramley, Wakefield, Yorkshire.—The following gentlemen also on the same day passed their First Examination:—Benjamin W. Pearson, St. Thomas's Hospital; Matthew Trevan, St. Bartholomew's Hospital; George Wall, Guy's Hospital.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—Thirty-four gentlemen received the licence of the Royal College of Physicians, Edinburgh, during the first six months of the present year.

APPOINTMENTS.—Mr. James Rolph has been appointed Surgeon to the K Division of the Police Force for the Bethnal-green district.—Mr. J. Bayley, Surgeon to the Yarmouth Royal Hospital, on retiring by rotation, has been elected Surgeon for life.—George Harvey Betts, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer and Vaccinator to the Highgate District of the Edmonton Union, Middlesex, *vice* John Franks Chittenden, M.R.C.S. Eng., L.S.A. Lond., resigned.—Mr. W. Dalrymple has been elected Dispenser to the Leicester Provident Dispensary.—Frederick Deyns, M.D. Coll. Phys. Surg. N. York, L.R.C.P. Lond., M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the Fenny Stratford District of the Newport Pagnell Union, Bucks, *vice* Mr. William Lucy, M.R.C.S. Eng., L.S.A. Lond., resigned.—Augustus Eves, M.D., F.R.C.S. (Hon.), has been appointed Consulting Surgeon to the Cheltenham General Hospital, on his resignation of the office of Senior Surgeon.—George Duncan Gibb, M.D. McGill Coll. Montreal, M.A., M.R.C.P. Lond., L.R.C.S. Irel. and L.M., has been appointed Physician to the West of London Hospital and Dispensary, Broadway, Hammersmith, *vice* Thomas Gordon Hake, M.D. Univ. Glasg., M.R.C.P. Lond., resigned.—Jonah Plummer, M.R.C.S. Eng., has been elected Medical Officer for District No. 3 of the York Union, *vice* John Benson Pritchett, M.R.C.S. Eng., and L.M. L.S.A. Lond., resigned.—George Goddard Rogers, M.D. St. And., M.R.C.P. Lond., M.R.C.S. Eng., has been appointed Physician to the West of London Hospital and Dispensary, *vice* John Thomas Aldridge, M.R.C.P. Lond. (exam.), M.R.C.S. Eng., appointed Senior Physician to the North Staffordshire Infirmary.—Wm. Saul, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the St. Pancras Infirmary and Workhouse, *vice* William Tyeth Coster, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., resigned.—David Skae, M.D. Univ. St. And., F.R.C.S. Edin., Medical Superintendent of the Royal Lunatic Asylum, Morningside, Edinburgh, has been elected President of the Association of Medical Officers of Asylums and Hospitals for the Insane.—John Thornhill, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the

Gosforth District of the Castle Ward Union, Northumberland, *vice* Wm. Frederick Napoleon Wilson, M.R.C.S. Eng., L.S.A. Lond., resigned.

COLLEGIATE ELECTIONS.—A special meeting of the Council of the Royal College of Surgeons of England was held on Monday, the 7th inst., to elect a member of the Court of Examiners in the vacancy occasioned by the decease of Mr. Edward Stanley. After a very sharp contest, unprecedented in the annals of the College, Mr. Francis Kiernan, F.R.S., a member of the Senate, and until recently, and for upwards of twenty years, an Examiner in the University of London, was elected. (Mr. Gilbert Wakefield Mackmurdo, of St. Thomas's Hospital, was the next senior member of the Council for the vacant Examiner's chair, but this gentleman declined to be put in nomination.) At a meeting of the Council on the 10th inst., Mr. James Luke, F.R.S., of the London Hospital, who filled the office of President in 1853, again received this honour from the hands of his colleagues, and Mr. Frederic Carpenter Skey, F.R.S., of St. Bartholomew's Hospital, and Mr. Joseph Hodgson, F.R.S., were elected Vice-Presidents for the ensuing year, the former gentleman also for the second time. Mr. Samuel Solly, F.R.S., of St. Thomas's Hospital, was appointed Professor of Human Anatomy and Surgery, and Mr. George Gulliver, F.R.S., and Mr. T. H. Huxley, F.R.S., were appointed Professors of Comparative Anatomy and Physiology. Mr. Gulliver will also deliver the Hunterian Oration on the 14th of February next.

APPOINTMENTS FOR THE WEEK.

Wednesday, July 16.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.

Thursday, July 17.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

LONDON SURGICAL HOME.—*Operations:* 2 p.m. Ruptured Perineum; Fibrous Tumour of the Uterus.

Friday, July 18.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 19.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, July 21.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 22.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

CRITO.—There can be no doubt that Dr. Wilde's representation of the sad deficiencies in Dublin, in respect of hospital accommodation for ophthalmic patients was overdone. Dublin is better provided for than he states; but he is himself so blind that he can see nothing beyond the walls of St. Mark's. Perhaps Dr. Hildige or Dr. Colles will kindly couch him.

F.R.C.S. is thanked. We shall be obliged by further kindnesses.

Mr. PETER W.—It cannot be obtained now.

A CHEMICAL READER suggests that the alleged difference in the action of various samples of tincture of henbane may be due to the difference of soil in which the plants grew, causing permanent difference of characters. This is possible, but we think unlikely, on the supposition that the plants are mature. The medicinal qualities of a plant are an essential part of the plant; and if the plant be perfect and mature, should be found in it. Much more depends upon the season when the plants are gathered, the portions used, and the methods of preparation.

Mr. B. JOHNSON.—1st. No.—2nd. No.—3rd. Erichaen's.

Dr. EVANS.—Yes; note forwarded.

Dr. TURNER.—Received.

G. T.—1st. We cannot say.—2nd. There is no fixed rule; the fee is usually divided.—3rd. The Guardians are not obliged to pay a consultant in addition to the 2*l.* fee. The larger fee is intended to meet the contingency of a consultation. If they are liberal, however, they may do it.

To the Editor of the Medical Circular.

SIR,—The accompanying correspondence may probably be interesting to the Medical Officers of Workhouses, as an instance of the frivolous and vexatious proceedings to which we are subject through the fussy activity of officious officials. I am happy to say that Mr. Roberts is not the permanent auditor of this Union. The least thing the Board can do in return for his zealous efforts to carry out the "letter" of their Poor-law, and to aid in filling up the time of their numerous staff of clerks, is to present him with a handsome supply of red-tape.

Your obedient servant, H. MEYMOTT.

Ludlow, July 10, 1862.

(1.)

Poor-law Board, Whitehall, S.W., July 8, 1862.

"SIR,—I am directed by the Poor-law Board to inform you that they have received a report from Mr. Roberts, District Auditor, after his audit of the accounts of the Ludlow Union, for the half-year ended at Lady-day last, in which he makes the following observations in reference to your portion of the Workhouse Medical Relief Book:—

"Column headed Initials of Medical Officer in attendance on every case. Only entered opposite the first case in each week.

"Column headed the number of the Dietary on which placed. The column for one day only in each week filled up (said to be intended for each day of the week.)

"The Board direct me to request that they may be furnished with any explanation which you may be desirous of submitting to them upon these statements of the Auditor.

"I am, Sir, your obedient servant,

"H. FLEMING, *Secretary.*"

"H. Meymott, Esq., Medical Officer of the workhouse of the Ludlow Union, Ludlow."

(2.)

Ludlow, July 9, 1862.

"SIR,—Mr. Roberts has omitted to state that in the column for initials, in each case after the first, a mark is made corresponding to "Ditto," which has hitherto been considered amply sufficient for all practical purposes.

"With the column of the number of the Dietary no instruction is given to fill it up every day. The empty spaces are made use of, whenever the diet is changed during the week. This plan I consider far more useful in calculating the Dietary than loading the columns with a repetition of figures.". I am, Sir, &c.,

"H. MEYMOTT."

"H. Fleming, Esq., Secretary to the Poor-law Board."

M.R.C.S.—We have observed the article in the 'Lancet' on the College of Surgeons and the Medical Council. It is in apparent opposition to our views; but the opposition is only *apparent*. The article consists of abuse of Mr. Cæsar Hawkins, and nothing else. Argument there is none, and could not be any, for there was evidently no knowledge of the subject in the writer's mind. The 'Lancet' takes up topics from the necessity of noticing them; but whether it blames or praises is all a matter of chance. The automaton in the Exhibition would write quite as sensibly. Such flippant abuse hurts nobody.

ONE WHO LIKES TO KNOW ALL ABOUT IT.—1st. We do not know who is likely to be deputy coroner.—2nd. We do not know the salary; it is a matter of private arrangement.—3rd. You may be right; we shall see.—4th. Mr. Brent is a qualified man, and passed the Hall in 1852.

Dr. HAYES JACKSON is thanked.

CHIRURGUS will notice that Mr. Kiernan has been elected, Mr. Macmurdo having retired. This is a satisfactory conclusion of an arduous struggle. Our contemporaries took no part in the contest, a fact that serves to show how easy it is to do without them.

Mr. S. WILLIAMS.—Certainly not.

Mr. MEYMOTT.—Received.

A SUBSCRIBER FROM THE FIRST NUMBER.—We have read the report, and certainly think that the man ought to have been hanged. The opinion of the Medical man would have had but little weight with a Medical Coroner.

THE DEBATE ON SUSPENDED ANIMATION.

To the Editor of the Medical Circular.

SIR,—In the late debate on suspended animation with the best means of recovery from apnœa, a very general impression prevailed that in drowning cases, from the quantity of water in the lungs, even the best modes of artificial respiration are of little avail on account of this water in the air cells, the superiority of the Silvester method was, however, clearly proved. I shall feel obliged if you will permit me to correct, or explain, what is in the published report as to what I said in the debate—viz., I was disappointed as to the part of the report which spoke of galvanism, but as there was a general tendency to say this water in the air cells rendered all methods valueless, and Dr. Williams extemporised the idea that the blood corpuscles are injured by osmosis, I suggested what I know to be a fact, that in the accidents from chloroform from apnœa as there is no osmosis or water, &c., the recommendations of the committee are specially valuable, and that we wanted this authoritative analysis of the Silvester and Marshall Hall methods very much. I mentioned, four years ago, in my little book that the Marshall Hall method is not as good as this of moderate pressure on the lower part of the sternum, and what is practically the Sivester method in all accidents from chloroform, yet in one of the late acidents from chloroform the patient was rubbed with ice, and the Marshall Hall plan vigorously enforced, which of course rendered all chances of resuscitation hopeless.

I should not write this but that I see it is suggested to begin and go again over ground already well trodden, and thoroughly understood—viz., the apnœa of choloroform; the Biological Society of Paris and the late Dr. Snow have made all this subject as clear as the demonstration of the 47th proposition of the first book of Euclid is clear! What good can there come of Dr. Markham and Dr. Latham trying to set up a new demonstration of the square of the hypothenuse or apnœa? because they do not understand the latter, and will not allow those who do so to explain it. We shall simply have more deaths from chloroform by unsettling the subject.

I am, Sir, &c. CHARLES KIDD, M.D.

Sackville street, July 14.

Mr. GRIFFIN'S note and report of the inquiry into the cause of death of the late Mr. Puckett arrived too late for this number. It is sufficient now to state that Mr. Griffin is anxious to raise a fund in behalf of the survivors,—his widow and her mother and a daughter. An Account—"the Puckett fund"—has been opened at Messrs. Williams's Bank, Weymouth, and at Messrs. Elliot's Bank, Weymouth; and Mr. Richard Griffin offers to act as Treasurer. We trust his humane desire will be liberally responded to.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6253.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—Mr. Guyon, a corresponding member, forwarded the particulars of two cases of lepra, which occurred in a tropical country, in a family of European creoles; the disease in both cases was checked by removal to a more temperate climate. The family numbered three children, one of whom had died of tubercular lepra; the other two, one of whom was an infant at the breast, having presented distinct indications of the same disease, Mr. Guyon recommended a change of climate as the measure most likely to prove beneficial, and, at his suggestion, the young patients were removed to France in 1826. Since that period, the symptoms existing at the time have remained *in statu quo*, but have not become in the slightest degree aggravated. Both subjects, moreover, are now married, and the parents of healthy children.

From these cases, Mr. Guyon concludes that it is indubitably possible to check the progress of lepra by emigration to climates in which the affection is not endemic, and that it is important to resort to this measure with as little delay as possible.

— It is not in lepra alone that change of climate proves beneficial. Mr. Guyon, in a subsequent communication, related several instances in which removal to another country effected a cure of goître.

The most interesting cases recorded by the learned author were observed amongst a band of emigrants from the Valais, in Switzerland, who landed at Algiers, in 1852, for the purpose of seeking farm-employment. Many of these persons, especially the women, were affected with bronchocele; they were forwarded to the agricultural district of Coleah, at the S. W. of Algiers, where they occupied four hamlets, called Loug-el-Abbés, Berbasse, Saïgha, and Chaiba; after a twelvemonths residence in the province, the size of the goïtrous tumours was found to have perceptibly diminished. This improvement continued during the ensuing years, and when Mr. Guyon last inspected the district (in 1856), the bronchoceles had entirely disappeared, and in some of the more aged females, calcareous nodosities had replaced the goïtre. These remarks, illustrative of the favourable influence of climate, also confirm the generally received notions as to the cause of bronchocele, and suggest the hope that the disease might perhaps be cured by emigration from localities in which it is endemically prevalent, to others, often not far distant, in which this deformity too commonly connected with cretinism, is not habitually observed.

— A highly interesting inaugural thesis was defended at the School of Medicine on the 25th of February by the author Mr. M. Raynaud. The subject is *Local Asphyxia and Symmetrical Gangrene of the Extremities.* Mr. Raynaud states that from the chemical analysis of the mortified parts, carefully made by M. Réveil, it follows that the proximate cause of gangrene is the diminution, or the entire absence of the amount of oxygen necessary for the continuance of life in the tissues.

It is a somewhat singular circumstance that this theoretical view which Mr. Raynaud defended with much ability, did not suggest to him any experiment beyond the chemical inquiry above alluded to, nor any mode of treatment consistent with the idea he has the undoubted merit of having first originated.

The perusal of this thesis, however, proved fruitful in the case of Professor Laugier, and a case of spontaneous grangrene having been admitted into the wards of this sagacious observer, he at once seized the opportunity of testing the value of Mr. Raynaud's views, and the results of clinical experiment were of so highly gratifying a character, that he thought it incumbent on him to lay them before the Academy.

In this patient, one toe was partially mortified, and the integument was painful on the instep, discoloured, and threatened with gangrene. The part was placed in an apparatus of simple construction, in which pure oxygen was uninterruptedly evolved around the diseased foot. The progress of the gangrene was promptly checked, and the parts restored to a healthy condition. The eschar of the toe fell away, and the wound is now almost entirely healed.

Another man was also admitted into the same hospital, suffering from spontaneous gangrene of the fourth and fifth toes of the left foot. The skin, up to the ankle-joint, was red, painful, and threatened with imminent mortification. The same treatment has been instituted a few days since, and the mischief is now limited to the parts first affected. The redness of the integument has faded, the pain has considerably decreased, and legitimate hopes of a favourable issue may be entertained, although this individual, like the first, is in his seventy-fifth year.

Whether Mr. Raynaud's theory be correct or not, the cases related to the Institute by Mr. Laugier supply satisfactory evidence that oxygen baths promptly check, at least in certain instances, spontaneous gangrene of the extremities.

— Messrs. Poggiale and Lambert presented to the Academy the results of the chemical analysis of the Waters of the Artesian Well at Passy. The following are the conclusions of their paper:—

1. The waters of the well at Passy closely resemble those of the Artesian well of Grenelle.
2. They contain no oxygen.
3. They are like the Grenelle waters, alkaline.
4. They contain fewer calcareous or magnesian salts than water fit for drinking.
5. The high temperature and strong flavour, the absence of air, the small quantity of free carbonic acid and of carbonate of lime, discoverable in the composition of this water, are positive objections to its use as a beverage. If intended for this purpose, it should be first cooled and properly aërated.
6. This water is preferable to spring or river water for most public uses, especially for the generation of steam, the watering of plants, and the washing of linen.

ACADEMY OF MEDICINE.—A short but animated discussion took place after the communication of a report on the waters of Forges; Mr. Tardieu had undertaken the task of reporting on an application for permission to farm the Forges spas, in the Department of Seine et Oise. Two years ago, a similar request had already been addressed to the Academy, and was rejected, on the plea that the springs of Forges supply but very common water, undistinguished by any appreciable mineralizing ingredient. It is true that at its emergence this water is cold, inodorous, insipid, and destitute of any *mineral* element. But at a short distance from its source, it collects in mud-ponds, in which it undergoes peculiar changes, and acquires *medicinal* virtues, which many Paris practitioners have taken advantage of in the treatment of scrofula. This being an acknowledged fact, Mr. Tardieu proposed that the request of the applicants be granted.

Mr. Malgaigne, supported by the greater part of the section of Pharmacy, opposed this proposition. Mr. Malgaigne denies specific value to any mineral waters whatever for the cure of scrofula, and conceives that country air and nutritious food are more efficacious than the most celebrated spas.. The chemists of the Academy, and, nominally, Mr. Châtin, conceive that it is an improper and dangerous precedent to recommend springs which do not in any respect differ from common water. This would be to authorise the sale and distribution of a mineral water which is not *mineral.*

Mr. Bussy, however, remarked that until the precise meaning of this term be quite determined, it might be preferable to use the word *medicinal*, which in no wise implies any special chemical composition. Messrs. Bouvier and Gaultier de Claubry fully agreed with Mr. Bussy, and again reminded the

Academy of the undoubted efficacy in some cases of scrofula of the *turbid* waters of Forges.

The Academy, however, showed itself somewhat disinclined to repeal its former decision, and to pass a resolution which might be construed at a future day, into an inconvenient precedent, and the conclusions of the report were therefore adopted at a small majority—viz., 23 votes against 17.

— At the same meeting a French associate member was elected. The candidates were Messrs. Goyrand, of Aix, Stoltz, of Strasburg, and Mirault, of Angers: Mr. Goyrand having obtained 44 out of 66 votes, was declared duly elected.

16 members voted for Mr. Mirault, and 6 for Mr. Stoltz.

BIBLIOGRAPHY.

Art. 6254. *Leçons d'Orthopédie Professées à la Faculté de Paris, par J. F. Malgaigne*, (Lectures on Orthopedy, Delivered at the School of Medicine of Paris, by J. F. Malgaigne,) *edited by — Guyon, M.D., and — Panas, M.D., prosectors of the Faculty; with five plates, designed by — Leveillé.* (*a*)

By the reproduction, in the present number, of the Journal of Practical Medicine and Surgery, of Mr. Nélaton's comprehensive remarks on the various elements of treatment in *morbus coxarius*, we have sufficiently shown that orthopedy has ceased to be a mere surgical *speciality*. We must, however, acknowledge that with the exception of the practical notions attainable at some of the lectures of our clinical Professors, the student desirous of acquiring information on this particular branch of science, has no other source of knowledge but the writings of authors who have exclusively devoted their time to orthopedic inquiry, and who, though doubtless perfectly competent authorities on the subject, are not always distinguished by strict scientific impartiality. To draw up an estimate of the real value and expediency of the manifold methods recommended for the cure of deformities, it would have been impossible to select a more discerning and equitable judge than Mr. Malgaigne.

The lectures now published, with the Professor's permission and co-operation, by Messrs. Guyon and Panas, show that surgeons often bestow too slight attention upon facts of every day observation. This volume presents orthopedy in its true light, and will much facilitate the study of a branch of science, which reposes on the general principles of common surgery, and which, properly investigated, may suggest valuable applications to the humblest practitioner. Mr. Malgaigne's lectures, are, therefore, for obvious reasons, highly deserving of publication. Our thanks are due to Messrs. Guyon and Panas for the labour they have undertaken, and we must also congratulate Mr. Malgaigne on having met with exponents so adequate to the task as these young practitioners, one of whom, Mr. F. Guyon, has recently been named, after a brilliant competition, Surgeon of the hospitals of Paris.

The *Lectures on Orthopedy*, the assemblage of which constitutes the volume before us, are twenty in number. The professor studies, in succession, the deviations of the fingers, caused by paralysis, muscular sections, muscular contractions, or burns; deformities of the wrist, rigidity of the elbow and shoulder. He expatiates on deformities of the toes due to burns, fibrous adhesions, &c., club-foot, stiffness of the ankle, deviations of the knees, simple stiffness and ankylosis of the tibio-femoral articulation, are then considered, and, finally, the primary and secondary dislocations of the hip-joint, deformities of the spine and chest, &c. A work of so comprehensive a nature does not readily admit of analysis or quotation, and we must confine ourselves to recommend this important publication to our readers as a valuable addition to their library, deserving of a place by the side of the *Treatise on Fractures and Dislocations*, by the same Author.

Art. 6255. *Dictionnaire de Diagnostic Medical*, (A Dictionary of Medical Diagnosis). *By E. Woillez, M.D., Physician of the Hospitals of Paris.* (*a*)

In the last century, an attempt was already made, to collect in alphabetical order, the elements of semeiology and prognosis. Michel de Tennetar, for instance, published in the seven years 1770—1777, two volumes on the signs, and the art of forseeing the issue of disease. These crude attempts are now mere curiosities interesting to the bibliographer, and Mr. Woillez's methodical exposition of medical diagnosis, at the present day, may justly lay claim to the character of a perfectly original work.

The various treatises on Pathology, says the author, merely present the reader with the elements of differential diagnosis, the descriptive particulars occupying a separate and distinct place; the scholastic form adopted for the description of disease, however excellent in itself, and useful in point of completeness, perplexes the student engaged in the solution of a clinical problem; in order to take advantage of books of reference, he must either suspect or guess the answer to the enigma propounded, and that answer first requires to be known.

The elements of correct diagnosis (from which only sound practice can derive) are closely connected with every particular of our knowledge of disease. These elements include in the first place, the existing *signs* and *symptoms*; the *precedents* which embrace the narrative of the disease, the inquiry into its causes, and occasionally the investigation of the results of previous treatment. The successive acquisition of information on these various points is the basis of *differential diagnosis*, which is but an inductive process useful for the solution of the problem, but not the entire diagnosis. This solution would be insufficient, were not the practitioner to complete his task, by a careful survey of *the seat* of the morbid phenomena, by an estimation of their *degree of intensity*, by the appreciation of *anatomical changes*, when any are present, by the discrimination of *the forms* of the disease under observation, and, finally, by the *prognostic interpretation* of the symptoms.

Such are the objects Mr. Woillez has in view in the present volume. The author has endeavoured to supply young practitioners with a guide, which, with the knowledge of the leading symptoms of a case, or of the principal seat of the morbid phenomena complained of, may lead to the discovery of the diagnosis.

Mr. Woillez is a pupil of Louis. Although partial to researches based on pure statistics, he does not reject the works of those writers who prefer the inductive method of exposition. His dictionary is unprejudiced in this respect; his bibliographic references are correct, and the publications quoted, are briefly designated, and often summarized in the most graphic manner.

Art 6256. *Des Climats sous le Rapport Hygiénique et Médical, guide pratique dons les régions du Globe les plus Propres à la Guérison des Maladies Chroniques* (Climate Hygienically and Medically considered, being a Practical Guide to the Geographical Regions most appropriate to the cure of Chronic Disease), *by L. Gigot-Suard, M.D., Consulting Physician at Cauterets.* (*b*)

The influence of climate on the human system has been known since the days of Hippocrates, and is daily evinced beneficially in chronic disease. Very recently, Dr. Guyon, formerly Inspector-General of our Military Hospitals, communicated to the Academy of Sciences, his remarks on the salutary results of change of climate in lepra and bronchocele. Emigration will, doubtless, prove equally efficacious in many other morbid conditions; but, although in goître and lepra, it may be sufficient to leave the latitudes in which these diseases are endemic, and to establish a residence in others in which they are not to be found, it is far different with many affections which require a specially selected climate, and often increase in severity in the very localities where improvement has been sought.

A frequent witness to these cruel deceptions, Mr. Gigot-Suard, has published, for the benefit of the profession and of

(*a*) One vol., 8vo., pp. 434, Adrien Delahaye, Paris.

(*a*) One vol., 8vo, pp. 932. J. B. Baillière and Son, Paris.
(*b*) One vol., 8vo., pp. 600. J. B. Bailliere and Son, Paris.

the ailing, the results of his inquiries on climate, at first undertaken without any view to publication, but which now, enriched by the observations of Clark, Taylor, Schow, &c., assume the proportions of a useful practical guide.

What Mr. Carrière has accomplished for the localities situated on the northern coast of the Mediterranean, Mr. Gigot-Suard now endeavours to do for all the countries of the globe, supposed to promote the cure of chronic diseases. The volume before us includes, in this respect, a survey of France, Switzerland, Italy, Algeria, Egypt, Spain, and Portugal. A second volume will be devoted to other climates, and especially to tropical latitudes; but, such as it is, Mr. Gigot-Suard's work complete, and is amply sufficient for the requirements of most readers. The author lays especial stress on the reasons which should induce, in predetermined cases, a preference for one locality over another. "It is not unimportant," says he "to discriminate the shades of difference between climates which may be in general classed under the same head: thus, although much analogy assuredly exists between the climateric conditions of Nice and Hyères, of Venice and Mantua, yet they do not satisfy precisely the same indications, and, in some instances, one of these stations will present considerable advantages over the other."

The author on these various points is perfectly explicit. Mr. Gigot-Suard takes note of the social and other resources open to invalids in each residence, and views them as possessed of considerable influence on the effects of treatment. Other details of much interest to persons compelled to travel for the benefit of their health, such as the means of conveyance, selection and price of lodgings, currency, &c., Mr. Gigot-Suard treats of in an appendix, which adds to the practical value of the work, and will, doubtless, be found extremely convenient in many instances.

Art. 6257. *Traité Pratique des Dermatoses, Classées d'Après la Methode Naturelle, suivi d'un Formulaire Spécial, et d'une Etude sur le Choix des Eaux Minérales dans le Traitement des Maladies de la Peau,* (A Practical Treatise of Diseases of the Skin, Classified according to the Natural Arrangement, with an Appendix of Special Formulæ, and Remarks on the Choice of Mineral Waters in the Treatment of Cutaneous Affections), *by L. V. Duchesne-Duparc, M.D. (a)*

The first edition of this work appeared in 1859, and as might have been surmised, it has been speedily exhausted. A second edition is now presented to the public, enlarged by the addition of an inquiry on the use of mineral waters in the treatment of affections of the skin.

This appendage will, doubtless, be received with due favour, for mineral waters supply the therapeutist with many valuable resources in cutaneous disease, and deserve distinct notice. In order to facilitate the intelligence of the subject, the author distributes mineral waters into classes designated by their principal ingredients, and separately studies the *sulphurous, acidulous, alkaline, saline, and ferruginous spas.* Each class is again sub-divided into two sections, according as the waters are cold or thermal.

However favourable may be the influence of mineral waters in affections of the skin, Mr. Duchesne-Duparc does not overrate their importance. He states that, alone they may entirely cure accidental, circumscribed, and recent dermatosis; that they are of the greatest assistance in the management of diseases connected with a constitutional taint, but he admits that they are often unavailing in the case of affections transmitted hereditarily, or aggravated by previous incomplete or injudicious treatment. But even in this instance, their influence is undeniable, and they powerfully contribute, with other measures, in removing from the system the last dregs of the evil.

Mr. Duchesne-Duparc opines that many skin diseases are susceptible of being radically cured, and that they always admit of improvement and alleviation. His long experience of the subject, and his conscientious researches on the comparative value of the different medications in use, must secure attention to a work which professes to point out the safest, and most effectual methods of treatment.

(a) One vol., 12mo. J. B. Baillière and Son, Paris.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

No. XII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). *(c)*

Case XXII—Phthisis in the Third Stage.

Previous duration.—Eight years.

Symptoms.—Cough; expectoration; debility; emaciation; fever and rigors; night sweats; difficulty in lying down; loss of appetite; vomiting.

Lesion.—Softened tubercles at apex of left lung; tubercles scattered over the rest of both lungs; formation of a cavity during the treatment.

Result of Treatment.—Persistence of signs of excavation; almost total disappearance of the general symptoms.

Duration of Treatment.—Thirteen months, with interruptions.

J. G——, æt. twenty-seven, unmarried, a shopman.

April 23rd, 1858.—Patient has coughed for eight years past, little in summer, but more in winter. During the last week he has become much worse; the cough is much more frequent, with abundant muco-purulent expectoration; has never had hæmoptysis; for the last two months has felt his strength gradually decline, and has lost much flesh within the year; has fever and rigors, with profuse night sweats; sleeps tolerably well, but cannot lie on his back; suffers from dyspnœa when walking; has no appetite and vomits, but his digestion is pretty good; neither diarrhœa nor colics; has continued attending to business; pulse 88, strong and full.

Local signs.—In front, on percussion, diminished resonance below the left clavicle for about two fingers' breadth. On auscultation, of the left side above the clavicle, coarse respiration and exaggerated resonance of voice; below, coarse respiration, with prolonged expiration for about four fingers' breadth; lower still, numerous dry crepitus down to base; increased resonance of voice. On the right, normal respiration, except a few dry crepitus at the base. Posteriorly, on percussion, new resonance slightly diminished on the left side. On auscultation, on the left, numerous moist rattles throughout the whole height. On the right, similar rattles at the base. In the fossa supra-spinata, considerable resonance of voice.

Diagnosis.—Softening tubercles at the apex of left lung, and scattered throughout both lungs; bronchitis.

Treatment.—An emetic.

April 26th.—Cough somewhat relieved.

Treatment.—A potion with antimonii oxysulphuration.

June 11th.—Cough increased.

Treatment.—Hypophosphite of soda, viij. gr., daily.

June 21st.—Cough the same; expectoration slightly increased, but appetite has become very good; pulse 72, regular and full.

Treatment.—Hypophosphite of soda, xvj. gr., daily.

June 30th.—Feels better; cough less troublesome; pulse 76, regular and full.

Treatment.—Hypophosphite of soda, viij. gr., daily.

July 19th.—Continues to improve.

August 20th.—Has left off the treatment for a week, since which cough has become much worse, with increased dyspnœa.

Treatment.—Hypophosphite of soda, xvj. gr., daily.

August 30th.—Cough again diminished, and patient going on well; pulse 60, regular. Same treatment.

Oct. 8th.—The patient has again ceased coming to the dispensary, and has left off the treatment since the 10th of last month, considering himself well, as he had passed a week without coughing once; since then, however, the cough has again become frequent, and the dyspnœa much increased. He had now a numerous tracheal *râle*, audible at a distance. Pulse 88.

Treatment.—Hypophosphite of lime, viij. gr., daily.

Oct. 20.—Expectoration more abundant, but easier; the tracheal *râle* still audible. Pulse 72, rather weak.

Local signs.—In front, on percussion, complete dulness above the left clavicle, and below for about three fingers' breadth. Imperfect inspiratory expansion of left side of thorax. On auscultation of the left side, above the clavicle, cavernous respiration; numerous gurglings during cough; pectoriloquy. Below the clavicle, a mixture of moist and dry cracklings; rubbing sound; increased resonance of voice and cough; dry cracklings throughout the rest of lung. On the right side above the clavicle, sub-crepitant *râle* during

(c) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

expiration; same phenomenon below the clavicle for about two fingers' breadth; increased vocal resonance over the same space. Below, coarse respiration and increased vocal resonance. Posteriorly, on percussion, diminished resonance in the left fossa infra spinata. On auscultation, on the left, in the fossa supra-spinata, large moist cracklings, increasing during cough; increased resonance of voice and cough; same signs in the fossa infra-spinata; at the base, rubbing sound, with increased vocal resonance and numerous moist cracklings; gurglings during cough; same phenomenon in the axilla. On the right, in the fossa supra-spinata, weak respiration, with slight vocal resonance.

Treatment.—Hypophosphite of soda, xvj. gr., daily.

Oct. 25th.—Has coughed less; the expectoration is muco-purulent, not very abundant, and frothy; the dyspnœa has diminished; pulse 96, regular, moderately full.

℞ 1. Sodæ hypophos., gr. xvj., daily.
2. Syrup ipecac., ℥ij.

A tablespoonful every other day.

This examination fully confirms the diagnosis of April 23rd, and also shows that, in the interval, an excavation has formed at the apex of left lung.

Nov. 24th.—Cough more frequent; pulse 96, regular, but rather weak.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Dec. 1st.—Cough and expectoration do not diminish; tracheal *râle* still audible, even at a distance; no night-sweats; pulse 84.

Treatment.—Hypophosphite of lime, gr. xvj., daily; an emetic.

Dec. 10th.—The difficulty of breathing has diminished, but cough has undergone no change; pulse 72, regular, moderately full. Same treatment after four days' suspension.

Dec. 22nd.—The *râle* has diminished; pulse, 80, regular, moderately full. The specific treatment to be continued at the same doses.

Jan 5th, 1859.—The cough continues moderate; night-sweats have not yet reappeared; pulse 96, regular, but weak.

Treatment.—Hypophosphite of lime, gr. viij., daily.

Jan. 17th.—Says he is getting on well; the cough and oppression are moderate; appetite good; neither night-sweats nor fever; the tracheal *râle* still audible; pulse 88, regular, and moderately full. The same treatment.

Feb. 9th.—Says he now coughs but very little. Treatment as before, after five days' suspension.

Feb. 28th.—Cough still of rare occurrence; little expectoration; no night-sweats; has ceased losing flesh; respiration still rather short; pulse 60, regular, and moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

March 16th.—Patient continues to do well; strength and appetite both good, and he coughs very little; pulse, 72. Treatment as before.

Sept. 12th.—Still continues well, and coughs but seldom; pulse, 60, regular, and moderately full.

Treatment.—Hypophosphite of soda, gr. viij., every other day.

Oct. 17th.—Continues well; pulse, 60, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Jan. 9th, 1860.—General symptoms have all disappeared; says he is able to attend to business as well as before his illness; pulse 80, regular and full.

March 12th.—General state still continues satisfactory; pulse 84. On auscultation, in front, on the left, blowing respiration; a few cracklings after the cough; imperfect pectoriloquy. Behind, on the same side, a few dry rattles. On the right, both before and behind, normal respiration.

Treatment.—Hypophosphite of soda, gr. viij., daily.

From this date the patient ceased to attend the dispensary, but he was seen in February, 1861. Except a little cough in the morning, he was then perfectly well; has recovered his strength and flesh, and had become an omnibus conductor. He says that he discontinued his attendance at the dispensary because he feels quite well, and cannot spare time to do so.

Case XXIII.—Phthisis in the Third Stage.

Previous duration.—Two years.

Symptoms.—Disease hereditary; great weakness; emaciation; fever and rigors; night sweats; thoracic pains; sleeplessness; great dyspnœa; cough; expectoration; hæmoptysis; vomiting; dyspepsia; colics; occasional diarrhœa.

Lesion.—Excavation, occupying nearly the whole extent of right lung.

Result of Treatment.—Persistence of physical signs of excavation; complete disappearance of general symptoms.

Duration of Treatment.—Five months and a half.

André V——, æt. 44, married, a carriage polisher.

June 16th, 1858.—Patient says that his father died of bronchitis, and a brother and sister of scrofulous affections. His present complaint came on about two years ago, but all the symptoms have become much worse within the last six months. The weakness has greatly increased, and he has lost much flesh; has fever in the evening, sometimes with rigors. Sweats profusely at night; complains of pains between the shoulders, but experiences no difficulty in lying down. Sleep unsound and agitated. Is very short of breath, and has a tracheal *râle* audible at a distance. Cough frequent, with abundant muco-puruleut expecteration. Has spit blood three or four times, but in small quantities. Epistaxis seldom occurs now, though very frequent previously. Appetite has been rather better for some time past. Vomiting frequent a month or two ago, but not so often now; not more than three or four times a week. Digestion laborious. Colics frequent. Was troubled with diarrhœa for six weeks at the commencement of his illness, but it has ceased during the last three months. He has not been able to work since last December; pulse, 86.

On examination, I noted as follows:—The patient presents numerous cicatrices of suppurated cervical glands; the expansion of the thorax imperfect, especially on the right side; in front, on percussion, well marked dulness, below the right clavicle, for about three fingers' breadth; supra-clavicular dulness also well marked. On auscultation, on the left, below the clavicle, a few cracklings almost masked by the tracheal *râle*. No resonance of voice or cough. On the right, below the clavicle, and on the inner side, very coarse and blowing respiration, with considerable resonance of the voice and cough; in the rest of the lung, respiration pretty clear. On percussion behind, great dulness in the right fossa supra-spinata, and all the way down very marked, especially towards the base. The right fossa supra-spinata is more depressed than the corresponding one on the left. On auscultation, on the right, in the fossa supra-spinata amphoric respiration; imperfect pectoriloquy and gurglings during the cough. In the rest of the lung, cavernous respiration, accompanied with slight gurgling. At the base, a few rubbing sounds. In this patient the heart was on the right hand side, the impulse of the apex being seen below the right nipple. Between the fifth and six ribs, sounds normal.

Diagnosis.—Large excavation, occupying considerable extent of the right lung.

Treatment.—Hypophosphite of soda, gr. viij., daily.

June 25th.—He now scarcely sweats at all at night; says he feels less difficulty of breathing; has not vomited, but has had a little diarrhœa; pulse, 86.

℞.—1. Sodæ hypophos. gr. viij., daily.
2. Quinæ hypophos. gr. v.

For six pills, one to be taken every night.

July 28th.—The diarrhœa has ceased, but says he has had several bloody stools, and that he spat blood yesterday; pulse, 84, regular, and moderately full.

Treatment.—Hypophosphite of quinine, gr. v., for six pills, one every night.

July 9th.—The diarrhœa, which had returned, has again ceased for the last three days; the intestinal hæmorrhage has ceased; vomits a little in the morning; has recommenced doing a little work.

Treatment.—Hypophosphite of soda, gr. viij., daily.

July 16th.—Cough still frequent, but the difficulty of breathing has diminished.

Treatment.—Hypophosphite of soda, gr. xvj. daily.

August 2nd.—Appetite has fallen off; has had some fever, and been obliged to refrain from working; complains of a feeling of heaviness in the head, with nausea, and flying pains in every part of the body.

Treatment.—An emetic.

August 6th.—Has vomited three times; fever less intense; pulse, 80. No treatment.

August 9th.—Strength continues to increase; pulse, 80, regular, and rather full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

August 16th.—Has again had hæmoptysis; pulse 84, regular, rather full.

℞.—Ergotine, gr. xvj., daily.

August 20th.—The hæmoptysis has ceased after two days; still spits a good deal, but his strength continues to increase; pulse, 80.

℞.—1. Calci hypophos., gr. ijss., daily.
2. Aluminæ hypophos. gr. ½ daily.

Sept. 13th.—About two ounces of muco-purulent expectoration daily; night-sweats have almost ceased; appetite, good; pulse, 80, regular, rather full.

Treatment.—Hypophosphite of soda, gr. ij., daily.

Sept. 27th.—Had diarrhœa for the last three days after fatigue at work; pulse, 80, regular, rather full.

℞.—Bismuth subnitrat., ℈ ijss.
Extract. opii., gr. j.

Oct. 6th.—The diarrhœa has ceased for the last five or six days; he has caught cold in working, and coughs more; no night-sweats; no vomiting; appetite, good; pulse, 80, regular, rather weak.

℞ 1. Sodæ hypophos., gr. viij., daily.
2. Antimon. oxysulphuret., Extract. opii, āā gr. jss.
Ft. pilul. v. One every night.

Oct. 22nd.—No treatment for the last ten days; for the last

week has coughed and expectorated rather more, but has no night-sweats, and appetite is good. Is now able to work ten hours a day. Pulse 80, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Nov. 5th.—Pulse 72, regular, moderately full.

Local signs.—In front, scarcely any inspiratory expansion of the right side of thorax. On percussion, dulness above the right clavicle, and below for three fingers' breadth. On auscultation below the left clavicle, weak respiration. On the right, above the clavicle, cavernous respiration; perfect pectoriloquy; great resonance of cough; a few gurglings. Below the clavicle, distant cavernous respiration; no gurglings; slight resonance of voice and cough. In lower two-thirds, respiration rather coarse. Behind, on percussion, complete dulness in the right fossæ supra-et-infra-spinata. On auscultation, on the left, in the fossa supra-spinata, one or two sibilant *râles;* a few distant cracklings, without resonance of voice or cough. On the right, in the fossa supra-spinata, very coarse respiration, resonance of voice and cough. In the fossa infra-spinata, course respiration; cracklings during cough, loud cavernous respiration without gurglings; cavernous cough; imperfect pectoriloquy.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Dec. 15th.—The improvement continues. He is now able to work at the Opera Comique as a scene-shifter, and it often happens, he says, that he has to go up to the seventh floor five or six times a day with a hundred-weight on his shoulder, and to work late at night. Pulse 96, regular, moderately full.

The same treatment.

Jan. 14, 1859.—Having overworked himself, the cough and expectoration have increased. When he first came to the dispensary, he weighed 102 pounds; he now weighs 108. When most robust he never weighed above 114 pounds. Pulse 84.

Treatment.—An emetic.

Feb. 18th.—Complains of a pain in the left side. Pulse 80.

Treatment.—A blister loco dolenti.

Feb. 23rd.—The pain has not yet disappeared; he coughs more, and has had slight epistaxis. On auscultation over seat of pain, rubbing sound; bronchial respiration; and increased vocal resonance.

Treatment.—Extract. aconit: gr. ij., every night.

Feb. 25th.—The pain has diminished, and, in other respects, he says that he feels quite well.

Extract. aconit. gr. iv., daily.

March 16th.—He feels well, and says that he has been able to go up ten floors six times in the same day with a weight of 120 pounds. Appetite very good; scarcely coughs at all, and has no dyspnœa. He is gaining flesh, but complains of rheumatic pains in the back and loins. Pulse 72. No treatment.

April 27th.—Still coughs and expectorates a little. Pulse 76, regular, moderately full.

Treatment.—An emetic. Hypophosphite of soda, gr. viij., daily.

May 25th.—Says he expectorates rather abundantly. On auscultation, in front, on the right, moist rattles at base, with increased vocal resonance. Pulse 80, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

June 27th.—Complains of general uneasiness and has had slight hæmoptysis; but nevertheless, feels pretty tolerably well. Pulse 72.

Treatment.—An emetic.

July 11th.—Is again going on well. Pulse 84, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., for two consecutive days, after an interval of three days.

Sept. 26th.—He continues well. Pulse 72, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., every three days.

Oct. 24th.—Is now perfectly well, except slight cough.

Treatment.—Hypophosphite of lime, gr. viij., twice a week.

Feb. 20th, 1860.—Has expectorated about a wine-glassful of blood; but the hæmoptysis has now nearly ceased. Pulse 76.

Treatment.—An emetic.

April 16th.—Patient complains of piles; had never had them before. Has now returned to his old trade of polishing.

Treatment.—Hypophosphite of soda, gr. viij., every four days.

May 21st.—Well-marked depression of the right sub-clavicular region. Diminished inspiratory expansion of right side.

Local signs — In front, on percussion, dulness above the right clavicle; below, a well-marked diminution of resonance for three fingers' breadth, less perceptible. On auscultation, on the left, normal respiration throughout the whole extent. On the right, in the supra-clavicular region, cavernous respiration without rattles or crackings; imperfect pectoriloquy. In the sub-clavicular region, blowing respiration with increased vocal resonance, but neither rattles nor cracklings. The apex of the heart beats just below the right nipple, between the fifth and sixth rib. Heart sounds normal. Behind, the right shoulder, during inspiration, rises less than the left. On percussion, diminished resonance over the whole extent of the right side. On auscultation, respiration normal in every part of the left side. On the right, in the fossa-supra-spinata and the intra-scapular region, cavernous respiration, with bronchophony and great resonance of cough, but neither *râles* nor crepitations of any kind.

January, 1861.—The patient continues to enjoy good health, and works at his first trade of carriage polisher. He still continues the specific treatment in phylactic doses.

1862.—I have not seen this patient of late, but know that he continues in perfect health.

(To be continued.)

ON "RENNET WINE."

By GEORGE ELLIS, M.B., F.R.C.S.I.

That a supply of good gastric juice to the stomach, after its reception of food, is indispensable for healthy gastric digestion, is a truth that needs but little comment. Defect in quality of this fluid may be considered one of the most frequent starting points, often overlooked as such, of many diseases which surely, though it may be slowly, undermine the constitution and shorten life. Few of us are entirely exempt from some of the immediate consequences of unhealthiness in this secretion. Acid eructations, gastralgia, thirst, foul tongue, vertigo, headache, and nausea, are, under the name of dyspepsia, among the commonest affections treated by medical men in themselves and others; and the consciousness of the want of some substitute or corrective, better than any of our present Pharmacopœia can offer, has led to the very extensive trial of a costly preparation, still prescribed pretty largely, under the supposition that it contains the active principle of the gastric juice. Of this preparation, called pepsine, I can only say that, having tried it more than once, I have failed to detect its utility. It will not coagulate milk, and as to any digestive action on the food, I suspect there are few practitioners who, though continuing to prescribe it, do not feel inclined, from their own experience, to question its efficacy.

About two years since, failing to obtain benefit from this new remedy, I had recourse to the direct preparation of a solution of gastric juice from the calf's stomach; and I have found the result so gratifying, its effect in gastric derangements so satisfactory and remarkable, both in my own hands and in those of several medical friends to whom I recommended it, that I wish to communicate to the profession, more extensively, the following mode of preparation which, after many trials, appears to me to be the simplest and most convenient for general prescribing purposes. Take the stomach, or rennet bag, as it is called, of a calf *fresh* from the butcher; cut off about three inches of the upper or cardiac extremity, which portion, as it contains fewer glandular follicles, may be thrown away; slit up the stomach longitudinally; wipe it gently with a dry napkin, taking care to remove as little of the clean mucus as possible; then cut it into small pieces (the smaller the better), and put all into a common wine bottle; fill up the bottle with good sherry, and let it remain corked for three weeks. At the end of this time it is fit for use.

Dose.—One teaspoonful in a wineglassful of water immediately after meals.

Test of Quality.—One teaspoonful will solidify, to the consistency of blanc mange, in from one or two minutes, a cup of milk (about eight ounces) at the temperature of 100 deg. Fahr.

In this action on the casein of the milk, it may be said that the wine itself might have some effect. This, however, cannot be the case, as wine will not solidify milk, and it will only curdle it at a much higher temperature and in larger proportion.

This preparation, which I propose to call "rennet wine," has many advantages over the watery infusion of rennet which is obtained from the dried and salted calf's stomach (used largely in cheese-making. The objections to the latter are, that it is much more troublesome to prepare, and becomes very soon spoiled in warm weather when it begins to react on the animal matter contained in it. Rennet wine, on the contrary, is so easily made, requiring no drying or salting of the stomach, is so inexpensive, and can be so easily prescribed in private and hospital practice, that I have little doubt if known and tried it would become a very highly valued remedial article in the hands of the profession, and would take a permanent place on the shelves of the apothecary.

I recommend the employment of good sherry, because this wine has sufficient body to keep the infusion sound for any length of time, and is not so strong in alcohol as to interfere with its power of taking up the active principle of the rennet.

To the physiologist it is unnecessary to say that it should be given *after* or *during*, and not before meals. A single dose given daily after dinner will be found quite sufficient to act speedily and effectively, without other treatment, in the common run of cases of functional disorder of the stomach. It is not, perhaps, easy to explain the operation of this small quantity when we consider the large supply of the gastric secretion required for the thorough digestion of an ordinary meal The action is probably due to those indirect

chemical changes called catalytic transformations, which some organic substances, by their mere presence and contact, induce in each other and in other proximate principles. Thus the conversion of a small portion of food in the stomach into healthy albuminose by this small quantity of sound gastric juice may induce the same healthy action throughout the stomach contents during the entire process of stomach digestion. It is at least equally difficult to explain the action and rapid extension of ferments generally in their appropriate solutions. I have often been forcibly struck by the magical effect of this small dose in removing offensive odour from the breath of young persons—a distressing symptom sometimes aggravated rather than relieved by purgative medicine; and I may also mention that in one of these cases cod-liver oil was easily tolerated afterwards though never before.

It would be a mistake, however, to suppose that oil is at all acted on by the gastric juice. The oil globules of coagulated milk are seen under the microscope, unchanged, though imbedded in the solidified casein, the digestion of oil being entirely intestinal. But intestinal digestion itself must surely be influenced essentially by the healthy preparatory action of the stomach secretion on the albuminous compounds presented to it, and thus the digestion of oils and fatty matters, though not commenced in the stomach, will be indirectly facilitated by their being mingled with the products of the healthy gastric operation, when submitted subsequently to the action of the pancreas and liver.

It is unnecessary, however, at present, to theorize further on the subject. My object is to bring to the notice of the profession, and have subjected to the test of larger experience, a preparation which in my very limited sphere I have found extremely serviceable; and as I believe there is no class in society more liable to suffer from gastric disturbance, often long-continued, with wasting and debility, than members of our own profession, through worry of mind and body, with irregular hours for meals and sleep, I would earnestly suggest their, at least experimental adoption of this remedy, at once so simple, so little costly, and, which is no trifling recommendation, so perfectly innocuous.—'Dublin Medical Press.'

DILATATION OF STRICTURES IN THE URETHRA, WITH A NEW INSTRUMENT.

By J. H. HOBART BURGE, M.D.

Delivered before the Members of the Kings' County Medical Society.

Mr. President and Gentlemen,

Some months ago I had the pleasure of presenting to this Society a new instrument for the dilatation of strictures in the urethra. Since then I have so much improved upon my own device, that I hope there is no presumption in bringing it again to your especial notice. To render the subject intelligible to those members who were not present on the former occasion, I will repeat very concisely what I then said. Recognising the danger of introducing very small instruments into the urethra, and the consequent importance of using the largest that will pass without violence, I attempted to show that in actual practice the greatest obstacle to success was to be found in the inefficiency of the mechanical means at our command; that, in order to decide what instrument was of the proper size to enter or pass the stricture, it was necessary to try successively several sizes, of course irritating the sensitive parts more and more at each introduction and withdrawal, or else, on the other hand, to select one so minute as to endanger the integrity of the mucous lining of the canal, and perhaps increase the difficulty we were called to relieve. It then became obvious that the great desideratum was an instrument which would enable us to feel our way safely from point to point, changing its size as occasion might require, without danger to any part, and obviating entirely the necessity of withdrawing it till the operation was completed. This was the problem which I proposed to myself, and the solution of it is in the instrument which I now exhibit. It consists of several concentric cylinders, curved in the arc of a circle. The external or largest cylinder being about the size of No. 10 catheter, and the internal or smallest about the size of No. 2. The smaller sizes are all projected at will by means of the knobs near the handle. The design is to carry the instrument *in full size* to the point of stricture. The moment the obstruction is felt, the largest of the *contained* cylinders is to be advanced till it in turn meets with some obstruction, when, in like manner, the next size must be pushed forward, and so on, always from *larger* to *smaller*, till the stricture is passed. To prevent misapprehension, I contrasted this instrument with that of Whakely, which consists of a style and several separate cylinders; the design being, first, to introduce the style, and then, successively, the cylinders upon the style, always proceeding from *smaller* to *larger*; which instrument, though it possesses some advantages over the ordinary bougies, inasmuch as it obviates the necessity of frequent introduction and withdrawal, is practically the exact opposite of mine, and involves all the danger of injury to the passage which attends the use of a fine instrument with nothing to guide it in the way it should go. To be sure, the style once introduced is a sure guide to the cylinders sliding thereon; but the difficulty consists in safely introducing the style which of necessity is very small. It is clear to my mind, that even in those cases in which recourse must be had to the finest instruments ever used, there is great advantage in gently dilating the canal all the way down to the stricture, and especially just where the contraction begins, thus removing any folds of membrane which might otherwise engage the point of your instrument. By the larger cylinders of this multiple bougie, this dilatation is effected and maintained, while the smaller are safely guided by them in the proper direction. When I first asked your attention to this instrument, a style occupied its centre, and filled completely the smallest of these cylinders. *That* I have caused to be removed, and a bore to be made in the handle continuous with the canal thus formed, so that when the stricture is passed, the patient may have instant relief from a distended bladder. Lest the smallest of these cylinders should prove, as it sometimes doubtless will, too large to enter, I have provided an independent style of sufficient length to pass through the handle and emerge at the point. This, of course, is to be used without withdrawing the instrument. If the use of the style become necessary in a given case, and with it we succeed in passing the stricture, there can hardly be any difficulty in sliding upon it the smallest cylinder, after which the style may be immediately withdrawn and the urine allowed to escape. It will at once occur to you that many strictures occasion a tortuosity of the urethra, and that a firm metallic bougie cannot be made to follow these unnatural windings. To obviate this difficulty, I have suggested to Messrs. Tiemann and Co. to provide with each instrument some long, flexible bougies, small enough to enter the bore of this.

Some may ask, if we must resort to a flexible instrument, why not do so without the intervention of the metallic? I answer, because the metallic acts as a *sure* guide down to the very seat of the difficulty, and keeps all folds of mucous membrane from obstructing and turning back the point of the flexible. There is but one more division of my subject which I propose to mention, and you will excuse me for introducing it with words of warning.

Cases of stricture do occur in which all simple means of relief fail, though I believe the patience of a patient man should be exhausted before the more heroic measures are adopted. If, then, after faithful and ineffectual trial of all means, both local and general, the surgeon deem it advisable to divide the stricture, I have made provision for that necessity in this instrument. A second style is furnished, in size and length corresponding to that already described, and differing from it only in having a cutting extremity. This is to be introduced through the handle while the main instrument is held as a guide to the strictured part. God forbid that I should recommend any measure so fraught with danger as this, without throwing around it all possible safeguards. Let it, then, be distinctly understood, that this is to be held in reserve for extreme cases, and always as a *dernier ressort*, and that the part to be divided is to be first fairly reached by advancing the cylinders from larger to smaller, as already described; and lastly, that the operator decide in advance how far his incision shall extend, and guage his instrument accordingly, by means of the revolving nut arranged for that purpose upon the handle.

Having been informed that Drs. Alexander B. Mott and George T. Elliott, jun., were using this instrument for the cervix uteri, thereby giving it a wider range of usefulness than I had anticipated for it, I addressed a note to each, asking the result of his experience. From Dr. Mott I have not yet received an answer. Dr. Elliott writes as follow: "It affords me great pleasure to say that I have found it useful as a dilator of the uterine cervix. In one case of dysmenorrhœa its effects were very happy indeed."

This instrument is manufactured and sold by George Tiemann and Co., 63 Chatham street, New York, who will furnish a shorter variety expressly for the cervix uteri.

OUR NOTE BOOK.

ANOTHER CASE OF OVARIOTOMY.

This operation is in a fair way of becoming a favourite one with French Surgeons. Another successful case of it has just occurred at Strasbourg. The patient was a married woman, aged twenty-six, who first began to suffer about two years ago. The enlargement of the abdomen soon became very considerable, and the patient weak and emaciated. The relative advantages of tapping and ovariotomy having been expounded to her, she decided for the latter, and was operated on by M. Kœberle, on June 2. The operation lasted three-quarters of an hour, there being rather firm adhesions; and it was done much in the usual manner. After it had been finished, two bags filled with ice were placed on the incision, where they were kept on during eleven days. The patient vomited a good deal for the first day or two, and was consequently given two-thirds of a grain of morphia for eight days consecutively

In order to arrest the putrefaction of the pedicle, perchloride of iron was applied to it, whereupon it became quite dry. The pedicle came away on the thirteenth day after operation. On the fourth day there was considerable tympanitic distension of the abdomen, due to obstinate constipation, and which only yielded on the sixth day. The sutures were removed on the seventh day, but at once replaced by threads fixed with collodion to the abdominal parieties. The pulse was 95 on the first day, 82 on the second, 86 on the third, and 128 on the fourth. After the eighth day it did not again exceed 95, and on the nineteenth day it was 82. At that time the patient walked about, had excellent appetite, and gained flesh rapidly. By June 25, she was completely cured.—'Medical Times and Gazette.'

CASE OF UNUNITED FRACTURE OF THE LOWER MAXILLA,

SUCCESSFULLY TREATED BY SILVER LIGATURES.

Mr. M. H., an Englishman by birth, a labouring man, of good constitution and temperate habits, admitted into the Pacific Clinical Infirmary, June 12, 1861, in consequence of an united fracture of the lower jaw of four months' standing. The case had been under the care of a skilful practitioner, and why a bony union did not take place it is impossible to say. The fragments would move beyond each other when a little force was used, but when left alone they assumed a natural position, the teeth on either side of the fracture suiting each other exactly.

Operation.—An incision was made in the centre of the lower lip, dividing the soft parts to a little below the lower margin of the jaw. The bony structure in the region of the fracture was laid bare with the bone chisel, by peeling off the soft parts, in accordance with my usual plan in operations where the bones have to be exposed. This is effected in the following manner: the edge of the chisel is pushed along from the place of incision close to the bone, separating the soft parts from it, care being taken not to let the instrument slip into the surrounding tissues, by which some blood-vessel or nerve of importance might be wounded. I would recommend this method of exposing the bone as being altogether superior to that ordinarily pursued. By it there is little difficulty in separating the soft tissues from the bone at whatever point is is attempted. Even the breaking up of attachments between the adductor magnus and os femoris, at the point where the femoral artery perforates its tendon within six lines of the bone, can be readily effected.

The fragments of the ununited fracture being exposed where they come together, a careful examination was made to see if any evidence of disease of bone existed, but none being found, the adventitious soft tissues connecting the two extremities of bone were removed, so that two bony surfaces might come together, for the purpose of producing ossific union. The extremities were then drilled in two places, and silver ligatures introduced, the ends of which were tightly twisted together over the fracture so as to form firm knots. The drill was one line in diameter, and the ligatures as large as could conveniently be introduced. The ligatures were placed, one at the upper, and one at the lower margins of the jaw. The ends of the ligatures were cut off near the bone, with the view of permitting them to remain permanently. The dressing, however, was so arranged that they could be cut and removed, should it become necessary—the periosteum being removed from a small space, either because it was diseased and slipped off readily, or because I pressed it too hard with the chisel. The portion of the bone thus exposed was left uncovered by the tissues for the permitting any portion of bone that might exfoliate to pass off. The wound was dressed in the following manner: A piece of lint was placed in the bottom of the wound longitudinally with the incision, one end as high as the teeth, and the other permitted to hang out of the wound below. Two stitches were then taken to bring the margins of the wound together over the lint. Adhesive plaster was applied. The lint was wet in an evaporating lotion, composed of one part of alcohol and ten of water.

June 21st.—The patient is very well; has suffered no constitutional irritation, and very little pain, sleeps and eats well, can move the jaw regularly, and with a freedom that could not be permitted patients with fractured jaw, in whom the silver wire had not been used.

July 5th.—Saw the wound to-day, with bandaging all off. The jaw is firm, the contour of the teeth almost perfect. The patient can open the mouth with great freedom. The front part of the wound healed by first intention, but a bit of lint was still retained in the lower portion of the wound communicating with the bone. Two or three little abscesses were formed along the lower margin of the jaw near the angle.

October 9th.—The patient at his home in the country was attended by a Medical friend of mine, who removed the ligatures, and informs me that the cure is perfect. Small pieces of bone exfoliated and were thrown off about the time the ligatures were removed, after which the wound healed slowly by granulation.—Dr. E. S. Cooper, in 'Phil. Med. and Surg. Rept.

A POMMADE TO PREVENT THE FALL OF THE HAIR.

Dr. Dauvergne says: The beneficial effects of resinous and balsamic preparations in the diseases of the hair and the hairy scalp have long been known; and recent researches in the clinical wards of the Hôpital St. Louis, in Paris, have confirmed the empirical recommendations of these agents. Dr. Dauvergne has therefore often recommended ladies who were losing their hair to use tar-ointment, by means of which he has seen the hair in many cases resuming its strength after it has been affected with pityriasis, porrigo, favus, &c. But the disagreeable and penetrating smell of the tar was almost an invincible obstacle to its use; and Dr. Dauvernge has therefore endeavoured to conceal its odour by mixing it with perfumes of various kinds. He considers tar preferable in many cases to cantharides, inasmuch as the latter agent is inapplicable to the diseases of the hairy scalp, or of the hair-bulbs, or the hairs themselves. The pommade proposed by Dr. Dauvergne consists of tar, benzoin, musk, essence of patchouli, lard, &c.; and although in large quantities it retains a little smell of tar, yet when used for the hair, the perfume of the patchouli and the musk predominates. The exact proportions are the following:—Lard, 30 grammes (a gramme is 15·434 grains); Norwegian tar, 3 grammes; butter of nutmegs, 2 grammes; benzoin, 2 grammes; Fioraventi balm, 3 grammes; baume de commandeur, 3 grammes; musk, 5 centigrammes (a centigramme is ·1543 of a grain); and essence of patchouli, 50 centigrammes.—'Bulletin Général de Thérapeautique and Brit. and For. Med.-Chir. Rev.'

EFFECTS OF OPIUM AND SULPHATE OF QUINA.

Dr. Nivison, while admitting that the effects of opium and quina are in great measure antagonistic to each other, thinks that the most favourable therapeutical results are often obtained by their conjoined operation. Among other reasons in favour of the administration of these remedies in conjunction, Dr. Nivison adduces the following: The free use of opium often tends to reduce the biliary and renal secretions to a dangerous extent, but when combined with quina, this tendency is in a great measure counteracted. Opium also frequently reduces the respiratory action to such an extent that the blood may be only imperfectly aërated, but the contemporaneous use of quina counteracts this effect, while the desirable results of the opium are obtained. In many cases of extreme exhaustion, as from protracted hæmorrhages and the like causes, opium is employed as a stimulant, but it often produces unpleasant narcotism, an effect which may be avoided by the joint administration of quina. Again, quina is often given to relieve congestion by its power of causing contraction of the capillaries, but it sometimes only excites the general circulation; now the addition of opium controls this excitement, and ensures the legitimate operation of the quina. Neuralgia is palliated by opiates and sometimes cured by quina, but cases of this disease will often yield more speedily to the combined influence of opium and quina than to any other known remedies. Dr. Nivison also thinks that idiopathic fevers may be successfully treated by opium and quina in combination.—'American Journal of Medical Science.'

Ten Persons Poisoned.—Rugby, July 12th.—A most melancholy occurrence has taken place in a farm-house at Ashby St. Ledgers, a village on the borders of Northamptonshire, not far from this town. It appears that Mr. William Payne Cowley, a farmer, living in that village with his mother (who is a widow) and his brothers, had his sheep dipped, or washed, last week. The object of this dipping, or washing, is the extermination of vermin; and for this purpose a strong mixture of arsenic and soft soap diluted with water, is used. On Tuesday morning last Mr. W P. Cowley sent his brother, Mr. E. Cowley, to the adjoining town of Daventry, where he purchased 6 lbs. of white arsenic and a barrel of soft soap, weighing 30 lbs. On the following morning Mr. W. P. Cowley and his mother prepared the sheep-dipping mixture, in which some lambs were washed. In this operation Mr. Cowley and several of his labourers were employed. After assisting her son in the preparation of the soap and arsenic, Mrs. Cowley proceeded to make a batter pudding for the dinner of her family and the labourers and servants. By some means as yet unaccounted for it appears that some arsenic must have become mixed with the pudding, for the whole of the persons who partook of it—ten in number—became violently sick just after dinner, and exhibited all the symptoms of being poisoned. The best medical assistance in the neighbourhood was procured, but one man has already died, and another is not expected to survive; the others are all more or less affected. The name of the deceased is Richard Smith; he was an agricultural labourer and fifty-three years of age. The following is a list of the other persons who are ill:—Mr. Edwin Cowley, farmer; Mr. Perkin Cowley, farmer; William Montgomery, shepherd; John Cowley, labourer; Jane Cox, housemaid; Mary Ann Montgomery, servant, and three boys, named John Cox, Thomas Montgomery, and George Smith. Mr. W. Terry, the Coroner for the Central District of Northamptonshire, held an inquest on the body of the deceased, Richard Smith, at Ashby St. Ledgers, on Tuesday afternoon. Several witnesses having been examined, the inquiry was adjourned.—'Globe.'

The War in China.—Assistant-Surgeon A. Hogg, of H.M.'s ship 'Encounter,' was severely wounded at the capture of Ningpo, on May 10th. In the engagement, Dr. A. Irwin, of the same ship, was continually under fire whilst attending the wounded.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 23, 1862.

INSTRUCTION IN PHARMACY.

Let us pursue the theme on which we discoursed last week. Notwithstanding that the Medical Council has been in existence four years, it has yet done nothing to ensure adequate instruction in pharmacy of the candidate for general practice. Apprenticeships have been virtually abolished, the Society of Apothecaries' is rapidly becoming obsolete as an examining body, the College of Physicians has assumed new functions in relation to general practitioners, new ordinances have been issued for the regulation of Medical education as regards classical literature and natural science, but nothing has been done, or proposed to be done, by the Medical Council, to secure a competent knowledge on the part of the general practitioner of one of his most necessary functions. The art of dispensing has been entirely overlooked, as too mean a subject to engage the deliberations of our august councillors. Yet how helpless is a Medical practitioner who does not understand this art. How often does the careful surgeon himself dispense a prescription to ascertain the effect of certain combinations, and to guard against sending to his patient a nauseous mess that would be sure to revolt his stomach! We remember a certain Hospital physician who was so anxious to know the result of his prescriptions, that he was a frequent attendant in the Dispensary, where he manipulated for himself, that he might get a knowledge of the most suitable combinations of the remedial agents he wished to employ. He was keenly alive to the importance of the art, and studied it as a part of his duties as a physician.

Yet this art is, we fear, dying out among us. We know it as an undeniable fact, that there are men on the Register who are ignorant of the qualities and doses of drugs, and of the proper method of compounding them. Human life is not safe in such hands. So appear to think the Council of the College of Surgeons, who have recently qualified the Regulations of the Medical Council, so as to enable the candidates for their diploma to acquire a knowledge of Pharmacy. In the present state of things there is an evil, the correction of which brooks no delay. Every man whom the College of Surgeons sends forth, and who obtains no other diploma, goes into practice with the suspicion of incompetency. A few years ago there was comparatively little danger in the single diploma of the College. All candidates passed through a regular apprenticeship, and whether they took one diploma or two, they were generally well instructed in the appearances and uses of drugs, and in the minor duties of dispensing. Now all this is altered. A solicitor may choose to make a son a surgeon, and without previous preparation send him at once to attend lectures and walk the hospitals, until, in due time, he shall have completed his course of study and shall go up for his examination. During the whole of this period he may not once have compounded a black draught; and should he present himself to the Examiners of the College, he will neither be asked to do it, nor to state if he knows how.

There is too much lecturing at our Medical schools. Lectures in the morning, lectures at noon, lectures in the evening, lectures in the summer, lectures in the winter, lectures on botany, lectures on chemistry, lectures on jurisprudence, lectures on moral philosophy, lectures on natural philosophy, and fancy lectures in short courses, lectures for pamphlets and lectures for books, in short, the perplexed student is belectured to satiety, and by the middle of the second session, he has made up his mind that the whole system is a mistake and a bore, and he skulks all the attendances he can excusably avoid. By the middle of the third, he is conscious of his momentous deficiencies, and, as he has no wish to be rejected at his examination, he wisely resorts to the aid of a "grinder" who—despised man! will graft ten times more useful knowledge into his head in three months than he was able to acquire by lectures in as many years.

Mr. Lawrence is right; these "long-winded lectures" are overdone. We have often laid our hand heavily upon Mr. Lawrence; and we know that his affection for the MEDICAL CIRCULAR is not particularly ardent; but we can do him justice; and we applaud the sensible and straightforward speech he delivered upon this subject at the Fellows' Dinner. These lectures may be good for the 'lecturers,' but they are bad for the pupils. Such is the experience of the oldest lecturer in London, a man whose experience in this matter we cannot dispute. This is the system to which the Medical Council has given its sanction, and, indeed, is using all its power and influence to confirm. The gentlemen are themselves the lecturers who find their profit in the system which Mr. Lawrence tells them is pernicious.

This is not the first time that we have called attention to the evils of the present method of instruction; and we are quite aware that attempts have been made to correct them by introducing the tutorial system into our schools. These attempts, however, have not much ameliorated the grievance, if, indeed they have not added to the burden which the students are compelled to bear. Nothing less than a thorough revision of the system will suffice.

According to the present practice, a lecturer on Materia Medica, for example, will divide an ordinary book into sections, and retail the whole of it in the form of lectures in the course of one session. Why not let the student buy the book and read it at home? Then examine him for an hour once or twice a week to ascertain the extent of his knowledge, and make his certificate dependent upon his acquirements. What a farce it is for a professor to lecture a student in the morning out of "Fownes", and send him home to read the same book in the evening!

We commend the subject of this article to the Medical Council. They have been making regulations hitherto for the benefit of lecturers; now let them legislate a little for the benefit of students.

SUMMARY OF THE WEEK.

RETIREMENT OF DR. BUDD FROM KING'S COLLEGE HOSPITAL.

Yet in the prime of life, Dr. Budd has deemed it right to resign his post at King's College Hospital. Had this retirement been a solitary one, we might have supposed that an increased pressure of professional engagements had induced Dr. Budd thus prematurely to determine his hospital career; but looking at it in connection with the withdrawal of Mr. Bowman, Mr. Lee, Dr. Murchison, and others, we cannot help suspecting that some concealed motive has influenced those gentlemen in the resolution they have taken. So long as Mr. Fergusson holds up the standard of scientific surgery in that School, its great reputation will be maintained; and, however much we may regret the removal of such eminent teachers as Dr. Budd and Mr. Bowman, yet we do not fear that in due season men of equal mark will rise to fill their places.

THE VENTILATION OF SHIPS.

It is generally admitted that the undue mortality among seamen is owing mainly to the insufficient ventilation of ships. Sometimes decaying materials have been found between the inner and outer skin of the ship, and sometimes in the lower part of the hold; but, generally speaking, if ample ventilation could be secured, these incidental nuisances would not be so productive of disease as they confessedly are. If the evil was great in the old timber ships, it promises to be much worse in the new iron ships now building. In consequence of the diminished depth of those vessels, the occupation of their space by machinery, and the small number of portholes, as well as the apertures by which air might be admitted into the interior, much apprehension is felt lest these iron ships should turn out to be mere floating hospitals. Let those gentlemen who take an interest in the health of seamen, apply their minds to this subject, and bring it at once under the notice of the Admiralty, who now seem to be devising only the best method of constructing an iron-coated ship that she may carry the heaviest possible battery. They need not think less of the guns, but they should think more of the men who work them; for, after all, success in war will depend more upon the number and healthy vigour of the crew than upon so much gun-metal.

IDIOCY AFTER DIFFICULT PARTURITION.

In the last number of our journal we quoted a startling statement from a paper contributed to the 'Medical Times and Gazette,' by Dr. Mitchell, to the effect that difficult parturition involving protracted delivery, the use of the forceps or other instrumental aid, induced idiocy. This, of course, is a most important question, as if the statistics upon which Dr. Mitchell's statements are based be correct, they would lead us to a reconsideration of some, at any rate, of our operative procedures. Dr. Ramsbotham has, however, this week replied to Dr. Mitchell in the same journal. He asserts that he has delivered 408 children by the forceps in cases of protracted delivery, and he is not aware of a single instance in which idiocy was the result. What is the experience of other accoucheurs? What proportion does idiocy bear to difficult deliveries? Rather an abstruse question to elucidate.

THE LUNACY REGULATION BILL.

The House of Commons have bettered the wisdom of the House of Lords, and have rescinded the clause in Lord Westbury's Bill that disallowed the *opinion* of a medical man as evidence of insanity. The House of Commons seems to think that it is but fair that an alleged lunatic should have every chance given to him of establishing his sanity, and are obviously more afraid of the narrowness of the lawyers than they are of the speculativeness of the alienists. So let it be.

THE LATE MR. PUCKETT.

We adverted last week to a proposal from Mr. Griffin to raise a fund in behalf of the surviving family of the late Mr. Puckett. We now earnestly recommend this case to the generosity of our readers. It is one of the most afflicting that has ever come under our notice, and appeals powerfully to the sympathy of every Medical practitioner. Mr. Puckett had but a limited practice and narrow means; indeed, how he managed to struggle along with his small income is a marvel; he has, therefore, left nothing for the support of his widow and those dependent upon her. This is really a case deserving of charitable help.

THE COLLEGE OF SURGEONS AND BRITISH MEDICAL ASSOCIATION.

The British Medical Association holds its annual meeting this year in London. There will be a *conversazione* on the 5th of August at the College of Surgeons; and the Council wishes it to be understood that the attendance at their own College of every Member would be welcome on that occasion. There will be no special invitation issued, as the Council conceives it to be unnecessary. Our readers will, therefore, take this announcement as sufficient. This step on the part of the Council is a most proper one; as the College is the College of all the Members, not of a section.

REVIEW OF BOOKS.

The Half-Yearly Abstract of the Medical Sciences. Edited by W. H. Ranking, M.D., and C. B. Radcliffe, M.D.

It must be a difficult thing for the Editors of this volume to make a satisfactory selection of the interesting matter contained in the numerous periodicals now published; nevertheless, they have succeeded. There is scarcely any topic of importance that has been reported or discussed in the journals, or that has been alluded to in the standard works that have been published during the past six months, that is not included in this volume, which thus affords a compendious view of the literature and science of the day. Whilst this work continues to be so well got up, it will retain its merited popularity.

Infanticide: its Law, Prevalence, Prevention, and History. By Wm. Burke Ryan, M.D. London.

The subjected selected by Dr. Ryan for this *brochure* is one of the most important questions that can engage the attention of the philanthropist. Unfortunately it is so inextricably associated with a cardinal vice of society, that there is a reluctance to give proper consideration to the means for its correction. Very recently we adverted to the large sacrifice of infant life in this metropolis, as declared by the Reports of the Registrar-General; but we have no doubt that this crime is more extensively committed than the public reports show. Dr. Ryan has for some years given his especial attention to the subject, and in the year 1856 won the Fothergillian gold medal for an essay upon it; he is, therefore, well qualified to enlighten public opinion in relation to this prevalent crime. Dr. Ryan says with respect to the prevention of infanticide,—

"After much study of the matter, and comparing the opinions and statistics of many different authorities, I am inclined to think that foundling hospitals conduce much to the prevention of the crime of infanticide. I think that the great weight of opinion tends to this view. Whether they are adapted to the 'genius' and habits of this country is a point which need not at present be discussed. The great objections that they may be abused, as when married parents, too lazy to support their children, wish to desert them; or that they lead to immorality as to sexual intercourse; or finally that the mortality is undeniably great—I consider light in the scale—if they only put a stop to the more monstrous vice,—the more crying evil. I can well imagine, although I am far from admitting, that greater laxity of morals as to this intercourse may lead to more illegitimate births in countries where they exist; but I cannot believe that infanticides are likely to occur in equal numbers where hospitals are supported as in those countries where they do not exist. Such a conclusion would argue too strongly for the depravity of human nature, and a person may well be excused in not arriving at it. These institutions were doubtless established to prevent exposures and infanticides, and in common with all other institutions for the amelioration of human misery were from time to time fearfully abused, and this to such an extent as to demand their suppression; but this was followed by such an increase of exposures and infanticides that recourse was again obliged to be had to them. This was especially the case in France in the reign of Louis XIII. In speaking of them as giving rise to immorality, is it not possible that we are taking the effect for the cause, and that we are excluding climate, which notoriously influences the passions, in making up the account? Many of the abuses of such could be remedied by a proper amount of supervision—indeed, such have been remedied where a strict system of registration has been adopted. Touching infanticides, Dr. Webster, whose statistical inquiries are entitled to great weight, mentions the extraordinary circumstance, that when he recently visited Sweden, he found of 1,183 persons, lately undergoing punishment in the prisons, 106 were committed for infanticide, and twenty-six for procuring abortion, being one-ninth of the inmates of these establishments! I am not aware that such things have been shown to exist where foundling hospitals are established. He also mentions the large

proportion of illegitimate children born in Stockholm; one-third of the whole births being bastards! By a recent return in his possession, out of 4,614 births registered in Stockholm during one year, 1,424 were illegitimate, nearly 31 per cent.! This strongly shows the connection between illegitimacy and infanticide."

The first proposition for the establishment of Foundling Hospitals was made in the MEDICAL CIRCULAR a few years since, when calling attention to the frightful evils of the present indifference to the habits and temptations of the lost classes of women. There is more laudation than is decent of the public press and of particular journals in this work. Nevertheless, it gives a thorough analysis of the subject both in relation to facts and opinions, and we hope that it will have a beneficial influence in directing public opinion towards the adoption of some efficient means of redressing the evil.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' (July 5) contains a continuation of Dr. LATHAM'S remarks on *Pain*. He contrasts the operation and effects of anæsthetics and anodynes—chloroform and opium—and observes that chloroform acts on the system like a *fit*. He says:

"And thus chloroform does not produce its vast impression otherwise than *fitfully*, and the impression itself may be said to consist of fits of coma or fits of trance. From its own nature, the coma or the trance is ready to pass away every few minutes; but chloroform applied every few minutes succeeds again and again in keeping and retaining it, or bringing it back. And numerous fits procured in this manner serve to give an apparent length and continuity to the impression. But let the impression hold on spontaneously, let it sustain and prolong itself independently, and so lose the fitful character, then peril is nigh at hand.

"This sensorial impression, produced by chloroform, which looks so formidable has in its *fitful* character the great condition of its safety; and its subsidence, or inclination to subside, again and again, after being again and again renewed by fresh applications of chloroform for one or even two hours, is still a condition of its safety.

"Doubtless, you can produce as great an impression upon the sensorium by opium, if you only give enough of it, as you can by chloroform; but not an impression as great in degree, and, at the same time, as short in duration. You cannot play upon the sensorium with opium as you can with chloroform. You cannot urge or take off the pressure of your opium, and so raise, or lower, or stop its effect, once produced. Opium, once given, is gone beyond your power to recall. It must be then left to work according to its nature; and its nature is to exercise its impression, not *fitfully*, but continuously.

"Now, *inflicted* pain is, beyond all experience and conception of pains, the most severe. No pain can come near the pain of the knife. To counteract it, to stop its cry, requires an insensibility which shall equal the insensibility of death. But the world has grown old before the medicine has been found which can procure the insensibility of death, yet not procure death itself. But this is found at last, and that medicine is chloroform: and thus chloroform is peculiarly the remedy of inflicted pain.

"Further, *inflicted* pain is as short or as long as, guided by the present necessity, we choose to make it. Generally it is short; or if it be long, it is rather several successive inflictions than one continuous pain. In the meantime, we want to have that deadly insensibility, which is counteractive of it, as much at our command as the injury which we inflict is at our command—to make the insensibility short, when we make the injury short, and long when we make the injury long. Chloroform is the medicine which can both procure the insensibility, and can put it thus wonderfully at our command. In this respect, also, chloroform is peculiarly the remedy for inflicted pain.

"But opium is no remedy for *inflicted* pain. The conditions of its operation forbid it. Its operation, whether great or small, is always continuous. It can produce the insensibility of death, but not without producing death itself."

There is also a report in the same number of Dr. ACLAND'S interesting address on the occasion of distributing the prizes at St. Mary's Hospital. We make a few quotations:

"At the close of his preface to the *Methodus Studii Medici*, Albert Haller gives us the apparently obvious advice that, whoever wishes to learn the science of medicine, should follow a good plan, read good authors, do nothing but what bears on medical science, and omit nothing that is necessary for its acquisition. How this is to be done he proceeds to show. But remarkable as is his book, his own preparation for the work is more remarkable still. He tells us that he had himself read, and made notes upon certainly more than six thousand volumes, besides journals, and other works not included in the calculation. Haller was not a book-worm. That at least was not his vocation.

"His character was essentially that of a student of nature. He used books because he respected other men as he did himself. Reading books, he says, has the same advantage as foreign travel. By seeing and hearing divers opinions of human affairs, we are drawn from the narrow sphere in which our education has restrained us. We cannot, indeed, he argues truly enough, dispense with the written labours of other men. 'Quæ solertia sufficerit exæquandis difficillimarum regionum animati corporis historiis, quales felicibus naturæ cultoribus debemus, quorum nomina continuo exprimentur. Velisne carere SWAMMERDAMIANIS, supra humanam patientiam subtilibus, experimentis, sperasne te ounden, et insecta incisurum, ut SWAMMERDAMIUS, et nervos ut MEKELIUS, et musculos ut ALBINUS?' (Haller, *Elementa Physiologæ*, tom. i., p. 8.)

"This extraordinary man so prepared himself, dissecting in human and comparative anatomy, making and re-making experiments, verifying the statements of authors to test their accuracy, and writing (I have not seen them all) in fifty years two hundred treatises, of which one is of nine volumes in quarto, and another, that for which he had read his six thousand volumes, was condensed into two not large quartos. I will not even mention his most varied general attainments, or hint here at his ordinary literary labour, on subjects remotely connected with medicine.

"It is well to contrast at once with this work the different yet parallel labour of a name so known in London, that the mention of it may seem to some of my colleagues superfluous. For the sake of the less instructed, they will let me explain the nature of John Hunter's work—his objects—and the way he set about to accomplish his purpose: Haller showed what literary work could do in medicine. 'What did John Hunter effect?'

"John Hunter was essentially a surgeon; to the improvement as well as exercise of the art which he practised till his death, he devoted himself. While young, he had numerous opportunities of seeing gunshot wounds. He then considered attentively the processes by which injuries are repaired; he concluded that for the right understanding of the smallest actions in a living body, the nature of that body, and the laws, as far as they can be learned, of life itself must be unravelled. To know the mechanism by which the simplest boil is formed and cured, the principles of action in living things must be learnt to the uttermost. It is quite unnecessary to consider whether all John Hunter's conclusions concerning life and vital actions are absolutely correct; this is not now to the point; we have to ask how this eminent student applied himself to learn his art. To understand disease he must understand that from which it is a departure, health. To understand the balance of organs, in the perfection of which health consists, the organs must be studied. If the organs are too complicated for investigation, as one might expect to find, and is in fact the case, they must be looked for in some simple shape. Where there is life in a simpler form, there may be seen, perhaps, the clue to some law unintelligible in the more complex structure. All life, vegetable and animal, is to be questioned. Every structure and every operation of every mechanism has to be first separately examined, and then they must be compared with each other. And further, the same structure may by different relations to other parts, have new significance. All these inter-dependencies are to be studied. Hunter did all this, and more—he instituted experiments on living beings of very various kinds to determine the laws of growth and repair—and examined with the most particular care the mode of formation of the young in every accessible class. Nor was this done cursorily. The dissections were so carefully made as to be fit for permanent preservation, and remain a precious national treasure to this day.

"I can scarcely venture now to go through even an enumeration of his work, though I must add that not content with this survey of the existing tribes of living things, he compared with them the relics of the past, amassing from all quarters the remains of the ancient world.

"It is sufficient, perhaps, to the present purpose to say that, though Hunter was convinced that life is something essential in itself, he ransacked every living thing to detect the material laws by which it operates; and though he was most minutely observant as a clinical student, he sought the ground of his pathological conclusions not in disease alone, but in the whole history of the human organism in all its relations, and from its first formation to its maturity and decay.

"It is doubtful whether Hunter paid much attention to the common physical properties of substances out of which organised bodies are made. Indeed it was probably then unnecessary. Already another person had drawn the attention of the learned world to the importance of physics as the foundation of physiological research. Boerhaave, the teacher of Haller, though eminently a practical physician, had perceived that as organic bodies are formed of inorganic substances, (*ex necessitate rei*) therefore that, whatever may be the properties of the organised substances, the mere physical properties of their inorganised constituents should be known and appreciated as thoroughly as is possible. This instance

of laborious honesty in the practical physician, is the third lesson which I venture to suggest to the student. Boerhaave was, I said, essentially a physician, and a practical physician of the most consummate order, skilled in all the learning of a learned age. Altogether eclectic, a metaphysician, and physiologist, he conceived, and properly, that in the care of beings to whose life and to whose mind a material body is essential, the physical laws of all the original components of the body should, if possible, be known. It is interesting, therefore, to see that the beginning of his treatise on the study of medicine (written in Latin, as was and is the custom at Leyden) is on geometry, and the importance of precise ideas and definitions in physic. How much our views are tending again in he same direction I need not now stop to say; but the result was that he was reproached for being too mechanical in his views of *life*, and for neglecting to attribute a proper share to the actions properly called *vital*. The charge was unjust and unfounded, and, as though to leave behind him the strongest refutation, he breaks out in the midst of a noble academic oration, calling on all "physici, mechanici, hydrostatici, hydraulici, anatomici, chemici, to make a single drop of that dew, by which moisture is given to the eye.

"'En panem, en vinum,' he goes on to say, 'let them all come and make a single drop of blood. In vain they will meet. While the very food, without chance of failure, shall in every part of the meanest frame make its proper texture.'"

Then follow some discriminative remarks on the character and labours of the late Dr. Alison. Speaking of his zealous efforts to establish a Poor-Law in Scotland, Dr. Acland says:—

"If you ask, were these all the secret springs that moved him?—I would answer that, in truth, all interests were his. On his journeys, as they who knew him well know, not a spot did he pass that Scott or some older bard had chronicled, but his gentle voice would murmur hero and there the verse that told it; not a military road or an ancient work or way but that he knew it all; not a bird that warbled as he went but he knew its song, and he seemed as though he was its friend. Alison was a man. And anything else? He was reserved almost to a fault; and, as great men are, in all that concerned himself, reticent to a degree; but happily once, in his controversial writings, his inner soul bursts forth. He writes:—

"'There are many persons who consider this question as merely one of pounds, shillings, and pence. . . . . But, at present, I do not address myself to such men. . . . . I address myself to those who have been accustomed to look upon the poor, not as objects of disgust or aversion, but as brothers and sisters in affliction, who are born to the same hopes as themselves, look up to the same Father in heaven, and trust to the Mediation of the same Redeemer; to those who remember that charity is the highest of Christian duties, and that 'our Saviour himself chose to be a beggar, that we, for his sake, might not despise the poor.'—'Observations on the Management of the Poor in Scotland,' 1840, p. 36.)

"This said, he returns to his controversy and his arguments; and in the end his arguments prevailed."

The 'American Medical Times,' May 24, contains an able article by Dr. Fordyce Barker, on *Laceration and Rupture of the Perineum*. Dr. Barker especially alludes to the great hæmorrhage that occasionally occurs in these cases, a circumstance not ordinarily noticed, and when the hæmorrhage is observed it is usually supposed to come from the uterus. We have, ourselves, seen hæmorrhage from this source on two or three occasions, so severe as to endanger life, and can fully confirm Dr. Barker's clinical observations. We quote a case, and remarks thereon:

"Primipara, aged twenty-six. The labour presented nothing unusual, the child a female, weighing 8¾ lbs., being born in about eight hours after labour commenced. The vertex presented in the right occipito-posterior position, and the occiput, instead of rotating under the pubes, passed into the hollow of the sacrum. The labour, however, progressed favourably, and the head soon appeared at the vulva. The perineum was then carefully supported, and as soon as the head was born pressure was made on the uterus, and kept up during the delivery of the body of the child and afterwards, to secure permanent contraction of the uterus. The cord having been tied and cut, the child removed, the perineum was examined, and found to be lacerated to the extent of about an inch. It was noticed that there was some hæmorrhage, but it was thought that it would cease on the removal of the placenta. This was easily accomplished in a few minutes, but as the bleeding continued, particular attention was given to the uterus, upon which steady firm pressure had been kept up from the time of the delivery of the child's head, which was found to be firmly contracted. Remembering then a case which I had seen some weeks before, in which, after delivery by the forceps in the hands of Dr. Barking, the perineum being somewhat lacerated, severe hæmorrhage occurred, although the uterus was firmly contracted, and it was found that the bleeding was from lacerated vessels in the perineum, I concluded that the present case was a similar one. I therefore at once endeavoured to arrest the hæmorrhage by sponging away the bloods and clots, so as to discover the source of the bleeding, which I should have stated did not come on in a profuse and general flow, as if it were from several points at once, but in a steady, continuous jet, about as large as a small quill. I then passed two fingers into the vagina, and, with the thumb externally, I firmly compressed the lacerated edges of the perineum. This attempt was not at first successful in arresting the hæmorrhage, but after changing the position of my fingers several times I succeeded in arresting any further flow, and when, after an hour and a quarter's continuous pressure, I gradually withdrew my hand from the vagina, it was not followed by any bleeding. Firm pressure was kept up by my assistants upon the uterus during the whole time, but it showed no disposition to relax. The patient's knees were then tied together, a full opiate was given, and she was directed to remain perfectly quiet, and a nurse was left by her side to enforce my directions, and to send at once for aid should the hæmorrhage recur. It did not, however, and the patient made a very good recovery, adhesion kindly taking place. The amount of blood lost was estimated at rather over a quart."

Dr. Barker gives an excellent analysis of the various conditions and contingencies that may induce laceration of the perineum. We extract a portion of his remarks upon this subject:—

"1. Certain anatomical conformations of the maternal organisation are peculiarly liable to this accident, as (*a.*) a very straight sacrum. Now and then you will meet with a woman in whom the sacrum has little if any more curvature than is ordinarily found in the sacrum of the male. This is the case with the woman whom I have shown you in the wards, with complete procidentia uteri. The perineum was lacerated in a labour some years ago, and the posterior border of the vulval opening is not three lines from the anus, and on examination we found that the sacrum was remarkably straight. In such a pelvis the axis of the outlet must form an angle with the axis of the pelvic cavity, and the effect of the uterine contractions is to drive the head directly down upon the perineum in a line nearly parallel with the axis of the superior strait. (*b.*) The direction of the vulval opening differs very greatly in different women, I am not aware that any author has alluded to this, but your own future experience will surely verify the truth of the assertion. In some the ostium vaginæ is nearly parallel with the plane of the trunk, while in others it is nearly at right angles with this plane or to put the statement in other words, in some the direction of the vaginal canal is nearly parallel with the axis of the pelvic cavity, while in others it more nearly corresponds with the axis of the outlet. This difference does not depend entirely, as you may at first suppose, upon the length of the perineum, nor upon the straightness or curvature of the sacrum, but a careful study of the subject has led me to the belief that it is due more to the conformation of the soft structures within the pelvic cavity. You can readily understand how much more liable rupture or laceration of the perineum is to occur, where one condition exists, than where the other does. You can also see the bearing of this anatomical fact, if you admit that it is an anatomical fact, upon the necessity in some cases, and the proper mode in different cases, of supporting the perineum. (*c.*) There is a great difference in women as to the elasticity and distensibility of the perineum, depending upon the amount of adipose tissue in its structure. Where this is very considerable there is sure to be an unyielding perineum. (*d.*) Laceration is liable to occur where there is extreme smallness of the vulva. According to Velpeau, its mean size from the clitoris to the posterior commissure of the vulva is one inch and a half. In some cases, exceptional ones to be sure, that I have had, I am sure that the measurement between these two points could not have exceeded three-fourths of an inch. There is a prevalent notion, even among medical men, that the size of the vulva corresponds with the size of the mouth, but I am convinced that the opinion has no foundation in fact.

"2. The perineum is liable to laceration from the excessive size of the head or the shoulders of the fœtus. This excess may be either absolute, as in one case that several of you saw me deliver by forceps in this hospital, where the occipito-mental diameter of the fœtal head was six and five-eighths inches, one and one-eighth of an inch beyond the ordinary normal measurement. In another case, where there was no excess in the size of the head, I found great difficulty in delivering the shoulders, and on measurement the bis-acromial diameter proved to be six inches and three-quarters. The excess may only be relative as compared with the size of the vulva.

"3. Laceration of the perineum is often liable to occur from certain peculiarities in the mechanism of labour, as (*a*) in vertex presentations where the occiput rotates backwards into the hollow of the sacrum, because here an occipita-frontal diameter must first pass out of the vulva, which is three-fourths of an inch greater than the sub-occipito-bregmatic diameter, which ordinarily first

passes out in occipito-anterior deliveries. (*b*) In face presentations, because during the delivery the vulval orifice must be distended to the length of the longest diameter of the fœtal head, that is, the occipito-mental diameter, which is ordinarily five and one-quarter inches, must pass through. (*c*) Incomplete flexion, when the head, in vertex presentations, presses upon the perineum, also may be a cause of great danger of this accident, as in this case the occiput does not fully engage under the arch of the pubes and thus the occipito-frontal, instead of the sub-occipito-bregmatic diameter, will first be driven through the vulval orifice. (*d*) On the other hand, excessive flexion may also tend to this result, as the direction of the expulsive force of the uterus falling nearer the occipital half of the occipito-frontal diameter, will be an obstacle to the extension of the head, which takes place in its normal exit through the vulva.

"4. The physiological character of the labour is an important element as regards the danger of this accident. (*a*) Where the labour is too rapid, from the intensity and frequency of the uterine contractions, and especially if the sacrum is somewhat less curved than is usual, the head may be driven through the vulva before the perineum has had time to be gradually extended ; (*b*) or where the labour is very tedious, and the head remains a long time at the lower strait, until the perineum becomes hot, dry, congested, and unyielding, if a rapid delivery is effected either by means of ergot or the unskilful use of the forceps, the sudden expansion of this tissue is very apt to involve a more or less extensive laceration. (*c*) Excessive nervous irritability, causing the patient to make most violent straining efforts to force the head through the vulva before the perineum is prepared for it by a gradual expansion."

Dr. Barker enjoins a proper support being given to the perineum, and thinks that laceration is often caused by the want of it. On this point we would only observe that almost every practitioner does support the perineum, and yet lacerations occur; but then each does it in a different way, some with two fingers to the fourchette, some with the bare palm, some with a napkin, some one way and some another. Which is the proper way? Dr. Graily Hewitt does not approve of supporting the perineum, but Dr. Barker considers this opinion an "error which is becoming rather fashionable."

The 'American Medical Monthly.' Dr. T. Gaillard Thomas contributes to this Journal an article on *Paraplegia*. Dr. Thomas prefers the term "functional paraplegia" for those forms of paraplegia not attended with organic changes, to the term "reflex paraplegia," introduced by Dr. Brown-Séquard. He gives the following table of symptoms diagnostic between organic and functional paraplegia :

Organic Paraplegia.	*Functional Paraplegia.*
1. Comes on suddenly, and is more or less complete.	1. Comes on gradually, and is always partial.
2. There is pain in back, extending down the legs and around the body.	2. No fixed pain in back or legs, and no "band" around body.
3. Passing ice or hot water down spine gives great pain.	3. None is experienced.
4. Jerking or spasm of muscles of legs exists.	4. None.
5. Bladder and rectum are affected.	5. Not so.
6. Prickling and formication occur.	6. None.
7. As time passes the paralysis becomes worse.	7. As time passes it diminishes.
8. There is great tendency to bed-sores.	8. None whatever.
9. Extremities are colder than normal.	9. Temperature normal.
10. Sensibility impaired.	10. Not so to any great degree.
11. Muscular enfeeblement is strictly confined to the lower limbs.	11. There is often a tendency to enfeeblement of upper limbs.

"In speaking of the treatment of organic paraplegia, I told you that the indication is to disgorge as much as possible the vessels of the cord, and produce a sedative, quieting effect upon it. In the functional variety the reverse is true ; we should endeavour to stimulate the functions and circulation of the cord.

"To this end, no drug compares for an instant in value with strychnia, and I shall prescribe that here, to be given until a decided constitutional effect is produced. At the same time I shall direct the use of cold shower baths along the spine, and the frequent application of electricity. The patient must be encouraged to exercise the muscles systematically and steadily, and she will receive the best diet which the institution affords. My experience with these cases leads me to hope and believe that under this course she will rapidly recover."

Several interesting cases of functional paraplegia are recited. We extract the following :

"*Case* 4.—Mary Lewis, born in Ohio, æt. twenty-three years, married, admitted to the hospital on the 14th of April. The patient enjoyed perfectly good health until about six weeks ago, when she was attacked by acute dysentery, which was accompanied by constant nausea and vomiting. After this had lasted for a week, she noticed a prickling sensation in the legs, and found herself growing gradually feeble in these members. In about three weeks from this time she became almost entirely paraplegic, so as not to be able to walk without great assistance ; as I now direct her to stand, you observe that she sways to and fro, and every now and then seems about to fall, which she would do, if not prevented by firm support. Her left arm has likewise become somewhat, though not a great deal, enfeebled. Besides the symptoms mentioned, she has none pointing towards the spinal cord ; there is no trouble about the bladder or rectum, and only for a week has pain in the back been complained of. The dysentery still continues, although not with its former violence.

"This case I regard, gentlemen, as a good type of the reflex paralysis of Sequard. What the absolute connection is between the ulcerations in the large intestine (or, at least, the inflammation there), and the enfeeblement of the muscular system, I am not prepared to say, for I am free to confess a great degree of scepticism as to the hypotheses of Brown-Sequard on the subject ; still, in the present state of pathology, I know of no better way of dealing with this case of functional paraplegia than by classing it with the reflex variety of that eminent investigator.

"The treatment which I shall adopt in this case will be entirely directed to the dysenteric trouble. If, as I suppose, the other is secondary to this, it may pass off without treatment ; should it not do so, it shall engage our attention at a future period.

"May 14th.—I show you again the patient Mary Lewis. She has now entirely recovered from the dysentery, and the paraplegia has so far passed off that she can stand and walk across the floor without assistance. When in the presence of Drs. Flint and Clark, she was this morning demonstrating her ability to walk, I requested her to shut her eyes, and she suddenly and violently fell to the floor. She can stand without difficulty with her eyes open, but the instant that she shuts them she falls as if shot through the head. This curious pathological phenomenon I have noticed in a number of cases of functional paraplegia ; so commonly, indeed, that I am now inquiring, by clinical investigation, whether it be not diagnostic of this variety, at least to a limited degree.

"Some time ago, a male patient suffering from phthisis and empyema in this hospital, was affected by paraplegia, which was regarded by the physicians of the service in which he was as organic. One day Dr. Echeverria, in going through the wards, directed him to stand erect (which he could readily do) and close his eyes, when instantly he fell to the floor, as you have seen Mary Lewis do. This being repeated, the same result instantly took place.

"The patient died, and a careful autopsy revealed the cord in a perfectly healthy condition ; the case having been one, I think, of functional paralysis, perhaps dependent upon irritation reflected from the diseased pulmonary or pleural surfaces ; in other words, a case of reflex paraplegia."

Dr. Loomis, of the Bellevue Hospital, has also contributed a practical paper on *Affections of the Lymphatic Ganglia attendant upon Soft Chancres*. He observes :

"There are two recognised affections of the lymphatic ganglia attending upon soft chancres. These depend upon distinct causes, and in the phenomena which attend their development and their termination there is a marked difference. One is a simple inflammation of a lymphatic gland, produced by irritation ; the other is the result of the direct absorption of pus from the surface of the chancre, which is arrested in its progress by the ganglion nearest the seat of the chancre.

"The ganglia involved in either case are always the superficial Symptomatic or non-specific adenitis may be developed at any time during the progress of a soft chancre, but usually its appearance is immediately preceded by the chancre's taking on an inflammatory character. It may terminate in resolution, or it may suppurate, and its diagnostic characteristics are—that it is slow in its development, and unattended with pain ; the gland enlarges, but presents little disposition to suppurate ; it is soft ; the integument over it is freely moveable ; if suppuration occurs, it is indolent in its character, and the pus furnished will not produce a chancre by inoculation—in a word, in its main features, it closely resembles ordinary strumous adenitis.

"Specific or virulent adenitis depends upon the presence of virulent pus in the meshes of the ganglia; in fact, it is a chancre of the gland, and on account of the presence of the chancrous virus,

suppuration and entire destruction of the gland is inevitable. As a rule, but a single gland is involved and the prominent facts in regard to this form of adenitis are, that the gland enlarges rapidly, is painful and tender from the commencement; its progress is rapid, involving the tissues around the gland; it suppurates and opens spontaneously, early furnishing inoculable pus, and is liable to all the accidents to which a soft chancre is subject. I have thus briefly noticed the main features of these two varieties of adenitis, in order that I might the more clearly speak of their treatment."

With regard to treatment, Dr. Loomis remarks:

"In the management of non-virulent adenitis, the most important point is to prevent suppuration. This may be accomplished in the majority of instances by compression; if tenderness of the glands prevent the immediate application of the compress, apply the saturated tinct. of aconite for a few hours; then apply firmly by means of a spica bandage, a hard pad of sufficient size and shape to press evenly over the whole of the gland involved. Enjoin absolute rest and a non-stimulating diet. Subdue the inflammatory condition of the chancre (which is usually present) by opiate lotions, and at the end of a week, usually, the adenitis will be arrested.

"If suppuration has already occurred, open the abscess by a crucial incision at its lower border; fill the cavity with lint, over which apply compressed sponge by means of a spica bandage, which, for a few days, must be kept wet with tepid water (changing the dressing each day). As soon as the tenderness in the part has disappeared, apply the hard pad in such a manner that the pressure will be made from above downward; in two or three weeks the recovery will be complete. If the internal use of tonics is indicated, the ferri iodidum is preferred.

"In the treatment of virulent or specific adenitis, it must be remembered that suppuration and the entire destruction of the gland are inevitable, and that, before resolution can take place, its entire removal must be accomplished, either by a slow suppurative process, or by surgical interference.

"As soon as the character of the adenitis is determined (which, by the rules before stated in most cases, can be done early), the suppurative process should be hastened by poultices. When the integument over the gland becomes thin and shiny, with a scalpel remove an elliptical portion of the integument of sufficient size to expose the surface of the gland; in many cases the gland will be found isolated from the surrounding tissues by the suppurative process, and attached (as it were) only by a pedicle at its base, in which case it is easily removed with the finger or handle of the scalpel; at other times its removal will be found more difficult, and sometimes it will be found necessary to remove it in separate portions by means of ligatures; but in any event, the entire gland involved should be removed. When this is carefully done, a simple ulcer remains, which heals by granulation with amazing rapidity; and we have accomplished in a few weeks what otherwise often involves months. Before exsecting a gland in the manner described, the character of the adenitis should be accurately determined; and unless its virulence has been decided by a chancre resulting from the inoculation of the pus furnished by the gland involved, it should not be attempted. The removal of a gland in non-virulent adenitis greatly complicates the case, and I have seen very troublesome sinuses result from exsecting glands. Where this mistake had been made, not unfrequently the ulcer remaining after the removal of a gland assumes a chancrous character, when it should be treated in every way like a soft chancre. Every case of adenitis complicating non-virulent chancre that has come under my observation the past year, in which the principles of treatment above detailed have been rigidly followed (where no syphilitic taint was present), complete recovery had resulted within three months from the commencement of the adenitis, and in the majority of cases within four weeks."

This radical method of exsecting glands requires that a good diagnosis should be made, or as Dr. Loomis says, more harm than good may be done.

The same journal contains an account read before the King's County Medical Society, by Dr. J. H. Hobart Burge, of a *New Instrument for Dilatation of Stricture in the Urethra*. It appears to us to be ingenious in principle, and likely to be useful in its application. We have quoted the article in another part of the journal.

The 'Medical Times and Gazette' opens with an article, by Dr. Ramskill, on *Epilepsy*. The author gives a good description of the various forms of the disease, and then considers the comparative feasibility of the various theories that have been propounded as regards its pathology. He prefers his colleague, Dr. Brown-Séquard's, who thinks that it is always the result of an excitation of the cerebro-spinal axis. This view does not appear to differ from Dr. Marshall Hall's. Mr. P. C. Price communicates his experiences of the *Winter Climate of Menton*, the fashionable watering-place at the present time. A favourable description of the water and climate is given. Dr. Druitt reports a *Case of Embolism* in which a venous cast, twenty inches long, was found in the right ventricle. The patient had been suffering from rheumatic pains and catarrh. He was extremely fat, and was well-fed during his illness. He seemed to be improving, when, Dr. Druitt says,

"On the 9th I was sent for at 3 p.m. in great haste, and learned that whilst lying at the edge of the bed, he had slipped off it, and fallen on the floor in a kind of sudden fainting fit, with something like convulsions. I reached him in about ten minutes after this, and could see at a glance that he was a dying man. His breathing was hurried and anxious; the pulse rapid and scarcely perceptible; the features intensely pale, bluish and distressed; the whole surface of the body very cold, and not merely damp but wet with perspiration, which soaked his linen. The feet, hands, and scrotum, livid. The senses were perfect. He said he had no pain anywhere, but that he felt greatly agitated and feeble, and begged for something *calmant*. The ear applied to the front of the chest heard air enter audibly into the air-cells; the beating of the heart was confused and very feeble. The œdema had almost entirely disappeared from the hands and feet.

"Brandy was administered freely by the mouth and by enema; mustard poultices to the epigastrium, and hot bottles to the feet. Nothing, however, gave any relief. The patient was extremely restless, and spite of my cautions not to raise himself, insisted on sitting on the bed-pan, several times trying to pass a motion. He also said he wished to be sick. At last, about six p.m., or three hours after the seizure, the breathing became visibly worse; there were several intense and ineffective efforts at expiration, and after one or two gasps, all was over.

"The diagnosis which I ventured to give to the friends of the patient was that the pulmonary artery was obstructed by some clot or other substance, and I urged the necessity of a post-mortem. Permission was granted, and the operation was performed fourteen hours after death, by my friend, Dr. Peregrine, in presence of Dr. Robert Dickson, who had seen the patient with me during his last moments, and myself.

"The body was fat, and abdomen very large. When the chest was opened, the lungs did not collapse. The thoracic cavity was greatly abridged (as the body lay) by the upward protrusion of the abdominal viscera; for the liver reached as high as between the fourth and fifth ribs on the left side, and the third and fourth on the right. No fluid in either pleura, but the left extensively bound by old firm adhesions. The pericardium contained a considerable quantity of clear serum. The heart rather large, not very fat, pale yellowish, not distended, and with an entire absence of redness, roughening, or other sign of inflammation. The posterior parts of both lungs gorged with black fluid blood; the whole lungs somewhat œdematus. The right auricle contained a contorted mass of fibrine, which was traced into the right ventricle, where it had somewhat the look of chickens' intestines. Portions of fibrinous clot were traced into the right and left pulmonary artery and into their primary branches. The left auricle and ventricle empty. The valves and entire lining membrane absolutely smooth and healthy. The muscular structure yellowish and a little soft. The liver was large and presented great abundance of the yellow circumferential portion of the lobules. The kidneys intensely congested. The examination (which was made in the presence of three friends of the deceased) did not proceed beyond this point.

"*Further Examination of the Clot.*—This examination convinced my colleagues and myself, as I hope my description will convince my readers, that the clot consisted of two distinct elements. (1.) An old element, consisting of firm, pale tubular casts of veins, which had been brought up to, and had passed into the right auricle and right ventricle. (2.) A newer element consisting of fibrine, fresh, loose, and irregular, which had been deposited upon the older clot after it had reached the heart.

"The first piece of clot that I examine, and describe as I examine, is a cylindrical mass, exactly seventeen inches long. At its upper or larger extremity, which is rounded, is a portion an inch and a-half in length, of firm, dark clot, a little flattened, and half an inch in its larger diameter; next to this is a little constriction, and a short branch at an angle; next to that comes a portion six inches long, about one-third of an inch in diameter, tolerably even, and somewhat tapering, consisting of a firm, white, fibrinous exterior, and of darker firm clot within. It shows two oval marks, which look as if they correspond to the apertures of branches of veins. After the six inches, a little branch is given off, the size of a crow-quill, and one and a-half inch long. Then follow eight and a-half inches more of firmer and more decolourised fibrinous cast,

of gradually decreasing size; the outer layers in some places easily detached, and showing darker clot within; and, at the end, an inch and a-half of thin irregular clot. This long portion of clot lay partly in the auricle, partly in the ventricle; and it was, as I have said, coiled up, and looked like chickens' guts.

"A second mass, lying before me, was taken from the apex of the right ventricle. It is a mass of soft irregular fibrine, like that which is often found in the heart; but it contains imbedded in it two portions of tubular clot, one an inch and a-half, the other two inches long, which were evidently, in removing it, broken from the longer portion already described, and once were continuous with it. These lie imbedded in the looser recent clot, but evidently form no part of it, and are distinct from it in configuration, colour, and consistence. They are as tubular as, and about the size of macaroni, and these portions are the palest and firmest of the whole clot.

"A third portion is about two inches long, the size of a small quill, and consists partly of firm clot, and partly of looser fibrinous deposits outside it.

"The right and left pulmonary artery, and their leading branches, contained also fibrinous plugs, but so loose, soft, and friable, that they readily tore, and could not be removed, entire nor preserved: whereas the cylindrical portions described above are pretty nearly as tough as the chicken's guts, to which I have compared them.

"*Remarks.*—The examination of these clots, taken side by side with the symptoms of the poor patient's mortal agony, leaves no doubt in my own mind as to the pathology of the case. It is clear that in the chief veins of one thigh there had been a fibrinous deposit on the lining membrane, at first limited and allowing the blood to pass easily, then gradually creeping upwards and obstructing the canal, till at last a length of twenty inches (most likely from the popliteal to the external iliac vein) became filled with a solid plug. Of this plug it was evident that the uppermost and larger portion was the newest, least firm, and least decolourised, and it ended above in a smooth round ending, as has been well described by Dr. Benjamin Ball in his 'Traité des Embolies Pulmonaires.' The œdema of both legs which existed on the 6th, 7th, and 8th has been mentioned, and its disappearance on the 9th; but it must be observed that the patient complained of no pain in either thigh; there was no *phleymasia dolens*, and nothing to call special attention to the veins. It is to be regretted that the post-mortem could not be extended so as to clear up the question as to the original site of the clot; nevertheless, as it lies there before me, it is clear that such a coagulum could not have been formed in the heart, and that it must have been transported from some part of the venous system.

"In the next place, I would desire attention to the fact of the formation of fibrinous coagulum within the heart and pulmonary artery, in addition to that which was brought there and as a consequence of it. Disputes have existed, as is well known, as to the origin of pulmonary and right ventricle *emboli*, some contending that they are autochthonous or formed *in situ*, whilst others have proved their transplantation. This case clearly proves both opinions to be correct, and I think that many an observer, misled by a mass of recent fibrine, may have overlooked an older venous cast imbedded in it.

"The symptoms admit of as positive a diagnosis as possible. A patient is seized suddenly with symptoms of intense disturbance and feebleness of the heart. Respiration is difficult and laborious, yet air enters the lungs freely. The beat of the heart has lost rhythm and force, and is no more than a feeble *wobble*. The surface is intensely cold, pale, and bluish, and drenched in perspiration. There is death in the face, but the intellect is undisturbed. All these symptoms point to a sudden mechanical interference with the circulation; and of the sources of such interference embolism is the most probable.

"The knowledge of this pathological process enables us to get rid at once of some of the mythical and purely dynamic theories of sudden death with which our fathers were obliged to be content. Formerly this case would have been chronicled as one of sudden retrocession of gout or of rheumatism, or of gout in the stomach, or palsy of the heart, or sudden inflammation of that organ. Now, at least, some cases are shown to depend on mechanical and intelligible conditions.

"Such cases are by now means rare. This is the second I have seen this year. In the former, an elderly woman, phthisical and with swelled leg, was seized with all the symptoms above described, and died in six hours. I pronounced the cause to have been what I am now treating of, but was not allowed to prove it by a post-mortem. The moral is, that in no case of swelled legs or sub-inflammatory condition of the veins should the possibility of this mortal accident be overlooked."

The 'Lancet' commences with a continuation of Mr. JOHN HILTON's lectures on *Pain*. Mr. Hilton reports cases of Hip-joint disease cured by rest, and he narrates briefly a striking case of a large abscess in the dorsal region absorbed by the aid of the same simple means.

"I have here the drawing of the back of a man who had a very large abscess projecting backwards, and associated with diseased spine in the dorsal region. That large abscess, holding, I should think, a pint and a half of fluid, received a distinct impulsive movement from the interior of the chest during coughing or a full inspiration. By rest in bed for several months the spine disease was cured; and by blistering and rest the abscess subsided—in fact, was gradually absorbed. This case was under my care at Guy's Hospital last summer; I have seen the man quite lately, and he has not the slightest remains of anything wrong about the spine, and the abscess does not now exist in the slightest degree."

With reference to opening abscesses, he remarks:—

"It may be asked—What are the conditions of an abscess associated with hip-joint disease which recommend or justify making an opening into it by the surgeon? I should say, with all reasonable submission to the experience which I see before me—If the abscess be enlarging very rapidly, and Nature seems incompetent, from her feebleness (a bad indication), to make a successful effort to limit it by a natural barrier, the opening may be made, and half, or more, of the pus be drawn off (without squeezing the abscess.) The opening should be immediately and carefully closed up, lest the outpouring of the fluid may be continuous, and a drain of pus be produced so as to affect the general health; the abscess to be subsequently supported by plaster or bandage, in order to keep it at rest.

"If the walls of the abscess be inflamed, hot, and painful, with great febrile and constitutional disturbance,—or if the abscess contain air, (resonant on percussion,) from decomposition, mixed with the fluid, the opening ought to be made complete, large enough, and at the most depending part of the abscess, so as to allow gravitation to determine at once the evacuation of the whole of the fluid in the abscess. And subsequently the walls of the abscess should be kept in contact for the purpose of inducing, by pressure and rest, mutual adhesion, and of limiting the extent of surface capable of secreting too abundantly *pus*, *serum*, or *lymph*, which would diminish both the quality and quantity of the blood, and so deteriorate the general health.

"I felt myself bound to refer to this subject of abscess associated with diseased joints, because my experience will sustain my recommendation as to what should be done in such cases; and, further, because it is a fact, that by the bedside surgeons are often in doubt as to what course they should pursue, and I hope the facts and arguments which I have adduced to day may be a slight contribution or help towards a right determination on this subject."

Mr. ERNEST HART reports *Cases in Operative Surgery*. They are cases of resection of the maxillæ, hip, elbow, and wrist-joints. Dr. GOODWIN communicates an article on *Syphilitic Affections of the Brain*, which possesses much interest.

GENERAL CORRESPONDENCE.

MURDER OF A UNION MEDICAL OFFICER, AND MUTILATION OF THE BODY.

To the Editor of the Medical Circular.

SIR,—Your readers are already acquainted with the terrible death of Mr. Adam Stapleton Puckett, Medical Officer of the Weymouth Union, by an insane pauper. I will not, therefore, enter into the details of this horrible murder and barbarous mutilation, but at once beg you will permit me, through the medium of your valuable journal, to appeal to the benevolence of the public and Medical Profession on behalf of the widow of the deceased, who is left nearly destitute.

I have known the late Mr. Puckett for upwards of twenty years, he having been the assistant of my predecessor; I can therefore bear testimony to the fact that he was a hard-working, kind-hearted man—an apothecary of the old school,—and as attentive to the poor as an enormous district, or rather two combined, which extended fifteen miles across the country, would permit. Why he had such a district, I must leave the Poor-law Board and Board of Guardians to answer; that it was cruel to the poor there can be no question, as some of his patients had to walk nine miles for a bottle of medicine, and as many home again, making Medical Relief a mere mockery, but I trust the Select Committee of the House of Commons on Poor Relief before whom evidence on this subject has already been laid, will recommend to Parliament a material change in the medical arrangements for the relief of the poor.

It was given in evidence at the inquest, that poor Puckett only visited the maniac twice a week, and in reality was unaware of his dangerous state, which more frequent visits would have revealed to him; but his enormous district prevented him doing more, as his salary of 116*l.* per annum, including extra medical fees, miserable for such a district, allowed him to keep but one horse; for out of that salary he had not only to pay for the keep of that horse, but

had to find drugs for the poor, to maintain himself, his wife, and one daughter to look after the house, and her mother, who has been for the last few years incapable of attending to the household duties.

How poor Puckett, out of so miserable a pittance, managed to do all this, is a mystery, as I know, for a certainty, that during the last six months, his entire booking from private practice has been only Twenty-three Pounds; and yesterday I was assured by a member of his family that at the time of his death he had but twenty-one shillings in his possession, besides the few shillings which the maniac took from his pocket and threw into the river; the widow is therefore left nearly destitute—I say nearly, as there is a small insurance on his life, which I was instrumental in his effecting, but I find that is heavily mortgaged to meet incumbrances occasioned by sickness, and the probability is that the rest will be swallowed up in funeral expenses, and the payment of debts.

After this brief recital I feel I shall not appeal in vain to the generosity of the public for a widow whose husband was so barbarously murdered, and horribly mutilated. I have opened an account "The Puckett Fund." at Messrs. Williams' Bank, Weymouth, and at Messrs. Eliot's Bank, Weymouth, where subscriptions may be forwarded, or they may be sent to me, and I will act as Treasurer to the Fund until means shall be devised to place the money in the hands of Trustees for the benefit of the widow, and, if there be sufficient, such members of the family of the deceased as the Trustees may deem it desirable to assist. Mr. Puckett left one son and three daughters, all of whom are incapable of assisting their mother.

I am, sir, your obedient servant,
Richard Griffin, J.P.

12, Royal Terrace, Weymouth,
July 12, 1862.

POISONING FROM EATING KEATING'S COUGH LOZENGES.

To the Editor of the Medical Circular.

Sir,—On July 5th, I was called to see two little girls who had eaten betwixt them six or eight of Keating's cough lozenges. The younger one, four years of age, said that her sister had given the greater part of them to her. They ate the lozenges about eleven a.m., and were seemingly well until after they had taken dinner at half-past twelve. As they rose from table, they were seized with sickness of so persistent a kind that I attributed it to ipecacuanha. The elder one, nearly six years old, showed some disposition to sleep, but not such as to cause alarm. She was still troubled with occasional vomiting when I saw her at 3.30 p.m., but this was at once relieved by drinking a cup of strong tea. The younger one had not vomited so freely, but was labouring under evident signs of opium poisoning. The pupils were contracted, and when roused and questioned, the child complained of headache. I found it a difficult task to keep her awake, and yet; if I might credit the statement of the mother and attendants, they had had still greater difficulty in doing so.

I promoted the vomiting with ipecacuanha, and afterwards gave strong coffee. She was then taken into the open air for a time, which means effectually roused her. The children may have eaten a greater number of lozenges than I have stated above, but there was no evidence to speak positively on the subject.

I communicate a notice of these cases, because it is a general opinion with the public that Keating's lozenges contain nothing likely to induce narcotism.

Here, however, is direct evidence to the contrary.

I am, sir, yours, &c.,
E. G. Wake.

North Collingham, Newark,
July 18, 1862.

[Instances of malaise and incipient poisoning from eating cough lozenges are not at all infrequent. Every parent should prohibit the use of such secret and dangerous preparations.—Ed. Medical Ciruclar.]

FATAL CASE OF PARALYSIS AFTER DIPHTHERIA.

To the Editor of the Medical Circular.

Sir,—I was called to see the child of W. W., a baker, on the 27th of May. He was a fine, healthy-looking child of three years, complaining of sore-throat. On examination, I discovered diphtheric patches on both tonsils. The case, though protracted till the 16th of June, was by no means severe, and perfectly recovered under the use of chlorate of potass and iron, and the application of nitrate of silver. The child, however, continued weakly, and was ordered quinine.

On the 2nd of July, after my attendance had ceased, the parents discovered he had lost the ability to stand on his legs, though retaining the power to move them; the arms, also, were semi-paralysed, and the head drooping, as though from inability to keep it up.

This was the condition in which I found the child, when again called to see it on the 17th of this month. There was also a loss of articulation in some degree, but not wholly; no amaurosis or squinting, nor any deafness; the appetite was pretty good, the countenance having a listless expression. A combination of quinine and strychnine was ordered, but before he had got any of the medicines I was suddenly called to see him, later in the day. He had just wakened out of sleep, and was gasping for breath, evidently from paralysis of the respiratory muscles. The heart continued to beat for a short time, but death rapidly ensued, accompanied by relaxation of the sphincters. The paralysis, though recognised for some time, was considered merely as weakness by the parents, and possibly excited the less alarm from its being the first case known in this quarter, and the comparative mildness of the previous complaint.

I am, &c.,
Broughty Ferry. J. H. Park, M.D.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Babington, President, in the Chair.

Mr. James Paget communicated some

CONTRIBUTIONS TO THE STATISTICS OF CANCER.

The cases of cancer from which this paper was constructed were 500 of those recorded by Mr. Paget between the years 1843—1861, and all of which had come under his own observation. Only the external or so-called surgical cancers were included in this number.

The first part of the paper showed the proportion of cases in each organ and each sex, and the per-centage of the several kinds of cancer,—each part of the body being attacked, as a rule, by one form of the disease almost exclusively. The greater frequency of cancer in females was found to be due to cases of scirrhus of the breast; in the cases, in almost all the other external organs, especially those subject to epithelial cancer, the proportion of males was greatest.

The influence of age was next noticed, and the increasing liability to cancer as people advance in life; the absolute number among the 500 cases at each age being given, and also the relative frequency in proportion to the whole population living at the same period. In external organs, medullary was found to be the most frequent variety in youth; scirrhus and epithelial in middle and old age. The number of females affected with cancer, in proportion to the whole population, was found to increase rapidly from the earliest age up to 40—50, and then more gradually decline. In males the number increased up to the age 50—60, and after this declined again, the rise and fall being both of them more gradual than in females. The kind of cancer to which each sex was most liable accounted for the difference.

The condition of the female patients—whether single, married, or widow—was noticed, and also the influence of each on the production of cancer. The proportion of cases of cancer in the breast was found to be greater in the married than in the single, both absolutely and in proportion to the number in which the two classes exist in the community.

The state of health of the patients at the time of the beginning of the disease was ascertained, and found to be good, in a very large majority; a rather larger proportion of the medullary and epithelial than of the scirrhous being in bad health at this date.

The question of cancerous inheritance was in the next place considered, and answered in the affirmative, 24 per cent. of the patients giving a history of cancer in other members of the family; the per-centage, too, in the private cases, in which the family history would be better known, was considerably greater than in the hospital. The variety of cancer was not always the same in all the members of the family attacked.

Tables of the date of recurrence after operation were given, and the several kinds of cancer compared in this respect; the average number of months which elapsed between the date of removal of the primary disease and the recurrence was greatest in scirrhus, and least in epithelial, but a larger proportion of cases of the last variety remained without any recurrence for a period far beyond the average.

The date of recurrence after early and late operation was compared; the difference between the two being but small, probably from the acute cases being the earliest to be removed and to return.

One or two of the cases, remarkable by their long-deferred recurrence, were given more in detail.

The last part of the paper was devoted to considering the duration of life, especially with the object of comparing the cases of operation with those in which the primary disease was not removed.

The greatest difference in the two sets of cases was found to exist between the epithelial cancers, and the least between the medullary; but a marked increase of life on the side of the operations was present in all the varieties. Part of this result is, of course, due to the selection of cases for operation.

Some of the organs were compared separately, and the same

advantage on the operation side was shown in each, with one exception—viz., the bones, in which the duration of life was exactly the same on both sides.

The influence of early and late operations in respect to the duration of life was also considered, and, as in the recurrences, only a slight difference was observed; indeed, the length of life was greater in the cases in which the operation was performed at two to five years after the first observation of the disease than in those at one to twelve months, the forming being all chronic cases.

Lastly, the duration of life in the hospital and private cases was compared, and the advantage shown to be on the part of the hospital. Some of these difference may, however, be accounted for by a larger number of the hospital cases being submitted to operation.

Mr. Henry Lee related a

CASE OF ANEURISM OF THE INTERNAL ILIAC AND COMMON FEMORAL ARTERIES, TREATED BY DIGITAL PRESSURE.

The history of the case was given at length. From the symptoms observed, it appeared that the digital pressure had the effect of producing a very firm coagulum in the sac of the aneurism. But as the artery was unusually brittle, the upper part of the aneurismal sac had become completely separated from the lower part. The coagulum formed was consequently unsupported by any of the coats of the artery, and after a time gave way. The blood was effused in the thigh and in the pelvis; and those portions of periosteum which were in contact with the effused blood had numerous minute fresh formations of bone upon their surface. These little bony formations could be readily detached with the nail. From the descriptions of the remains of the aneurismal sac, and from the drawing which accompanied the paper, it appeared how impossible it would be in such a case to tie the arteries from within the sac, as had lately been proposed in the Society. The ligature of the external iliac artery, in the case related, would not have succeeded. The upper and lower portions of the artery having been completely divided, any coagulum which formed, whether in consequence of ligature or compression, must ultimately have given way.

JURY AWARDS AT THE INTERNATIONAL EXHIBITION.

Surgical Instruments.—(Medals.)

United Kingdom.—Ashe, C., and Sons; Bailey, W. H.; Barling, J.; Bigg, H. H.; Brown, S. S.; Coxeter, J.; Durroch, W. F.; Ernst, F. G.; Evans and Stevens; Evrard, J.; Ferguson, J. and J.; Gray, J., and Co.; Grossmith, W. R.; Hilliard, W. B.; Hooper, W.; Lawson, Buxton and Co.; Lemale, T., and Co; Longdon F., and Co.; Masters, M.; Matthews, W.; Norman, S., jun.; O'Connell, E.; Pratt, J. F.; Rein, Mrs. S.; Savory and Moore; Simpson, H.; Spratt, W. H.; Weedon, T.; Weiss and Sons; Westbury, R.; Whicker and Blaise; Whibley, E.

Austria.—Czermak, Dr. J.; Hebra, Dr. F.; Hyrtl, Prof.: Leiter, J., Türck, Dr. L.

Denmark.—Nyrop, Prof. C.; Rasmussen, A.

France.—Auzoux, L., Dr.; Béchard, R. L.; Charrière, J. J.; Duchenne, G., Dr.; Francois and Fouquet; Galante, H.; Grandcollot; Lackerbauer, P.; Lami, A.; Lavezzari, E.; Lebelleguie, P. J.; Lüer, G. G. A.; Marey, J., Dr.; Mathieu, L. J.; Mericant, E.; Nachet and Son; Preterre, P. A.; Sales-Giron, Dr.; Thiers, L. P. T.; Wickham.

Italy.—Lollini, P. and P.

Prussia.—Goldschmidt.; Windler, H.; Lutter, A.

Russia.—Crown Factory for Surgical Instruments.

Sweden.—Stille A.

United States.—Bates, Robert.

Medical and Pharmaceutical Products and Processes. (Medals.)

United Kingdom.—Davy, Macmurdo, and Co,; Howards and Sons; Holland W.; Huskissons and Sons; Macfarlan, J. F., and Co.; Pharmaceutical Society of Great Britain; Ransom, W.; Smith, T. and H.

India.—Kooney Lall Dey.

Austria.—Zacherl, J.

Baden.—Mürrele, G. Jac.

Bavaria.—Wolffmuller, A.

Brazil.—Peckholt, T.; Santos, M. E. C., Dos and Son.

Denmark.—Benzon, A.

France.—Armet, de Lisle, and Armet, Vivian; Aubergier; Belanger; Berjot, J.; Callou, A., and Vallée; Cavalier; Dubosc and Co.; Joret, E. M. F., and Homolle G.

Frankfort-on-the-Maine.—Zimmer, C.

French Colony.—Collas, Dr.; Lepine, J.; Local Committee in French Guiana for the London Exhibition of 1862.

Hesse (Grand Duchy of).—Merck, E.

Italy.—Coutissini, F., and Co.; Dufour, Brothers.

Netherlands.—Junghurn, Dr.

Norway.—Möller, Peter.

Portugal.—Welwitsch, F.

Prussia.—Marquardt, Dr. L.

Saxony.—Heine and Co.; Sachss, E. and Co.; Schimmel and Co.

Sweden.—Cavalli, J. G.

United States.—Philadelphia College of Pharmacy.

Wurtemberg.—Bohringer, C. F., and Sons; Walff, F. A., and Sons.

In the absence of Wm. Lawrence, Esq., F.R.S., Deputy Inspector-General T. Longmore, Professor of Military Surgery at the Army Medical School, acted as Chairman of the Committee of Class XVII., Surgical Instruments, and received the Jury Awards from H.R.H. the Duke of Cambridge, at the State Ceremonial of the International Exhibition on the 11th instant.

DEATH OF DOCTOR BERNARD OF CORK.

We regret to have to record the death of Dr. Bernard, at his residence, South Mall, on the 9th inst., from typhoid fever, of the worst character, taken while in the discharge of his duties as dispensary medical officer of the centre district of our city. His death, we are sorry to have to report, is the third that has occurred within the short space of a week from the same class of fever that Dr. Bernard died of. Most of us as we see the medical man walking or driving through our streets, imagine that it is a very fine thing to be in such repute, as to be either constantly on foot, or on a car going from house to house, and as the vulgar expression is, making money; but if we look a little closer into the life of the medical man, we shall see that his life is not as we might at first suppose, all *couleur de rose.* There is a fearful anxiety and tremendous responsibility, a harassing suspense, that in the end makes the young man old, the most frivolous and trifling of the profession thoughtful and sad; and how much the more must this anxiety be increased, when we come to consider the daily life such as Dr. Bernard led? The district of which he had the care is one of the thickest inhabited of Cork, as it takes in all the centre of the city. Just let us for a moment imagine all the lanes in this district, and those full of houses, and each house again full of families, each family numbering on an average from six to eight human beings, and we are amazed to think how one individual can have accomplished the mass of work to be got through; it was done, done well, done conscientiously; but the doer is dead! We happened to be in the room of the dispensary where he used to prescribe for the externs to-day, and as the medical man who since his illness (only eight days) had taken his post, announced his death, there was a kind of solemn awe stole over the crowd that was grander than the grandest service ever intoned in the aisle of Westminster to departed genius, or the proudest monument ever reared to our greatest statesmen. And now, as we are on the subject of dispensaries, could not the committee, whom we believe sit fornightly, relieve the medical dispensary officer from many of the petty annoyances that he is at present liable to? for instance, could not they provide a porter to keep some sort of order in the prescribing rooms, and not let the number of people crowd in on the medical officer all at once, thus hindering him from doing his duty with that ease and calmness that he would require when examining difficult cases? As we have visited these rooms, and seen what the medical officers have to do, we beg of the committee to do the same; stay with the medical man as he prescribes; with the apothecary as he dispenses, and then, and not until then, will they have the slightest idea of the work gone through by those gentlemen, who, we are sorry to have to write it, many of the committee think little better than mere servants, and when it comes to £ s. d. with them will vote for the smallest possible sum to support men who risk their lives to relieve their fellow-creatures from sickness, and rescue them from death.—'Cork Reporter.'

Births, Marriages, and Deaths.

BIRTHS.

Hodges.—On the 7th inst., at Watton Cottage, Hertfordshire, the wife of Herbert B. Hodges, Esq., M.R.C.S., of a son.

Strever.—On the 4th inst., at Bexley heath, Kent, the wife of T. R. Strever, Esq., F.R.C.S., Retired List, H.M.'s Bengal Army, of a son.

Todman.—May 26, at Magill, South Australia, the wife of James Todman, Esq., M.D., of a son.

MARRIAGES.

Meadows—Gordon.—On the 2nd of May, at the Church of the St. John Del Rey Mining Company, Minas Geraes, Brazil, Henry Frederick Meadows, Esq., M.R.C.S.E., Principal Medical Officer of the Establishment, to Jane Grieve, oldest daughter of James N. Gordon, Esq., F.R.S.A., late of the Priory, Islington, and Superintendent of the St. John Del Rey Mining Company, Brazil.

Nairne—Syme.—On the 2nd inst., at Jamestown, Alexandria, John Nairne, M.D., of Perth, to Jessie Crichton, second daughter of the late William Syme, Esq., of St. Andrews.

SIMPSON—HEWSON.—On the 2nd inst., at St. Giles's Church, Bloomsbury, Andrew Simpson, M.D., late of the Medical Service, Madras, to Mary Hewson, of South crescent, Bedford square.

WATERS—BURGESS.—On the 3rd inst., at St. George's, Bloomsbury, John Waters, Esq., M.R.C.S., of Southampton street, Bloomsbury, to Mahalah Deverenx Burgess, eldest daughter of William Burgess, Esq., of Cannon street, City.

DEATHS.

BEAUFOY.—June 21, at Portsea, Hants, Charles Beaufoy, late Assistant-Surgeon, H.M. 25th Regiment of Foot.

CODRINGTON.—May 3, from a fall from his horse, at Braidwood, New South Wales, George Frederick Codrington, M.D., aged 50.

DAVIES.—On the 8th inst., Richard Wright Davies, M.R.C.S. Eng., L.S.A. Lond., of Great Rrooke street, Birmingham, aged 39.

EVANS.—On the 9th inst., Richard David Jones Evans, M.D. Mar. Coll. Univ. Aberd., F.R.C.S. Eng. (Hon.), L.S.A. Lond., Senior-Surgeon to the Hertford General Infirmary, of Hertford.

LEECH.—On the 7th inst., at Carlton terrace, Rathmines, Dublin, Robert Leech, M.D., aged 67.

LUDLOW.—April 21, Henry Christopher Ludlow, M.D., of 14 Chapel place, Vere street.

SEMPLE.—At Grove house, Castlebar, co. Mayo, Charles William Semple, A.B. Trin. Coll. Dub., L.R.C.S. Irel., L.M. Rotunda Lying-in hospital, Staff Assistant-Surgeon, Army, aged 26.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the Comitia Majora, held on Saturday, July 12th, the following gentlemen, having undergone the necessary Examination, and satisfied the College of their proficiency in the Science and Practice of Medicine and Midwifery, were duly admitted to practise Physic as Licentiates of the College :—Messrs. Julius St. Thomas Clarke, Leicester; Edward Smith, 1 St. George's place; William Lyons, M.D., Madras; William Horton Trevor Power, University College; Edward Livesay Dixon, Preston; Henry Marshall Rowland, Bootle; William Walls, Hindley, near Wigan; and William Partridge Mills, Ipswich.

MIDDLESEX HOSPITAL MEDICAL COLLEGE.—The Distribution of Prizes took place on July 11th, 1862, Captain the Honourable Francis Maude, R.N., in the chair.—*Prizes and Certificates of Honour awarded to First Year's Students.—Summer Session*, 1861.—First Prize, Mr. John Ablewhite Smith, Louth; Second Prize, Mr. Alfred Brend, Bideford, Devon. CERTIFICATES OF HONOUR.—*Materia Medica* (Dr. H. Thomson).—Mr. J. A. Smith, Mr. A. Brend, Mr. G. E. Pyle, Amesbury, Mr. H. W. Freeman, Bideford. *Botany* (Dr. T. Spencer Cobbold).—Mr. J. Ablewhite Smith, Mr. Alfred Brend, Mr. George E. Pyle, Mr. Henry William Freeman. *For Herbaria*—Mr. T. Lucas, Burwell, Cambridge, Mr. E. Snell, Plymouth, Mr. J. Fernie, Kimbolton. *For Botanical Dissections*—Mr. Ebenezer Snell, Mr. Thomas Lucas. *Practical Chemistry* (Mr. Taylor and Mr. Heisch)—Mr. J. Smith, Mr. G. E. Pyle, Mr. M. de G. Hurlestone, London, Mr. A. Brend; Mr. A. Bick, Minehinhampton, and Mr. H. W. Freeman.

Winter Session, 1861-62.—First Prize, Mr. Henry William Freeman, Bideford; Second Prize, Mr. George Clements, Brixham, Torbay, and Mr. Robert King, Moulton, Lincolnshire. CERTIFICATES OF HONOUR.—*Anatomy* (Mr. Moore)—Mr. H. W. Freeman, Mr. Robert King, Mr. G. Clements, Mr. Alfred Bick, Mr. H. Basan, London. *Physiology* (Mr. De Morgan)—Mr. Henry William Freeman, Mr. George Clements, Mr. Robert King, Mr. Alfred Bick, Mr. C. E. H. Rogers, Westmeon, Hants., Mr. E. Norton, Birmingham. *Chemistry* (Mr. Taylor and Mr. Heisch)—Mr. H. Cribb, Bishop's Stortford, Mr. H. W. Freeman, Mr. H. P. Chandler, London, Mr. Robert King, Mr. G. Clements, Mr. E. Norton.

Prizes and Certificates and Honour awarded to Second Year's Students.—Summer Session, 1861.—First Prize, Mr. Edward Morgan, Nantybenglog; Second Prize, Mr. John Wallis Mason, London. CERTIFICATES OF HONOUR.—*Midwifery* (Dr. Priestley)—Mr. Edward Morgan, Mr. John Wallis Mason, Mr. William D. Spanton, Mr. C. P. Langford, Hingham, Mr. Richard Purnell, Wells, Mr. L. F. Osbaldestone, Hatfield, Mr. Woodfield Eagles, Aylesbury. *Forensic Medicine* (Mr. Henry and Dr. Greenhow)—Mr. John Wallis Mason, Mr. William D. Spanton, Mr. Edward Morgan, Mr. Charles Phineas Langford, Mr. Lyttleton F. Osbaldestone.

Winter Session, 1861-62.—First Prize, Mr. John Ablewhite Smith; Second Prize, Mr. Thomas Lucas. CERTIFICATES OF HONOUR.—*Medicine* (Dr. Stewart and Dr. Goodfellow)—Mr. J. A. Smith, Mr. G. E. Pyle, Mr. T. Lucas, Mr. A. Brend, Mr. Albert Weaving, Oxford. *Surgery* (Mr. Shaw)—Mr. J. A. Smith, Mr. T. Lucas, Mr. G. E. Pyle, Mr. A. Brend, Mr. F. H. Alderson, Ipswich, Mr. W. G. Curgenven, Plymouth, Mr. A. Weaving, Mr. C. J. Pyle, Amesbury. *Anatomy* (Mr. Moore)—Mr. Thomas Lucas, Mr. J. Ablewhite Smith, Mr. Alfred Brend, Mr. William G. Curgenven, Mr. John Ring, Wincanton, Somerset, Mr. Geo. E. Pyle, Mr. Albert Weaving, Mr. James S. Turner, London, Mr. Ebenezer Snell and Mr. A. Waymouth, Stoke, Devonport, Æq., Mr. Fred. H. Alderson, Mr. Charles J. Pyle. *Physiology* (Mr. De Morgan)—Mr. J. Ablewhite Smith, Mr. Thomas Lucas, Mr. Albert Weaving, Mr. Alfred Brend, Mr. George E. Pyle, Mr. Fred. H. Alderson, Mr. Albert Waymouth, Mr. James Smith Turner, Mr. William Grafton Curgenven. *Pathology* (Mr. Sibley and Dr. Murchison)—Mr. J. Ablewhite Smith, Mr. Albert Weaving, Mr. Thomas Lucas, Mr. Alfred Brend, Mr. George E. Pyle, Mr. Charles J. Pyle.

Prize offered by the Medical Society for the best Paper of the Session, Mr. John Ablewhite Smith. *Prizes awarded to Third Year's Students*—Clayton Prize for Comparative Anatomy—Prize, Mr. William Montagu Hall, Welby, Newark; Certificate, Mr. James Edward Bennett, Devonport. Prize in Clinical Medicine—First Prize, Mr. Charles Wightwick Pitt, Malmesbury; Second Prize, Mr. Lyttleton F. Osbaldestone. Prize in Clinical Surgery—First Prize, Mr. Woodfield Eagles; Second Prize, Mr. Charles Wightwick Pitt. Governors' Prize (for the best Reports in both Clinical Medicine and Clinical Surgery), Mr. William Dunnett Spanton, Loughborough. *Honorary Certificates of General Good Conduct and Diligence*, Mr. Henry C. Bury, Mr. Philip A. Cornish, Mr. Woodfield Eagles, Mr. M. de G. Hurleston, Mr. Thomas Joyce, Mr. C. P. Langford, Mr. William E. Lee, Mr. John W. Mason, Mr. Edward Morgan, Mr. L. F. Osbaldestone, Mr. Charles W. Pitt, Mr. Richard Purnell, Mr. S. Rutherford, Mr. William D. Spanton, Mr. W. M. H. Welby.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, July 10, 1862 :—John Foster, Bradford; Charles Noyce Kernot, West Cowes, Isle of Wight; William Walls, Hindley, Lancashire; John James, Cardigan; Sloane Michell, Minehead, Somerset; William Bazeley, 5 St. Aubyn street, Devonport; Richard George White, Melton Mowbray, Leicester; Charles Ebenezer Harle Islington; John Roberts, Kidwell, Carmarthenshire; John Hamer Oliver, Llandysilio, Montgomeryshire. The following gentlemen also on the same day passed their first examination :—Horatio Bate Goold, William Adolphus Frederick Caudle, and Matthew Leach, King's College; Henry Addison Hobbs and Thomas Griffiths, St. Thomas's Hospital; Thomas Carter, Guy's Hospital; Charles Spurway, St. Bartholomew's Hospital.

APPOINTMENTS.—Sir James Lomax Bardsley, Knight, M.D. Univ. Edin., F.R.C.P. Lond., has been appointed Deputy Lieutenant for the County Palatine of Lancaster.—Thomas George L'Enardi Baretti, M.R.C.P. Eng., L.S.A. Lond., has been elected Surgeon to the Free Institution for Diseases peculiar to Women and Children, St. James's-square, Bristol.—John Morgan Bryan, M.D. Univ. King's Coll. Aberd., F.R.C.S. Eng., L.S.A. Lond., has been re-elected Treasurer and one of the Joint Secretaries of the South Midland Branch of the British Medical Association.—Joseph Clough, L.R.C.P. Edin., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the newly-formed district of Woodhouse, in the Huddersfield Union, Yorkshire, comprising Bradley, Deighton, Sheepridge, and Coneliffe.—Henry Day, M.D. St. And., Ext. L.R.C.P. Lond. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been elected one of the Physicians to the Staffordshire General Infirmary, Stafford.—Peter Martin Duncan, M.B. Univ. Lond., M.R.C.S. Eng., has been appointed Consulting-Surgeon to the Essex Hall Asylum for Idiots.—George Pocock Goldsmith, M.R.C.S. Eng., L.S.A. Lond., has been elected Joint Secretary (with Dr. Bryan) of the South Midland Branch of the Medical Association, *vice* Robert Charles Hurst, M.R.C.S. Eng., L.S.A. Lond., deceased.—Frederick Greenwood, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Huddersfield and Upper Abrigg Infirmary, *vice* William Greenwood, F.R.C.S. Eng., L.S.A. Lond., resigned.—Hugh Spencer Hughes, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Walsham-le-Willows District (No. 6) of the Stow Union, Suffolk, *vice* Walton Kent, L.S.A. Lond., deceased.—John Ireland, M.R.C.S. Eng., L.S.A. Lond., has been elected Vaccinator for the Kingswinford District, Stourbridge Union, Worcestershire.—Robert Law, M.D. Univ. Trin. Coll. Dub., Hon. F.Q.C.P. Irel., has been appointed Professor of the Institutes of Medicine at the School of Medicine and Surgery, Trinity College, Dublin, for a further term of seven years.—Edward Lynes, M.D. Univ. St. And., M.R.C.S. Eng., and L.M., L.S.A. Lond., has been appointed Surgeon to the Coventry and Warwickshire Hospital, *vice* John Walter Bury, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., resigned.

OXFORD UNIVERSITY.—At a Congregation held on the 3rd inst., the degree of Bachelor of Medicine was conferred on C. D. Macleane, Exeter College.

MEETING OF THE BRITISH MEDICAL ASSOCIATION.—A *conversazione* will be held at the College of Surgeons, on the 5th August, and one at the College of Physicians, on the 6th, to receive the Members of this Association.

THE CORONERSHIP FOR THE WESTERN DIVISION OF MIDDLESEX.—The official declaration of the poll for the Coronership of the Western Division of Middlesex was made on Wednesday last, at Brentford, by Mr. Sheriff Twentyman, who intimated that the election had fallen on Mr. James Bird by a majority of 382; the numbers being.—for Mr. Bird, 1,143; Mr. F. Charsley, 761.

APPOINTMENTS FOR THE WEEK.

Wednesday, July 23.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.

Thursday, July 24.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

LONDON SURGICAL HOME.—*Operations:* 2 p.m. Two Cases of Vesico-Vaginal Fistula; Fibrous Tumour of the Uterus.

Friday, July 25.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, July 26.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 2 p.m.; Charing-cross Hospital, 2 p.m.

Monday, July 28.
Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, July 29.
Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Incontinence of Urine. By Dr. W. A. Smith. Second Edition. London: H. K. Lewis, 15 Gower street, North.
Notes on Spa. By Dr. T. Cutler.
Vichy and its Mineral Springs. By Dr. Edwin Lee. London: John Churchill, New Burlington street.
A Notice of Mentone. By Dr. E. Lee. London: W. J. Adams, 59 Fleet street.
Clinical Medicine. By Dr. W. T. Gardiner. Edinburgh: Edmiston and Douglas.
Report of the Guardians of the Poor of St. Martin's-in-the-Fields.
On the Therapeutic Law of Specific Remedies. By Arthur de Noé Walker, Esq. London: G. Clayton, 315 Regent street.
On the Therapeutic Action of Atomic Doses. By Arthur de Noé Walker. London: Turner and Co., 77 Fleet street.
On the Prevailing Ignorance of the Materia Medica in the recognised Schools of Medicine. By Arthur de Noé Walker. London: G. Clayton, 315 Regent street.
Chemist and Druggist for July.
General Debility and Defective Nutrition. By A. Smee, Esq., F.R.S., &c. Second Edition. London: John Churchill.

NOTICES TO CORRESPONDENTS.

MR. MILTON AND HIS CRITICS.
To the Editor of the Medical Circular.

SIR,—Your reviewer, in a critique on my work on 'Gonorrhœa,' says that I begin with a fierce attack on the critics. Pardon me for saying that I have done nothing of the kind. I have most distinctly stated that I had no quarrel with the critics, and had no reason to quarrel with them. I simply meant to attack those *few* who had *wantonly* assailed others; the manglers of the press. I thought I had said this so clearly that it would not be easy to mistake my meaning.

Your reviewer says this kind of thing will do me no good. More is the pity, then, if a writer cannot reply to a malicious onslaught without suffering for it. I must, however, venture to doubt the conclusion he draws. From all sides I have heard but one opinion on the subject, and that a very different one.

Trusting you will do me the honour to insert this,

I remain, Sir, &c., J. L. MILTON.

24 Castle street, July 14, 1862.

Dr. KNOX.—Received.
F.R.C.S.—M. Nelaton's operation of ovariotomy was not the *first* successful one that has been performed in France; there having been three others antecedent to his.
P. P.—Our attention has been already drawn to the subject. We cannot express our opinion upon it until Dr. Clay has made his own statement.
MR. ARTHUR DE NOE WALKER.—Letter received, but as it refers to matters that have appeared in another journal we cannot insert it.
Mr. YOUNG.—1st. Yes.—2nd. Yes.
J. H.—One of the best disinfecting agents that can be employed is Condy's fluid, consisting of salts of magnesia and permanganic acid. The permanganate of lithia has lately been brought into use as a medicinal agent, and is said to be beneficial in cholera, diarrhœa, and allied states of the intestinal canal.
CHIRURGUS AND SUBSCRIBER.—We know of no specific. Try blistering.
A SUBSCRIBER.—The general redness of the skin, associated with paleness of particular parts, is not a certain sign that the circulation has continued after birth; a deep brownish red tinge being a characteristic appearance of the skin of a fœtus that has died within the womb. There is a distinction of colour that should be noted, and taken into account with other signs. A decisive opinion could not be given without a post-mortem examination.
L.S.A. The Bill has no such clauses; our correspondent need not be alarmed.
Mr. JOHN H.—We may probably advert to the subject.
Dr. HEARNE.—Received with thanks.
Dr. EVANS.—We have no means at hand enabling us to comply with your report.
LABOR OMNIA VINCIT is advised to communicate with the Secretary of the College of Physicians.
Dr. PARK'S interesting communication is inserted.
Mr. WAKE.—Received and inserted.

Messrs. Nicholson and Co.,

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JOURNAL

OF

Practical Medicine and Surgery.

ART. 6258.

MISCELLANEA.

— Dr. H. Roger has recently presented the *General Association* with a gift of 12*l.*

— Mr. Bretonneau's obsequies were celebrated at Tours, on the 7th of May, with a degree of solemnity suited to the reputation of that eminent practitioner, and to the importance of his native city. Several speeches were delivered on the occasion, by Messrs. Bouillaud, Velpeau, and Trousseau. Mr. Velpeau's address being more especially descriptive of the private character of the man, than of the well-known scientific labours of the late much esteemed professor, we are happy to be able to reproduce, for the benefit of our readers, the principal features of this animated sketch of the life of one, who may be justly termed the Medical *Lafontaine*.

" . . . . . To do Mr. Bretonneau full justice," said Mr. Velpeau, "he must not be measured by the standard of common men, nor his acts judged by conventional rules. He stands out alone, a strongly marked human impersonation, and neither thought, felt, nor acted like others. He life was singularly eccentric; he slept or watched at all hours, cold or heat were equally indifferent to him. Careless of time, place or subject, he willingly talked on all matters. I have seen him sleep while riding from Tours to Chenonceaux, without wavering in the saddle, or interrupting his conversation. While speaking with a patient, he would sometimes fall asleep in the middle of a phrase, but without losing the thread of his discourse, which he would resume without his temporary absence being noticed.

"His diet was most irregular; he would eat and drink whenever urged by appetite, at night as in the day, without bestowing a thought on the matter, or reference to the regular meal-hours of his family. All his acts were equally spontaneous, and displayed utter unconcern of the future. He had no fixed plan, no pre-arranged system. When any object interested him, he exclusively devoted himself to that alone, and nothing could divert his attention from his inquiry.

"When engaged in the study of diphtheria and typhoid, he would turn his back on any one who spoke to him on any other subject. If a stranger rang the bell, he would say 'Pray inquire, and if it is a case of sore-throat or fever, say I shall call, otherwise I am not to be seen.' On his return from hospital, if Mr. Bretonneau was permitted to set foot within his garden, his patients were at once and utterly forgotten. It was impossible to tear him away from his flowers, vines, or vegetables.

"One day while performing an operation for cataract, he was dissatisfied with the shafts of the needles. At once he suggested an alteration, which has since been adopted generally, and lest a workman should not fully enter into his idea, he fabricated the instruments himself, and for three days could not be dragged from the workshop. On another occasion, he invented tubes for the preservation of vaccine matter, and for entire days he worked with the enameller's lamp, and the blow-pipe, bending, melting, and remodelling glass, and, finally, producing capillary tubes, which have long been preferred to all others, but for this new pursuit he again abandoned his patients.

"It was of course next to impossible to get speech with a man of so eccentric a disposition, and yet his practice was most extensive. He was eagerly sought after by all the gentry of the whole country around, and of the neighbouring departments, and was often summmoned to Paris by persons anxious for his advice; never did a provincial practitioner extend his reputation over so wide a range. Each patient was for him *a fact* requiring elucidation. He visited him at all hours, uncalled, often or seldom, as he thought proper. He would watch the case for an hour, for half the day, or merely look in without any measurement of time, and personally superintended the punctual execution of his prescriptions, which he often administered himself.

"Whimsical, peremptory in his opinions, inimical to useless discussion, he was impatient of the conventional rules, which regulate professional intercourse. From absence of mind, he was most unpunctual in his appointments. One day three physicians expected him at the house of a patient; after waiting three quarters of an hour, they retired. He had passed an entire hour in the kitchen in high discussion with the cook, on the subject of some culinary preparation. A candidate to whom he was partial, once wrote to say that his well-known influence with the judges of a competition would be necessary. On the morrow he proceeded to Paris; but on leaving the railway-station, he fell in with professors of his acquaintance who enticed him into a discussion upon some arduous point of science, which required for its investigation visits to the museum, the botanical gardens, the College of France. In short, preoccupied with this new matter, he returned to Tours, without having even seen his friend or the judges, on whom depended the issue of the competition which had brought him to town. Instances of the kind abound in Bretonneau's life.

"The motive of his labours and researches was always different from that which actuates other men. It was neither vanity nor ambition, nor was it love of fame; his purpose was ever the discovery of the unknown. His sole ambition was the elucidation of abstract truth, freed from all doubts and obscurities; he pursued his object with extrordinary earnestness and perseverance. No obstacle could check him. During the epidemics of sore-throat and typhoid the practitioners of Tours, startled at his novel doctrines, asserted that cases differed in private and in hospital practice. To detect the cause of error, and undeceive them, one method only occurred to Bretonneau—viz., *post-mortem* examination. The families of the dead were unwilling to consent to the dissection of the bodies of their relations, and the other physicians were luke-warm in the cause. Autopsy, however, was necessary, and the question was sufficiently important to justify that measure. Body-snatching, a hazardous proceeding at all times, and forbidden by law, was, of course, impracticable by day, but at night, the authorities to whom the matter was hinted, might, in favour of the motive, wink at the illegality of the act. Every night, therefore, towards two o'clock, armed with ladders, we repaired to the cemeteries, and scaled the walls like malefactors. In the course of a few months, we thus effected thirty-six post-mortem examinations of persons who had died of diphtheria or dothinentery; we were often suspected and watched, twice we were fired at, and, an accomplice in these perilous expeditions, I was wounded in the leg, where I shall bear a lead-shot to my dying day. But the great object was attained, the scientific question received a satisfactory solution, and the disease was found to have produced exactly the same anatomical lesions in private practice as in hospital.

"Any one but Bretonneau would have taken advantage of his discoveries, and written to the journals, and to the Academies; this never occurred to him. He related his researches to every one, thoughtless of spoliation, and never attempted to publish. The few papers he consented to print were actually forced from him by my own and Mr. Trousseau's entreaties.

. . . . . .

"Bretonneau's was a bold and inquiring mind, a keen and deep intellect; as an observer, he was scrupulous, attentive, shrewd, and original to a fault. Whatever subject he approached, he sifted to the bottom; whatever he touched, he modified, improved, and completed. Were all his useful discoveries in medicine or in horticulture published, science would possess many volumes signed with his name.

"His intellectual powers were more marked by acumen than by extent; æsthetics, lofty philosophical views, abstract ideas, did not suit his taste. A man of placid judgment, he excelled in the investigation of facts; despite his natural circumspection, he yielded to the allurements of scientific

research, regardless of noisy discussion abroad, and heedless of popular prejudice or universally accepted opinions. His clear intellect, and amiable simplicity of manner, not incompatible with a considerable degree of sly and somewhat satirical humour, made him a charming and instructive companion. Whatever the subject of conversation, he was sure to start some new and quaint view in an unexpected manner.

"Surrounded by public esteem, sought after by all, Bretonneau would have realised a large and legitimate fortune, had he not thought as little of money as of fame. Bretonneau never once asked for payment, or stated the amount of a fee. His patients paid him or not, as suited them; he never attended to the matter. Important sums were, however, often handed to him, for all men are not ungrateful; but any one might take advantage of his temporary windfalls, he knew neither how to use nor how to protect his property. He lived from hand to mouth, and gave to whoever asked. . . . . .

Bretonneau is now an historical figure. Touraine is justly proud of having given birth to such a man, and of having to the end kept him in the midst of her children. Descartes, Rabelais, P. L. Courier, and others it is true, were also born in our beautiful Touraine; but, almost all these eminent men sought glory far away from their home, and the city of Tours has never possessed within its walls, a medical celebrity of equal eminence, or surrounded by so bright a halo as Bretonneau, who lived and died in his native city."

— The Medical Society of Bordeaux, proposes for competition two subjects, which are ushered in by the following preamble:

In many instances, an attentive observer may discern in pregnant women, certain physiological aptitudes or various general or local morbid conditions, which may give rise to, or promote the development, at a given time, of puerperal affections, such as fever, metritis, metro-peritonitis, eclampsy, apoplexy, paralysis, syncope, &c.

Without neglecting the important changes the nervous and circulating systems are liable to during utero-gestation, which may induce, under circumstances hitherto undetermined, the sudden cessation of life, the candidates are expected to inquire into the idiosyncrasies and morbid conditions above alluded to, as premonitory of puerperal symptoms; and to indicate the hygienic and therapeutic measures best calculated to modify them, and to treat fully:

"*Of the prophylactic and curative agents applicable during utero-gestation, and calculated to avert the occurrence of puerperal disease.*"

A gold medal, value 12*l.*, will be awarded to the author of the best memoir, at the annual public meeting of the Society, in 1862.

A gold medal of the same value will also be adjudged at the annual meeting of 1863, to the author of the best memoir on the following subject:

"*Analytical and Critical Study of the Numerous Publications on Typhoid Fever, Calculated to Facilitate the Appreciation of its Nature, Causes, and Treatment.*"

The papers, legibly written in the Latin, French, Italian, English, or German languages, to be forwarded (post-paid) to — Desgranges, M.D., Secretary-General of the Society, Rue St. Catherine, 25, Bordeaux, before the 15th of October, 1862.

— The Medical Society of Lyons offers for competition a sum of 12*l.* to the author of the best memoir on the subject of *Contagion*, and another prize of the same amount, for the best paper on *The Diseases Consequent on Habitation in Newly-constructed Houses.* Candidates for the latter prize must illustrate, by cases in point, the characters and direct causes of the affections induced by the agency alluded to. They are also expected to point out, with precision, the signs which show that a building may be occupied without danger, and, in case the present administrative regulations are declared to be insufficient, to draw up rules which may guide the authorities in the repression of abuses.

The memoirs must be forwarded before the 15th of August, 1863, to Dr. Diday, Secretary-General, at Lyons.

— The Minister of the Interior has appointed a committee to investigate the question of hospital architecture, and to present designs and models on the subject.

Mr. Parchappe, Inspector-General of Lunatic Asylums, is the only physician whose name appears in the list of members.

— Dr. Eissen expresses himself as follows in the *Gazette Médicale de Strasbourg*, with regard to the creation of the new Professorships at the School of Medicine of Paris.

"It will be obviously impossible to leave the provincial schools in a state of utter inferiority, and yet their suppression will be equally impossible, either at Montpellier or Strasburg. The latter Faculty is the nursery of the Medical Staff of our Army, and can neither be closed nor doomed to confer insufficient knowledge on its pupils, who, belonging to the army, are not at liberty to select other sources of instruction.

"It is, however, in some degree satisfactory to be able to proclaim, that histology has been taught at Strasburg, long before the official creation in Paris of a special chair devoted to this branch of science. For several years, Professor Küss has lectured on this important subject, and the researches of Messrs. Morel, Fellow of the Faculty, and of Staff-Surgeon Villemin, have not been unnoticed by the learned, and bear witness to the progress of histological studies at the School of Strasburg.

—The following is an extract from the *Presse Médicale Belge:*

"An English Medical periodical has recently adduced the singular fact that in the United Kingdom, in 1859, 422 soldiers out of every 1,000 were sent to hospital for syphilis. In the garrison of Paris, the proportion is 34, and at Brussels, 67 per 1,000. Thus, for one case of syphilis in the French army, we find two in Belgium, and twelve in England.

"We are ignorant of the source whence these figures are derived; Belgium is perhaps in Europe the country in which the most effective preventive measures have been adopted to arrest the dissemination of syphilis; and it is certainly in Belgium that the scourge is the least prevalent. The inaccuracy of the above statistics will be clearly apparent on the perusal of the tables published by Mr. Vleminckx, the Inspector-General of the Hospitals of the Belgian Army. This remarkable publication establishes, beyond contradiction, the fact that venereal disease is much less frequent in Belgium than in France; we say nothing of England, where no preventive measures are in vigour, and where the social evil is totally unrestricted. Syphilis is far more prevalent in Great Britain than it would appear even from the figures reproduced in the English journal referred to.

"We are in possession of documents which show that Italy is not more favourably situated than France or the other countries in which the Belgian regulations are unknown or neglected.

"Thus, at Rome, in 1858, the effective force consisted of 4,531 men, of whom 167, or 3·68 per cent. were admitted into hospital for venereal symptoms.

"In 1859, the effective troops numbered 5,924 men, 406 or 6·85 per cent. were affected with syphilis.

"In 1860, of 8,562 men, 747 or 8·72 were similarly diseased.

"These figures do not include the cases of urethritis or balanitis, treated in the regimental infirmaries; these may be estimated at 12·5 per cent. of the entire force; therefore, in 1859, 20 per cent. of the French army of occupation must have suffered from venereal symptoms, an unexpected result in the Eternal city.

"Turin is not circumstanced more favourably; in 1858, the last year of which statistics have reached us, the aggregate cases of venereal disease, including gonorrhœa, amount to 21 per cent. These figures will doubtless decrease under the influence of the sanitary measures adopted at the suggestion of Professor Spérino, who, during his residence at Brussels, had an opportunity of satisfying himself as to the efficacy of the regulations which protect our metropolis against the propagation of syphilis.

Obituary.—Mr. Loiseau, of Montmartre, well known for his researches on diphtheritic affections, and his successful prac-

tice in cases of croup, died a few days since, from the effects of erysipelas, consequent on pseudo-membranous angina; this disease had been communicated to Mr. Loiseau by a child, in whom he had recently performed tracheotomy. Mr. Loiseau is much regretted at Montmartre, where for the last twenty-five years he unremittingly attended to the duties of his profession.

Dr. Tessier, physician of the Hospital for Infancy, has also died in Paris. Mr. Tessier had for many years been a convert to homœopathic doctrines, which he defended with a considerable amount of talent in the *Art Médical*.

We have also to mourn the loss of Dr. Baumers, of Lyons; of Dr. Bachelier of Le Mans, and Dr. Jacotot, the son of the celebrated originator of the system of universal tuition.

Mr. Ludger-Lallemand, whose appointment as chief of the Medical Staff of the French expeditionary corps in Mexico, we recorded in our February number, has died a victim to yellow fever on the inhospitable shore of Vera Cruz.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (c)

CASE XXIV.—PHTHISIS IN THE THIRD STAGE.

Previous duration.—One year.

Symptoms.—Disease not hereditary; weakness; emaciation; night-sweats; pains in the side; dyspnœa; cough; expectoration; hæmoptysis; amenorrhœa; leucorrhœa.

Lesion.—Excavation in the right, softened tubercles on the left lung.

Result of Treatment.—Persistence of signs of excavation; complete disappearance of the general symptoms and of the signs of lesion on the left side.

Duration of Treatment.—Three months and a half.

Stephanie B., æt. twenty-five, married, sempstress.

Aug. 11th, 1858.—The disease is not hereditary; it began about a year ago while pregnant; since then patient has lost much strength, and has grown very thin; she has neither fever nor rigors, but profuse night-sweats; complains of pains in the side, but finds no difficulty in lying down, and sleeps pretty well; has great dyspnœa; cough frequent; muco-purulent expectoration not very abundant; had a slight attack of hæmoptysis about a month ago, for the first time; appetite good; has no vomitings, and digests well; no epistaxis; never had diarrhœa, but suffered from colic the day before yesterday; catamenia have not appeared since her confinement in January last; now has abundant leucorrhœa; has not been able to work for three months past; pulse 120, regular.

Local signs.—In front percussion dulness below the right clavicle for about two fingers' breadth. On auscultation, on the left, rather rough respiration above and below the clavicle, with a few dry crepitus; resonance of voice and cough; on the right, above the clavicle, loud blowing respiration, with considerable resonance of voice and cough; below the clavicle, blowing respiration, with prolonged expiration, accompanied by moist crepitations; great resonance of voice and cough; in the rest of the lung, coarse respiration, with prolonged expiration; behind, on percussion, diminished resonance throughout the whole of the right side, especially marked in the fossa supra-spinata. On auscultation, on the left, in the fossa supra-spinata, coarse respiration, with dry crepitations greatly increased during cough; in the fossa infra-spinata, moist crepitation still more abundant, with increased resonance of voice and cough; at the base, coarse respiration; on the right, in the fossa supra-spinata, cavernous respiration; perfect pectoriloquy; in the intra-scapular region, small gurglings and pectoriloquy; moist crepitations in the upper two thirds of the lung; coarse respiration at base.

Diagnosis.—Softened tubercles in the left lung; excavation and softened tubercles in the right.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Aug. 18th.—She says the cough and expectoration are less; her strength is returning; feels rather less dyspnœa; her appetite continues good, but the night-sweats are still abundant; the catamenia have made their appearance for the first time for the last seven months, and lasted for five days. Pulse 88, regular, rather full.

Aug. 25th.—Her strength increases, and she has been able to resume working; appetite good, but the night-sweats still as abundant, and she also complains of headache; pulse 120.

Treatment.—Hypophosphites of soda, gr. iv., daily.

Sept. 1st.—Night-sweats have diminished; now only coughs a little in the morning; cephalgia has ceased; she has worked daily for the last week, without feeling fatigued; pulse 96, regular, rather full.

Treatment.—Hypophosphite of soda, gr. iij., daily.

Sep. 13th.—Cough has slightly increased of late; night-sweats have ceased; she is stronger, and has less dyspnœa; is expecting the catamenia; leucorrhœa less abundant; she continues to work; pulse 104.

Treatment.—Syrup of ipecacuanha, ʒij., a tablespoonful at a time.

Sept. 15th.—The night-sweats have not re-appeared, and she says she now feels no dyspnœa; pulse 96, regular, rather full.

Treatment.—Hypophosphite of soda, gr. v., daily.

Sept. 24th.—Scarcely coughs at all, and expectorates but little; says she has no dyspnœa, nor night-sweats; catamenia have appeared abundant, but it were accompanied with slight hæmoptysis, so that she has ceased working; leucorrhœa has decreased; pulse 88, regular and rather full.

Treatment.—Hypophosphite of soda, gr. iij., daily.

Oct. 6th.—Scarcely any cough or expectoration remaining; appetite good; leucorrhœa now very trifling; she works about six hours a day; pulse 88, regular, rather full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Oct. 22nd.—Patient says she is well, and now works ten hours a-day; pulse 76, regular, rather weak.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Nov. 3rd.—The improvement continues; patient can work without fatigue; pulse 96, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Nov. 15th.—Never coughs now she says, nor perspires at night; pulse 96.

On examination the following was noted:—In front, on percussion, marked dulness above the right clavicle. On auscultation on the left above the clavicle, blowing expiration, bronchopony, and resonance of cough; same signs below, but less marked and without the blowing. On the right, above the clavicle, same phenomena as on the left, but less marked. Below the clavicle, a few dry crepitus; no resonance of voice or cough; coarse respiration and prolonged expiration through nearly the whole extent of lung. Behind, on percussion, diminished resonance in the right fossa supra-spinata, still more marked in the intra-scapular region of the same side. On auscultation, on the left, in the fossa supra-spinata, coarse respiration without resonance of voice or cough; no râles or crepitus. On the right side, in the upper part of the intra-scapular region, cavernous respiration with pectoriloquy; no râles or crepitus of any kind. These signs are perceptible over an extent of about three fingers' breadth; below, coarse respiration and prolonged expiration without râles or crepitus.

Treatment.—Hypophosphite of soda, gr. viij., daily, after a suspension of five days.

Nov. 29th.—Has had her feet cold and has coughed more for some time, but within the last two days, the cough has almost ceased; still expectorates a little in the morning; catamenia now appear regularly, and she works ten hours a day; pulse 100, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Dec. 20th.—Catamenia have come well, and lasted for three days; her appetite is good, and strength still increasing; pulse 84, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

Jan. 30, 1859.—Scarcely any cough; appetite good; no night-sweats; is now quite strong and works all day; pulse 60, regular, rather weak.

Treatment.—Hypophosphite of soda, gr. viij., daily, after a suspension of eight days.

Feb. 9th.—Improvement still continues; no general symptoms left; can work ten or twelve hours a day; pulse 80, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., every other day.

March 7th.—Continues well, and is gaining flesh; pulse 96. The same treatment.

March 28th.—Same satisfactory state; pulse 96, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. v., every three days.

April 27th.—Is quite well, she says, and works all day; pulse 72, regular, moderately full.

Treatment.—Hypophosphite of soda, gr. viij., daily.

(c) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

May 30th.—Is going on quite well; pulse 96.
Treatment.—Hypophosphite of soda, gr. viij., every three days.
Oct. 3rd.—The improvement continues. No treatment.
Jan. 9th, 1860.—Going on well. Pulse regular, moderately full.
Treatment.—Hypophosphite of soda, gr. viij., once a week.
May 7th.—No general symptoms.
Treatment—Hypophosphite of soda, gr. iv., every six days.
Sept. 24th.—Has no cough, and says she is quite well.

Feb., 1861.—Has passed the late severe winter in perfect health. Is now seven months advanced in pregnancy, and there is every reason to believe that her confinement will be as favourable as in the normal state. She continues to take the hypophosphites in prophylactic doses.

The patient was confined of a healthy child in May, 1861, was able to get up a week after, and has continued ever since in perfect health, although working fifteen hours a day.

June 24th, 1861.—The following was noted on examination :—On the left side percussion and auscultation sounds, both normal before and behind. On the right, percussion, dulness above the clavicle, diminished resonance below with prolonged expiration, and increased resonance of voice and cough. Posteriorly, dulness on percussion in the fossæ spinatæ and in the inter-scapular space ; blowing respiration, with bronchophony no râles nor crepitas. The patient at this date (June, 1862) still continues to enjoy perfect health. She continues to take the hypophosphites occasionally, because she says she can not do the same amount of work without them.

I offer no comments upon the preceding cases. In my next paper I shall call attention to one or two of the principal features connected with their history.

(To be continued.)

ON THE TREATMENT OF SEVERE VOMITING WITH CREOSOTE.

Although it is not at all uncommon in private practice to find patients of tender years, and even those grown up, now and then affected from various causes with slight vomiting, unattended by any bad result, yet we also occasionally meet with cases of violent and severe vomiting arising from functional disturbance, or derangement of some portion of the mucous membrane of the alimentary canal, which, when severe and persistent, often brings on speedy prostration, cramp, &c., requiring no small skill and promptitude on the part of the physician, so as to avert untoward results, and quickly relieve them safely and successfully. The following cases of vomiting occurred in my practice, not very long ago due seemingly to irritant ingesta :

Case 1. Sept. 11, 1851.—Mrs. M., æt. thirty-four, the mother of a family (not pregnant at this time) was taken ill late at night with retching and vomiting shortly after retiring to bed. Ere long I was sent for, as she was much worse and I was told to come speedily. On seeing her, she was pale and weak ; there was no bowel complaint ; the floor in front of the bed and the smell showed clearly enough that she had, in a very short space of time, vomited a good deal. She had taken some flesh meat the day previous, and complained of a pain at her stomach afterwards, and more so during the vomiting. Made up for her presently, the following mixture :

℞ Creosoti ℥i. ;
Aquæ. ℥viij. Cap. coch. mag. om. hor.

She soon got relief by the mixture, and was up, though weak, and going about her household next day.

Case 2, Oct. 23rd, 1861.—Mrs. D., æt. thirty-seven, a pale thin person, in respectable station of life, and the mother of a family, the youngest four months old, which she was nursing herself, began, soon after having partaken of a fatty animal substance at supper-time, along with the rest of the family, to retch from time to time until vomiting commenced, and, it continuing to become more severe and persistent, a messenger was sent off with all haste and enjoined to bring me immediately as "the mistress was dying." On seeing her, she was still vomiting considerably a liquid of a watery appearance and sour smell, and had herself a cadaverous aspect with a very weak pulse ; complaining much of cramps in her legs ; in addition, great exhaustion had ensued, accompanied by a husky voice, and coldness of lower extremities, but no diarrhœa. From the painful and dangerous position the poor woman was in, evidently, I lost no time in applying every restorative within my reach to bring back heat to the feet and other parts requiring it ; and instantly gave her the creosote mixture myself, in tablespoonfuls every half-hour, until the vomiting abated a little, which it did very soon ; still she retched ; I persevered, however, in continuing the medicine in the same doses only every hour for sometime, and stopped as soon as she was out of danger. Ultimately with great care she made a good recovery.

Remarks :—Had there been cholera in the neighbourhood at the time, I could not easily have distinguished the above case of vomiting from being one ; and, although one prominent symptom, *viz.*, Diarrhœa, was wanting, still I think in all likelihood it would have soon shown itself if the case had not been attended to very promptly.

The undernoted cases of a whole family, more or less affected with severe vomiting were read before the Perthshire Medical Association during the present year.

May 17th, 1862.—J. W., æt. 50, himself and three of his family (two females and a boy), and a female relative, after having partaken together at their usual supper meal of tea and potted-head, which had been brought (cooked and ready) from a butcher's shop in a town about five miles off, the previous afternoon, were all simultaneously affected with retching and vomiting, which, continuing to get very severe, brought on alarming symptoms of exhaustion on two of them, and a neighbour was despatched instantly, about midnight, for me. The man on calling me up said to make haste, as "he feared some of them were dying." On arriving at the house, and then visiting each in their beds, their appearances were as follows :—The father's countenance was of a ghastly hue and anxious aspect, with very weak pulse ; and his youngest daughter who lay by his side, all but prostrate—she was about nine years of age. The next, a boy twelve years of age, considerably weakened ; an elder daughter also, but she stood it out much better, and was not so weak. The relative, an unmarried woman over forty years of age, suffered least. No diarrhœa in any, but only internal pain. Having with me, besides other remedial measures, a small quantity of creosote, I mixed two teaspoonfuls of it in a pint bottle of water, and administered it, in successive doses, instanter. Happily it had the desired effect, after several doses, in checking the vomiting, and the gastro-enteralgic pain. With due rest and careful dieting, which was enjoined, they were all able to be up, though the two worst were still weakly, and moving about the next and following day ; and on the third day afterwards were well again.

Remarks :—On enquiry, before I left the house, I was shown the remains of the potted-head in an ordinary broth or dinner plate. It appeared not to be new-made, and had an unusual colour and unpleasant though not fetid smell. The fleshy portions of the potted-head were tough and very adherent to the other solid parts, which were yellowish. I could not learn in what kind of a pot or pan, whether metal or copper, the potted head was prepared ; but, whether these symptoms were owing to diseased meat, or verdigris, the latter the more likely—is a question that I cannot decide. Here was a family all well up to the time of the sudden and violent vomiting consequent upon partaking of the "meat" with tea for supper. It occurs to me that such cases are worthy of being recorded, were it for no other good than in a medico-legal point of view.

GEO. K. H. PATERSON, L.R.C.P. (Ed. by Exam.).
Balbeggie, Perthshire, July 23, 1862.

RESTORATION OF AN AMPUTATED NOSE.

The following translation from an Italian newspaper, which I have just seen, will be read with interest by some of your readers, as exhibiting the readiness with which cuts unite if made by a sharp instrument, and quickly brought together :

A. C., a Milanese gentleman of undoubted courage, which he proved not only in the late war of Italian independence, but in various duels in which he was engaged, was insulted a short time back by a young Neapolitan officer, who was also well skilled in arms. A hostile meeting was agreed on. When they reached the ground the two combatants crossed swords, and, after a few passes, which they both dexterously parried, Signor A. C. slightly wounded his adversary in the left arm. Unfortunately, neither the wounded man nor the seconds took any notice of the accident. Signor A. C. was thrown off his guard by this occurrence, when the other, by an unexpected sword-cut, sliced off a large portion of his adversary's nose. At the sight of this wound the seconds interfered between the two combatants. Signor A. C., stooping down, picked up the piece of his nose which had fallen to the ground, and, presenting it to his opponent in a joking manner, said, 'I congratulate myself on the beautiful cut which you have given me. I ought to leave my nose with you as a trophy of honour ; but, if you are so good as to allow me the benefit of it for my life, I shall be very much obliged to you.' The young officer, full of wonder at this singular *sang froid*, seized his adversary's hand and squeezed it. A. C., then turning to the medical men, said, 'Gentlemen, put this tool in its proper place ; it is indispensable to my comfort, as I have contracted a habit of taking snuff.' The operation was performed on the spot and with the happiest results.

"JOHN GASON, M.D.

"Baqui de Lucca, July 16, 1862."

LECTURE ON OVARIOTOMY.

By T. Spencer Wells, Esq., F.R.C.S.

Last Monday I made some remarks upon other cases of ovariotomy which we have had here since the beginning of the year. The case which followed that of which I spoke last was a very remarkable one, especially interesting as to diagnosis. The patient was thirty-five years of age. She had been married four years, and had been quite well until May, 1861. About this time the catamenia became irregular, and the abdomen began to increase in size. Pregnancy was suspected, but she went into St. Bartholomew's Hospital early last January, and remained there a week under Dr. Greenhalgh, who gave a very decided opinion that she was suffering from ovarian disease. Others, however, having expressed a different opinion, she called on me on January 30. I found an abdominal tumour extending from the pubes to half way between the umbilicus and ensiform cartilage, reaching low down into the right flank, but on the left side the hand could be passed down between the tumour and the iloium. The tumour felt solid. I could detect no fluctuation either in or around it. It did not adhere to the parietes, and it was slightly movable from side to side. The sound of the aorta could be heard nearly all over it. Low down in the left flank there was an indistinct blowing sound. Nothing like the sound of the fœtal heart could be heard. A few papillæ were developed around the mammary areolæ, which were dark. On examining by the vagina I did not wonder at the suspicion of pregnacy, for the tumour felt exactly like the head of a child just above the brim of the pelvis, and on pressing it, it receded and returned; although this *ballottement* was not very well marked. On moving the tumour in the abdomen the movements of the tumour in the pelvis were felt to correspond in all directions, and the cervix uteri did not move with the tumour. The cervix was far back, large and soft, and the os seemed to be closed, so that I did not think it right to use the sound, especially as there were no urgent symptoms. I told the patient that I was disposed to agree with Dr. Greenhalgh, and believed that the tumour was ovarian; but that it would be desirable to wait for a time. A fortnight afterwards she went to a distinguished Physician-Accoucher, who saw her three times at intervals of a week, and came to the conclusion either that there was some abnormal form of pregnancy—tubular or instertitial—or a fibrous tumour of the uterus. The tumour increased slowly in size, and early in April the general health began to fail. She came in here for a few days towards the end of April. One of my colleagues thought the tumour was ovarian; another thought it was uterine—whether fœtal or fibroid he did not say. It felt extremely like a fœtus through the abdominal parietes, and the *ballottement* between the cervix uteri symphysis pubis was very suspicious; but then there were no fœtal movements to be detected (though the patient said she felt them), no sounds of fœtal heart, no placental souffle. As there was no fluctuation, and as the sounds of the aorta were transmitted, it was clear that the tumour was more or less solid; but still there was a certain evenness of surface (notwithstanding the irregularity), and an elasticity about it, which gave me more the idea of an ovarian than of a uterine tumour. She left the hospital, went to the country, and I saw her on her return in May. She was getting larger, losing appetite, breathing with difficulty, and losing sleep from pain. So she came into hospital again, and M. Nélaton joined our consultation on May 17. At this time a little ascitic fluid had collected, and it assisted greatly in the diagnosis, for it allowed the tumour to move much more freely, and we all became convinced then that the pelvic portion of the tumour was independent of the uterus. On placing a finger on the cervix uteri, and moving the tumour by pressure on the abdomen, the uterus was felt to remain unmoved, except when the tumour was pressed directly upon it. But on placing the finger anterior to the uturus, so as to feel the tumour through the upper wall of the vagina, every movement of the upper portion of the tumour was felt simultaneously in the lower portion. It therefore became quite clear that the uterus was behind the tumour, and that one could be moved independently of the other; but the question was still mooted whether the tumour was ovarian, or a fibroid outgrowth from the uterus. We decided to wait a little, and she went home; but as increase became more rapid, and the distress caused by the pressure greater, she was re-admitted for operation on June 2. There was then less ascitic fluid than when M. Nélaton saw her, but I suspected that there was some recent lymph present between the surface of the tumour and the abdominal parietes, as a soft crackling or rubbing could be both felt and heard. The upper border of the tumour could be felt reaching up to the ensiform cartilage, and here a yielding doughy sort of sensation on pressure led me to suspect the presence of a piece of adherent omentum. I felt quite satisfied, whatever the tumour might be, that its connexion with the uterus was sufficiently loose to admit of removal; although I *believed* it to be ovarian I was obliged to admit the possibility that it *might be* uterine, and therefore, to avoid all chance of misunderstanding, I wrote down the following diagnosis and showed it, before the operation, to the gentlemen present: "Either a semi-solid tumour of the right ovary, or a fibroid out-growth from the uterus, with some ascitic fluid on the surface, and a probability of adhesions on the left side between the tumour and intestine, and of omentum over the upper surface." I removed the tumour on June 5. M. Demarquay, of Paris, Mr. Hey, of Leeds, Dr. Aveling, of Sheffield, and several other friends were present. I first made an incision five inches long, from the umbilicus directly downwards, exposing the tumour and allowing some ascitic fluid to escape, with a good deal of gelatinous lymph. On making a puncture I found, as expected, that the tumour was nearly solid, and accordingly extended the incision upwards to four inches above the umbilicus. Then I separated a large piece of omentum which adhered to the upper surface, and attempted to withdraw the tumour. But I found that to do this without lessening its size would render an incision necessary from sternum to pubes, and I preferred the risk of breaking up the tumour. On doing this a quantity of pseudo-colloid matter escaped into the peritoneal cavity, and I was able to withdraw the tumour, and cut it away after securing the pedicle by a clamp. After thoroughly sponging out the peritoneal cavity the wound was closed as usual, keeping the clamp and pedicle fixed outside the lower angle of the wound.

I have really nothing to say of the after progress of the case, except that the patient got well without a check, and left the hospital three weeks after operation in good health, and I have heard that since her return from a country visit, she has remained perfectly well. . . . .

Whenever the pedicle was so long that the tied end could be kept outside without much pull upon the uterus, the rule has been that the patient has recovered quickly, giving us very little anxiety. But when the pedicle was so short that in order to keep the end outside, the uterus had to be pulled upwards towards the abdominal parietes, there was generally so much exhausting vomiting that I was led to consider the danger of leaving the sloughing end of the pedicle inside, as the lesser of two evils, and in some cases I left it in. But whether the patients recovered or not, they went through a very different course of symptoms after operation from those where the pedicle was long and its end was easily kept outside. In these latter everything generally went well from the first; the dead portion of pedicle beyond the grip of the clamp was removed on the day after operation, the clamp itself on the third, fourth, or fifth day; the portion of slough which had been enclosed between its blades separated a few days afterwards, and by the third week the patient was well. But when the ligature was inside we had a very different train of symptoms. Bilious vomiting and faintness; feeble, fluttering, rapid pulse; pallid, dusky skin; shallow, laboured respiration; and scanty ammoniacal urine, all pointed to poisoning of the blood by the absorption of some portion of the strangulated pedicle. We can see the effect of the ligature upon the pedicle when it is kept outside, and there is no good reason to believe that it can be very different when it is allowed to remain inside. Indeed, when the ligatures come away they generally draw with them just such shreds of black, fetid, dead tissue as we see separate outside. If the ligature be tied tight enough to stop bleeding and to prevent slipping of the pedicle, one can hardly see how strangulation and gangrene of the part of the pedicle between the ligature and the point where the pedicle has been divided can possibly be avoided, and the train of symptoms observed are precisely those which one would expect to follow putrid absorption. Accordingly, by this time last year I had almost determined never to leave the pedicle inside unless I was obliged. Sometimes it was fixed outside by the clamp, sometimes by ligature after removing the clamp, which was then simply used as a convenient mode of securing the vessels until the wound was closed. In a paper which I read at the meeting of the British Medical Association at Canterbury, last autumn, I suggested the following rules of practice:—

When the clamp does not drag on the peduncle too much, it may be left lying across the wound; but it will often be better to secure the pedicle permanently by ligature, and remove the clamp, which had been used to secure it temporarily. Close below the clamp, the peduncle is transfixed by a needle, which carries strong twine; and each ligature is so tied as to include a portion of peduncle of abont a finger's breadth. One general ligature is then tied tightly around the whole as a security against bleeding from any vessel which may have been punctured. The smaller the portion included in each ligature, and the tighter it is tied, the more rapid is the subsequent process of separation. When the ligatures have been securely applied, the clamp is removed, and any superfluous portion of cyst is cut away; but care must be taken to leave enough beyond the ligature to prevent any danger of this slipping off.

"When the peduncle is so long that the stump (or portion strangulated by the ligature) can be fixed outside the abdominal cavity, it is to be brought out at the lower part of the wound, and fixed there by a harelip pin, which is to be passed through it as well as through both edges of the wonnd. It is important that the ligature should be on a level wtth the skin, and that the stump should be surrounded by dressing which separates the sloughing tissue from the raw

surface. When the ligatures are fixed at the level of the peritoneum, raw surfaces surround the sloughing stump, and a sloughing condition of the wound, or putrid infection of the whole system, may possibly result.

"When the peduncle is so short that the stump cannot be brought to the surface without great traction upon the uterus, the common practice has been to bring the ligature through the wound, and fix the free ends securely outside. In one case, they were carried through the inguinal canal beside the round ligament, and the abdominal wound was closed. In another they were cut off short and left, the wound also being closed. It remains for further experience to determine which of these plans is to be preferred; or, if only the vessels should be tied, instead of the whole thickness of the pedicle; or if acupressure can be applied successfully; or if it would be safer to trust to the *écraseur*."

I afterwards became unwilling to delay the operation by this tying behind the clamp; and I also found that I had not overestimated the danger of allowing the stump to sink in between the lips of the wound. So I carried on the idea of the *écraseur*, but with the intention of leaving on the chain or rope for a few hours before completely dividing the pedicle. I had been the first to suggest the use of the *écraseur*, and I knew that it had been employed successfully in America by Dr. Atlee and others since 1858; but I never felt satisfied as to the security against secondary hæmorrhage during the straining of vomiting. So I had a wire-rope adapted to an *écraseur*, and so arranged that all except the cord and a screw to fix the wire after it was tightened could be removed. I then intended to tighten the wire after twelve or twenty-fours, and thus divide the pedicle with less fear of hæmorrhage. But the plan does not answer. It is very difficult to know the exact extent to which the screw should be tightened. If not tight enough, the pedicle may slip: and if too tight, the rope cuts. I have only used the chain *écraseur* itself once. It was on the 11th of last June. The patient was a young lady who was sent to me by Dr. West. Iodine had been injected, and one cyst seemed to have been obliterated by it; but others grew rapidly, and ovariotomy offered the only hope for her. I was assisted most ably at the operation by Dr. Savage, Mr. Pierce, of Notting hill, and Mr. Bateman, of Islington. The tumour was easily removed by the small incision; but there was literally no pedicle whatever. The tumour was closely connected to the right side of the uterus. The great bulk of the tumour consisted of very small cysts with very thin walls, but close to the uterus there was a fibrous mass as large as the fist, apparently contiguous with the uterine tissue. I was able to push the round ligament downwards, and to get the chain of an *écraseur* around this mass close to the side of the uterus; and as soon as the chain was tightened I cut the tumour away. It was clearly impossible so to draw up the *écraseur* as to keep the strangulated portion of tumour outside, so I gradually loosened the chain, intending to tie any bleeding vessel, cut off the ligature short, and return the uterus. But after the chain was loosened and taken away, there was not the slightest bleeding. We even applied warm sponges, to encourage some, rather than run any risk of after bleeding; but the vessels seemed to have been completely occluded by the pressure of the chain; so I allowed the uterus to sink to its natural position, and closed the wound entirely. There was some troublesome vomiting for two days after the operation; but the patient recovered so well that she went into the country on the nineteenth day. Dr. Tyler Smith has adopted the novel plan of dividing the pedicle close to the ligature, cutting away the ends of the ligature, and then returning the stump still enclosed in the ligature into the abdomen, and closing the wound. His experience so far has been favourable; but I must confess that I am not yet disposed to follow his example. I do not like the idea of enclosing within the body a portion of tissue which must be killed by the tight ligature left with it. I do not understand what becomes of either slough or ligature. I know of no experiment yet made on animals which can help us to understand it. So that for the present I prefer trusting to the clamp when the pedicle is long; and when it is short either tying the vessels only (not the pedicle), or using the *écraseur*, or applying acupressure, as recommended by Dr. Simpson, of Edinburgh, or the 'wire-compress' of Mr. Dix, of Hull, which may be considered as a modification of acupressure. No account of the cases in which acupressure was used have been published; but I have heard a vague statement that all the three cases in which it was employed in Edinburgh died of hæmorrhage. This is probably incorrect, and only shows how important it is to publish full reports of cases to prevent the circulation of mistaken rumours. However, I may say that, although I have been often prepared to use the needles as proposed by Dr. Simpson, I have never met with a case where I thought I could use them with safety. Mr. Dix's plan seems more likely to be generally useful. You may find an able paper by this excellent Surgeon, 'On the Advantages of Acupressure over the Ligature,' in the 'Medical Times and Gazette' of June 2, 1860, in which his plan is fully described. It consists simply in passing a piece of wire through the skin beneath the bleeding vessel, and out again through the skin on the other side of the vessel, and then twisting the two ends of the wire, tight enough to stop bleeding, over a piece of cork. After twelve, twenty-four, or forty-eight hours, the wire is cut and withdrawn. There has never been any hæmorrhage in any case where Mr. Dix has tied his plan, and he has used it in three amputations, including one of the thigh. It would be very easy to enclose the entire pedicle of an ovarian tumour in this way, or only the vessels; and if an experiment or two I mean to make on some pigs should succeed, I shall certainly—in some case of short pedicle—give you an opportunity of estimating its utility in ovariotomy.

I may say that the girl last operated on was my 40th case of ovariotomy. If she recovers, which I have no doubt she will, it will give a result of 24 recoveries to 16 deaths,—a proportion exactly of 2 recoveries to 3 operations.—'Medical Times and Gazette.'

EXTRACTS FROM ADDRESSES

DELIVERED AT THE

MEETINGS OF BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

PRESIDENT'S ADDRESS.

It has been stated by a recent Medical writer, that Medical science requires precision and exactitude, and that, unlike the physical sciences, it has no primitive law. There have been those who have endeavoured to establish a law—a primitive law—which should give exactitude to vital phenomena, and with what effect? Not to the enlargement of the domain of the science, but to its degradation and their own ruin. Solidists, humoralists, and vitalists, have had their day, and have passed away. The maxim with others has been "exact imitation" and attention to certain technical laws; and by their theories and practice they have mechanised the Profession, and destroyed the principles of Medical science, whilst they have contracted and given a fixedness to those laws, which must have the widest interpretation. Precision and exactitude cannot be given to phenomena accompanied by circumstances so complicated in their nature, and fluctuating in their operation, as to set at defiance every attempt to exclude their presence, or to neutralise their influence, or to appreciate and allow for the extent of their operation. The destructive agencies of prominent and false doctrines have thus retarded Medical progress. The history of the past gives us examples of wisdom, and enables us to draw lessons of wisdom from its errors. We find that pathology was false, and views taken of the nature of disease were necessarily crude. Treatment was empirical, because it had no scientific basis; but there were men of learning and genius, whose merits have ensured to their names and memories honours more glorious and more lasting than the highest titles which any hereditary or heraldic claims can boast. How difficult is the task to speak in terms adequate to their claims on our admiration and esteem! Our respect is shown for them, not by erecting monuments to their memories, but by reverencing and cherishing the works which they have left behind them; their good works will live for ever, and will for ever furnish examples for reflection, and subjects for honourable distinction.

There are certain reciprocal duties to be exchanged between the living and the dead. There are those amongst us equally deserving our admiration with those who have gone before; links in the great chain between the recorded past and the unknown future; men whose genius and labours stand displayed to us in all their glory, each adding, in his own way, his fruitful productions, to the progress and perfecting of the healing art. We, as we live and work, are to think of those who will come after us, that what we do may be serviceable to them as well as to ourselves; and when we die those who shall succeed us will accept the works accomplished in our day with thanks and remembrance. Each generation is thus fulfilling its duties to *its* past, *its* present, and *its* future; and every practitioner joining heartily in the practice of his profession, should have a persuasion of its perpetuity and of its progression towards a better excellence. It will not then remain to be regretted that we have not a primitive fact. It is a poor art or science which is soon mastered; and the advantage of a true pursuit is, that it never ends. It should be our happiness that art is long—life short; for surely we would not wish the pursuit of knowledge to end before life, nor with it; we might rather indulge the belief that whatsoever is good will never end. New fields for research are opening before us continually, new acquirements are being daily recorded, old hypotheses and theories are rapidly undergoing modification, or giving place to other and more correct ones; and thus we believe that the science of medicine, in preparing itself for generations to come, by storing up the wisdom bequeathed by its ancestors, and accumulating the treasure of its more recent acquirements, is preparing for itself that precision and exactitude which alike dis-

tinguish physical science. It is the belief in the accumulation of knowledge, not merely in the superseding of it, that gives perpetuity to study, adds to the dignity of our calling, and gives us pleasure in the right administration of the produce of our labours.

. . . . . .

It is a matter for congratulation that a higher status has been fixed for general and classical acquirements. The deficiency of early training in those destined for the medical profession has been a great hindrance to its social advancement. In the address delivered to you last year, Dr. Fletcher justified and recommended an apprenticeship of shorter duration than the old term of five years. I fully agree with all that was then said, and it was with some surprise that I found in the leading article of last week's 'journal,' "On the Medical Council and the College of Surgeons," the narrow views which the writer had taken of the utility of apprenticeship. He says: "The effect of the permission granted by the Royal College of Surgeons, is virtually to reduce further the minimum amount of education demanded by the Medical Council. Candidates for the college diploma may throw away a year or more of their time in blundering up to some amount of empirical knowledge." Like Dr. Fletcher, I went through the long term of apprenticeship; and I would ask permission to state some other advantages which may be derived from servitude. A student during his pupilage should become thoroughly acquainted with botany—should have made most of the pharmacopœal preparations—should have acquired the principles of chemistry, and so thoroughly have learned the bones as to be ready at once to commence dissections, in order to give him more time for the bedside and clinical instructions, and to enable him to gain greater practical knowledge than can be acquired by those students who have not undergone the same preliminary discipline. It is not true, then, that apprenticeship merely gives empirical knowledge; and I concur with our late worthy president, that whilst we have gained much, we have lost something—lost the steady application of the youthful student, which the surveillance of a strict and honest master *can* and *ought* to enforce.

The defectiveness of education, and the minimum of acquirements, does not depend upon the years of apprenticeship: the general acquirements must be tested to prove that candidates for the profession possess an organisation suitable for gradual improvement. They must possess senses to perceive, and minds capable of being informed, and desires which shall lead them, not to the passing of this or that examination as the goal of their ambition, but to some nobler end—to the earnest endeavour to possess that which has been acquired and can be imparted by their teachers, and desires which will not leave them content with possession, but will ever be urging them on to the acquisition of greater wisdom. Early training and good school education must be the foundation for that secondary and scientific education which is to be perfected by medical schools according to the regulations of chartered colleges or medical councils.—H. Duncalfe, M.R.C.S.

SOUTH MIDLAND BRANCH.

PRESIDENT'S ADDRESS.

In regard to the vagueness and uncertainty of physic, in its principles as well as its practice, may it not be said that all the maxims and practical operations of human life lie open to the same objection. They all consist of facts and principles which do not admit of mathematical precision; being made up of averages and approximations, all liable in various degrees to error and exception.

Now, without denying the existence of much humiliating truth in some of these sarcasms, which demands our serious consideration, we may fearlessly assert, in spite of all this conventional irony of men who would not hesitate to avail themselves of the aid of the art they so flippantly deride, that no class of men has exerted itself more disinterestedly in practical philanthropy than have physicians and surgeons, who may truly boast that science is their only means to assuage human suffering in all its forms. And those must indeed be morbidly sceptical, who will deny that the superior health and extension of life in this age and country, are in great part imputable to the improved state of medicine. It can be maintained that medicine has made corresponding progress with the rapid advance which has taken place in general knowledge. More progress has been made, more real facts obtained, more sound opinions formed in medicines calculated to alleviate human suffering and remove disease, during the present half century than in any preceding period.

Our knowledge is more exact; our practice more simple, more precise. Those of us who remember the introduction of the stethoscope, must admit the previous difficulty in the diagnosis of most thoracic diseases as compared with the present consequent facility and precision. How much, also, has our knowledge been advanced by the aid of the microscope and animal chemistry, is told by the advance made in the diagnosis and treatment of renal and other diseases. Have we not more definite and exact knowledge of the diagnosis of fevers leading to more correct treatment? Has not our knowledge of the physiology of the brain and spinal cord led to a more ready and correct diagnosis of the pathology of these organs? And, are we not now in the possession of the discovery of new and serious diseases? Are we not entitled to claim credit for the benefits, present and prospective, which the profession has and will have conferred on mankind by the really new science of preventive medicine; benefits, forced as they really have been on a reluctant public by the untiring zeal and great ability of philanthropic members of our profession?

Surgery has made equal progress. Medicine and surgery have been reciprocally benefited by similar labours.

Who can deny the glory of the discovery, and the inestimable value of the application of anæsthetics in medicine and surgery?

By an altered method of study, by more exact and more numerous observations, more cautious inductions, tested and checked by more numerous and more acute observers, have these great advantages been obtained.

Our knowledge of what we do know and can perform is more exact, and we have a more distinct view of what we do not know and cannot accomplish. For, in the words of one of the most classical and sagacious of medical writers (Dr. John Reid—*Essays on Hypochondriasis*), "In the degree in which our knowledge advances, we increase likewise our acquaintance with its comparative deficiency. As the circle of intellectual light expands, it widens proportionately the circumference of apparent darkness."

And if not *proportionately*, has not our knowledge of therapeutics been greatly augmented and much advanced? Is not our treatment of disease more simple, more rational, more exact, more conservative? Apart from the difference of treatment necessarily resulting from the generally admitted altered type of most diseases, how great is the change and how much is the improvement in many important particulars?

I well remember the time when hospital physicians and surgeons of eminence bled largely for delirium tremens; apoplectic and epileptic seizures were attacked with large and repeated bleedings; and, when pain was deemed the exponent of inflammation and treated accordingly; I have often seen inveterate hysteria, variously seated, go the round of the metropolitan hospitals, successively and, of course, fruitlessly assailed by bleeding, cupping, and blisters.

At that period, the elegant writer just quoted, who was far in advance of his contemporaries in diagnosis and treatment, exclaims "At the sight of a patient *in any kind of fits* the surgeon almost instinctively pulls out his lancet. Sometimes even after the paroxysm has subsided bleeding is had recourse to, from a vague and empirical notion of its indiscriminate utility in this class of diseases. Less slaughter, I am convinced, has been effected by the sword than by the lancet—that minute instrument of mighty mischief!"

The same author, in allusion to the then prevalent hepatic pathology and mercurial therapeutics, remarks: "There is reason to believe that many a patient, supposed to be hepatic, but in fact only dyspeptic, has fallen a martyr to a mercurial course; a course which has often been persisted in with a perseverance undaunted by the glaring depredation which it produced."

In those heroic times, when bloodletting and calomel bore sway, it was too often forgotten, or not sufficiently regarded, that, "in too rudely eradicating a disease, there is danger lest we tear up the constitution along with it." The sarcastic admonition of the poet (Quarles) of the sixteenth century was not less applicable in the nineteenth—

> "Hold thy hand, health's dear maintainer,
> Life perchance may burn the stronger;
> Having substance to maintain her,
> She untouch'd may last the longer.
> When the artist goes about
> To redress her flame, I doubt,
> Oftentimes he snuffs it out."

But the former abuse of the lancet has probably led to its present unmerited disuse. Had the valuable observations and sound directions of that late eminent physiologist and practical physician, Dr. Marshall Hall, in his admirable work on the *Morbid and Curative Effects of the Loss of Blood*, been more attentively studied, less of its former abuse and present disuse would have occurred.—Mr. Robert Ceely.

House of Commons, July 14th.—Mr. M. Smith moved amendments of the third clause of the Lunacy Regulation Bill, with the view of excluding two restrictions: one limiting the inquiry in lunacy cases to two years from its date; the other declaring that the opinion of any medical practitioner shall not be admissible as evidence of the insanity of the party. After much discussion, the former amendment was negatived, upon a division, by 86 to 50; the latter was carried by 72 to 53. The seventh clause, relative to the employment of short-hand writers, was negatived. The remaining clauses and certain new ones were agreed to.

Removal of Mrs. Vyse from Newgate.—The unhappy lady Mrs. Vyse, acquitted of the murder of her two children at the last sittings of the Central Criminal Court on the ground of insanity, and who was ordered by the judge to be detained during her Majesty's pleasure, has, by order of the Home Secretary, been removed from the jail of Newgate to Bethlem Hospital, St. George's fields, Lambeth, where she will be kept as a criminal lunatic for the remainder of her days.

THE MEDICAL CIRCULAR.

WEDNESDAY, JULY 30, 1862.

THE BRITISH MEDICAL ASSOCIATION.

On the fifth of next month, the Members of the British Medical Association will flock to the Metropolis from all parts of England, to celebrate the Thirtieth Anniversary of the Society. No doubt they have many causes of congratulation; the weather is warm and sunshiny, there are no epidemics to make them unhappy about their practices, the Exhibition is open and full of wonders, the Metropolis itself is one huge wonder, which everybody likes to look upon two or three times in his life, their own individual health is remarkably good, and their spirits cheerful, the Society has no funds in hand to appropriate to any useful purpose, so that the possibility of a financial dispute is foreclosed, and it has a very bad journal, which everybody is at last convinced it is impracticable to make better. How is it possible for people to be otherwise than happy under these circumstances? When a man is at the top or at the bottom of the wheel, he rarely makes much complaint. It is the transition state from affluence to ruin, or the reverse, that sounds the depths of a man's nature, and agonises him with horrible forecastings of misfortune. When he knows absolutely that he has not a shilling in his pocket, nor a friend to lend him one, he resigns himself to his fate, and looks contentedly around him to find somebody as abject as himself. It is certain he cannot be worse, and may possibly be better off, and thus there is ample room for hope and congratulation.

The British Medical Association is nearly in this situation. A few years ago it levied contributions upon its members to extricate itself from debt, and, we believe, succeeded; but the release was temporary; and at the present moment, though not actually indebted beyond its means of liquidation, it is nevertheless so poor as not to have any margin of income for application to any useful purpose.

How does it happen that an Association with an income exceeding 2,500*l.* per annum, is in such a helpless condition? Why is it that an Association boastfully styling itself "British Medical," is really incapable of promoting Medical science, or of exercising a beneficial influence over Medical affairs. Why is it that the "British Medical Association" is utterly unknown beyond the limits of this kingdom, and excites no interest among the Profession in this country, unless they happen to be members. Could it be conceived possible beforehand, that any society having so large an income to expend, could by any method of mismanagement, so dispose of its funds as to fail to command the respect and admiration of the Profession? Yet this Association, by the operation of a perverse ingenuity, or rather, perhaps, we should say, from the want of any ingenuity at at all—has succeeded in thus effacing itself from the roll of scientific and popular bodies. It is simply a club on a large scale; and its principal business is the preparation and discussion of—a good dinner. But the Society is not extravagant even in this particular, for no man is permitted to eat the dinner unless he pays for it an additional guinea; that is to say, his single dinner costs him as much as his annual subscription to the Society. But what becomes of his subscription? The Society has a Charitable Fund, you say. Exactly so; but there is a separate subscription for that also. The Society itself cannot afford to be charitable; it is too poor. Then it expends a thousand pounds a-year upon commissions to investigate difficult problems in Medicine, Surgery, Therapeutics, Topography, Meteorology, &c.? No. Then it is collecting specimens in Natural Science, or purchasing books that it may be enabled to establish a Museum and Library in each Medical School in the Provinces? No. Then it publishes a series of "Transactions" richly illustrated on a large scale, and in the highest style of art, of which it and England may be proud? No. Then it awards valuable prizes for the most important experimental and clinical researches in Physiology, Pathology, and Therapeutics? No. Then it has organised a central Board for the reception of returns of sickness, operations, methods of treatment, and mortality, from all the hospitals of England which it collates, tabulates, and summarises, publishing the results for the benefit of Medical Science? No. Then it endows scholarships in the various Metropolitan and Provincial Schools for distribution among the most promising candidates, being sons of Medical Practitioners? No. You can't guess; you had better give it up. It publishes a Journal—and such a Journal!

This journal is professedly maintained by the Association for the purpose of having a medium of communication between the members, and of publishing all intelligence that may be sent to it relating to the Association's business. The latter is its most important function, and that our readers may be able to estimate it correctly, we inform them that the Association intelligence, as published in the journal, would not occupy more each week than four columns of the MEDICAL CIRCULAR! Is it becoming, is it just, that the Association should expend 2,520*l.* per annum for such a paltry purpose? Is not this a tremendous price to pay for the accommodation?

If the Association should think fit to publish their intelligence in the MEDICAL CIRCULAR, we could meet their views upon conditions that would enable them to apply one-half of their income to some of the numerous purposes to which we have already alluded. We are merely suggesting what might be done, if the Association were a reasonable body of men, and had an earnest feeling for the advancement of Medical Science.

We refrain from doing the Association the service of criticising the writing and management of their journal, for it is no part of our duty to make the print any better than it is. There is, moreover, a very general conviction of its shortcomings, which will in due season make itself felt without any prompting. All we consider it necessary to add is, that the Association has had noble opportunities which it has heedlessly wasted, and with a superlative profligacy has lavished its treasure upon a journal of which, either as literary or scientific men, they ought to be ashamed.

THE PROSPECTS OF THE POOR-LAW MEDICAL OFFICERS.

A Bill has been introduced to Parliament by the Hon. W. Villiers, of considerable though indirect importance to the Poor-law Medical Officers. The purport of this Bill is to throw upon all the parishes of any Union any excess of expenditure beyond two-thirds over its ordinary expenditure, which may be incurred by any one parish; and, again, in the event of any particular Union being required to expend more than two-thirds in excess of its average expenditure, all the other Unions in the county may be required by an Order in Council to contribute their quotas to meet such excess of expenditure. This is obviously the first step, and a large one,

too, towards a county rating. Should this Bill become law, the principle of an equalisation of rating will be established. The present system is full of injustice in all its relations, and particularly so, as all our readers know, and some feel, in connection with Poor-law Medical Duty. We are, therefore, glad that the Government has determined upon asking the consent of Parliament to a measure that introduces a wedge that will break up, sooner or later, the existing system. We have

We have expressed the opinion in this journal that the best chance of the Poor-law Medical Officers obtaining a recognition of their claims, would be in connection with a general scheme for the equalisation of the Poor-rate. It would be premature at the present moment to urge their case; it is better that the Government should fight the battle of equalisation upon the basis of their general measure untrammelled by subordinate complications; nevertheless we have no doubt that the anomalies in the condition of the Poor-law Medical Officers have occupied the thoughts of the responsible Officers of the Board. Should this Bill pass, the case of the Poor-law Surgeons will have acquired increased strength.

It is probable that an opposition will be made to the Bill in Parliament on principle, and that there will be an attempt to tide over the present distress in the manufacturing districts by a national vote in aid of the suffering parishes. Should this attempt be successful, it would tend to damage the cause of the Poor-law Medical Officers, as it would be many years before the Poor-law Board would venture to equalise the salaries of the Union Surgeons in the face of a condemnation of the principle by the House of Commons. We, therefore, hope that the Government scheme will be carried. We have taken a humble part in helping the cause of "Poor-Rate Equalisation;" and it is not without satisfaction that we see the justice of the principle thus recognised by the Government. Let the Union Surgeons clearly understand that any amelioration of their grievances is closely associated with the success of the new measure.

SUMMARY OF THE WEEK.

ST. THOMAS'S HOSPITAL.

The works for the conversion of the Surrey Music Hall into a Hospital are in rapid progress. All the patients of the old Institution have been provided for in other Hospitals, Guy's and St. Bartholomew's receiving the last complement in the course of the week. The Surrey Gardens are only a temporary abiding place, though the best that could be selected for the purpose on the emergency.

THE COLLEGE CONVERSAZIONE.

Great interest is beginning to be felt in the *Conversazione* that is announced to be held at the College of Surgeons. This is another agreeable evidence of the determination of the Council to identify themselves more intimately with the members. A grumbling contemporary is dissatisfied with the Council, because they did not issue embossed tickets of admission to each member, and labours hard to lift to the surface some ponderous jokes, which have, however, a singular "alacrity at sinking." We will not quarrel with the Council for the course they have taken. Only let it be understood that they will give a *Conversazione once a year*, and that all the members are welcome, we do not think that anybody will find fault with the arrangements, except, perhaps, our discontented contemporary, whose susceptible dermal envelope might be gratified with a little shampooing.

THE LATE MR. PUCKETT.

The man Cox who murdered Mr, Puckett, has been tried for the crime and acquitted on the ground of lunacy. We advert to the subject to keep the attention of our readers to the fact, that a fund is forming on behalf of the late Mr. Puckett's family. If five shillings only were contributed by each Union Surgeon, a considerable sum would be raised. This is a case strongly deserving the consideration of the subscribers to the Medical Benevolent College.

MEDICAL REFORM AND THE MEDICAL COUNCIL.

The 'Lancet' has recently contained elaborate articles on a very simple matter—viz., an alteration proposed by the Medical Council in the Medical Act, for the purpose of increasing the stringency of the clause that forbids the use of Medical titles. One section of the Profession desires that the provision should be made operative only against unregistered and unqualified pretenders, who should be rigorously prohibited from using any title implying that they were duly qualified Medical practitioners. There is another section of the Profession that wishes to extend the penalties of the enactment against all registered practitioners who may use a title to which they cannot prove a strict legal right,—thus against a licentiate of a College of Physicians who calls himself "Doctor," or a licentiate of the Hall who calls himself "Surgeon." The "Medical Council" has been gradually inclining to the latter opinion, and its last resolution on the subject very distinctly affirmed the proposition, although it was so obscurely worded, that it would leave as many anomalies as it professed to redress.

We are opposed to over-legislation in the matter of titles. The public now thoroughly understand that a man may be an M.D. without being a practising Physician; and they do not care to know whether a practitioner who styles himself "Doctor" be a University graduate, or a Licentiate of a College of Physicians. It is probable that if any benevolent person should attempt to enlighten the ignorance of his friend upon so abstruse a question, he would only succeed in increasing his perplexity. Every Fellow and Member of the College of Surgeons styles himself Surgeon; yet the public suffer no deception; and if a man wants a second opinion, he does not apply to Mr. Smith, who keeps an open surgery in the adjoining street, but goes at once to Ferguson or Skey. Our readers may be quite sure that, should the Medical Council attempt to obtain legislation upon this subject, we should watch their proposition very narrowly, and we have not the slightest fear that they would succeed in passing any clause through Parliament that would excite much discontent in the Profession. It is best *quieta non movere*. The clause is imperfect as it stands, and gives the Profession little or no protection against quacks; but it is doubtful whether Parliament would increase its stringency in this respect. Most assuredly, the Profession would not like to see the experiment tried with the insidious design, and possible result, of forging new fetters for registered Practitioners. All existing anomalies will wear down in time. There is no wisdom in being impatient.

THE HERDMAN CASE.

A man of the name of Herdman has been recently tried at Belfast for murder, and as the evidence as to his lunacy was peculiar, we advert to the case. Herdman was stated, when young, to have been eccentric; he was fond of blowing horns and beating drums, wearing false noses, and masks in the streets, and carrying a broomstick in lieu of

walking cane. He was also in the habit of carrying fire-arms, and wore a coat of mail under his dress. He would spend all his money and then threaten to blow his brains out. He would hire a car, and himself drive it, with the natural consequence of getting into trouble with the police. So far these incidents evince nothing but the wildness and freakishness of youth. Hundreds of young men, by no means insane, have worn false noses, driven hack cabs wildly through the streets, and having spent all their money, have threatened to blow out their brains as a suitable remedy for their extravagance. Two learned Thebans gave their testimony, one—Mr. John Thompson, proprietor of the 'Armagh Guardian,' thought him "singular," that he had a "peculiar eye" and was "wild-looking;" the other, Mr. Richard Lilburn, Editor of the same journal, deposed that he was continually taunting the witness for being too tame in whatever he wrote;" this is not, we should imagine, a "singular" evidence of insanity as coming from a reader of the 'Armagh Guardian;" and again that "he was continually boring him with doggrel poetry." We can heartily sympathise with this persecuted editor, and have often involuntarily condemned to irremediable lunacy such unreasonable correspondents; but then all men are not editors. His sister-in-law proved that several members of the family had manifested evidences of insanity,—a father had hanged himself, a sister drowned herself, another was silly, and her mother was very eccentric in her dress, piling up a pyramid of eight or ten caps on her head, and two bonnets when she went out. On the whole, therefore, the evidence of lunacy was strong. Dr. Samuel Browne, however, took an opposite view of the case, and was decidedly of opinion that the prisoner was sane. This shows the difficulty of forming a satisfactory opinion in these criminal cases. We think, however, that the jury took a right course in bringing in a verdict of guilty, with an unanimous recommendation to mercy, on the ground of his eccentricities.

REVIEW OF THE PERIODICALS.

The 'American Medical Times,' (May 31). Dr. JACOBI on *Dentition and its Derangements* supplies a short but good practical lecture. In a translation of a lecture on the *Surgical Service of the Navy in times of War*, by Dr. JULES ROCHARD, we find the following observations:—

"As a general rule, complicated fractures seldom call for the sacrifice of the limb. In marine arsenals, where the larger part of the work requires the employment of many men when enormous masses are being continually moved, these accidents form the larger part of the hospital duties. Experience has taught us to rely upon the strength of nature and the efficacy of continued irrigation. To necessitate amputation, the destruction of the skin, the *abrasion* of the muscles, the crushing of the bones must be extreme, and they must be accompanied by the wounding of the principal blood-vessels. Such wounds will, without doubt, take a long time to cure. For instance, in fractures of the leg, it will often be six months and even more before the patient can walk; and even then when he leaves the hospital, in looking at the deformed limb, which swells and changes color after being for a few hours in a vertical position, we ask ourselves if we have done a real service to the patient, and whether it would not have been preferable to have saved him so much suffering, and have amputated at once. Months, and often years, are necessary to judge of the results. We can then see unhoped-for transformation. The bony soldering has diminished in size, the muscles have regained their shape and strength; the articulations, stiffened by a long disease, have recovered by exercise their movements. The limb cannot be recognised, the patient has forgotten his suffering, and the surgeon congratulates himself on his forbearance. To sum up, when the wounded can be properly attended to, *abstinence* should be the rule, and amputation the exception, in cases of complicated fractures.

"The same rule does not hold good in gunshot wounds. When ball strikes a long bone it splits as well as breaks it. A large number of pointed splinters enter the flesh and produce interminable abscesses and suppuration. Often the unseen cracks extend to the neighbouring articulations, full access is given to the air, and often pieces of clothing and the ball remain in the wound. These disorders are always more extensive than an external examination would lead us to suppose. Surgeons appearing for the first time in the field are often led into a fatal sense of security. Those who have had much experience insist on the seriousness of these wounds; and of the necessity of immediate amputation in most cases. Such was the practice of the leading surgeons in the wars of the Consulate and the Empire. When a long peace had made us forget the precepts of experience, the hospital surgeons denounced this as *wholesale surgery*. The contrary doctrines took root little by little in the schools, and when war was recommenced, surgeons went into the field with the conservative ideas which they had adopted in their studies. But facts soon modified their views, and we see them now-a-days bow before the necessity of active measures, and come back in great part to the practice of their predecessors. The reaction is not complete, and amputations are performed less often than they were. Conservative surgery has taken a large part in the wars of the East and of Italy, and the distinguished surgeons who followed our armies only protest against its exaggerations.

"Larrey, Rebes, and Baudens, insist that all fractures of the thigh should be amputated. Sedillot, Scrive, Guyon, and Legonest, are opposed to immediate amputation. M. Legonest cites twenty-four cases of the upper third of the thigh cured without amputation; M. Roux cites twenty-one from the army of Italy under his care at the Hospital of Saint Mandrier. It is pretty well decided that the wounded can survive these accidents, but are nearly sure to succumb to the operation.

"However, these are the opinions of military surgeons only They cannot be considered as final with the naval surgeons, as the circumstances are different. With the first the number of the wounded often surpasses all the means of properly attending to them, at their disposal; whereas the naval surgeon is always abundantly supplied with all requisites. The army surgeon is often called on to perform operations which could be avoided under more favourable circumstances, such as are to be met with on board ship. We are therefore enabled to practise conservative surgery more than our confrères are, and allowed to infringe on some of their principles."

We observe that Dr. J. MARION SIMS reports cases of *Vaginismus* treated by his new plan, which we have already reported.

The 'British Medical Journal' (June 12) contains a continuation of Dr. Latham's *General Remarks on the Practice of Medicine*. We extract the following paragraphs from a paper on *Apnœa Neonatorum*, by Mr. GEORGE GREAVES, of Manchester:—

"The phenomena of still-birth (excluding the cases of immaturity, morbid action, or atrophy, in the fœtus) are, therefore, ordinarily due to the excessive action of a cause which operates in every labour. That cause is the suspension of the communication between the maternal circulation and that of the placenta, produced, except in those rare cases in which, at an early period of the labour, extensive separation of the placenta takes place, by the closure of the curling arteries of the uterus by the uterine contractions. The blood in the placental capillaries, as has been said, no longer changed by the influence of the arterial blood of the mother, ceases to move onward; the umbilical circulation is in consequence suspended; the aorta of the fœtus becomes congested; and the ventricles of the fœtal heart being in consequence over-distended, their contractions become slower and slower, and finally cease.

"To this explanation it may, perhaps, be objected that the circulation through the cord cannot be suspended, inasmuch as it is still felt to pulsate, although slowly. But the beating of an artery under the fingers is, *per se*, no proof that the blood is passing through it. Tie the navel-string of a child just born, and, although pulsation at once ceases beyond the ligature, yet, between the point tied and the navel, it is for a time as vigorous as ever. A similar phenomenon, viz., pulsation in a part only of the cord, has often been observed where it was not tied. It is difficult to understand how accurate observers, like the late Dr. Denman, could remark that "the pulsation of the cord, when left untied, first ceases at the part nearest the placenta, and then by slow degrees nearer and nearer to the child, until it entirely ceases," without understanding the lesson which such a fact teaches, viz., that what has been mistaken for circulation through the cord is, in reality, nothing but the vibration communicated to the otherwise motionless columns of blood in the funic arteries by the contractions of the fœtal heart. . . .

"The explanation now attempted to be given of the phenomena of apnœa in newly born children, would be incomplete if another point were not referred to. The stoppage of the placental circulation, while it prevents the escape of blood from the body of the fœtus by the arteries of the cord, prevents also the entry of blood by the vein. One obvious effect of this is the loss of the vitalising influence of the maternal blood upon that of the child. As the

whole of the freshly arterialised blood conveyed by the ductus venosus, is carried direct to the left ventricle, and thence to the brain, when the circulation through the cord is suspended, the brain suffers in two ways. Not only is the blood, in consequence of the oppressed and enfeebled state of the heart, sent to the brain with less force, but it is supplied of a deteriorated quality, and the nervous centres are thus rendered unable to furnish the heart with the necessary supplies of nervous energy; hence the state of the child is that of asthenia, and, at least partial, syncope. This, of course, is true only of the purely apnœal, or apparently anæmic, forms of still-birth. It is very different in the apoplectic variety. In that form, respiration has to a small extent been performed, and has again been suspended. By one or two more or less imperfect inspirations, the pulmonary tissues have been sufficiently expanded to cause a part of the blood sent from the right ventricle to pass through the pulmonary arteries. The current through the canalis arteriosus has thus been diminished, and the pressure on the left ventricle to the same extent relieved. It has, in consequence, begun to contract with greater force and frequency. At the same time blood has, in greater quantities, been returned from the lungs to the left auricle, by which the valve of the foramen ovale has been closed, the necessary consequence of which closure, when respiration has again, from any cause been suspended, has been congestion of the right side of the heart, and of the general venous system. Hence the lividity of the surface, and the swollen features, the truly comatose state from cerebral congestion, and the occasional occurrence of sanguineous effusions within the cranium, or under the scalp. Notwithstanding this congestion of the right side of the heart, the left ventricle continues for a time to contract with its newly acquired frequency.

"Before adverting to the practical considerations arising out of the subject before us, one or two further observations may be made.

"The explanation given of the way in which very rapid labour becomes dangerous to the child will also account for the alleged effects of the secale cornutum. It is asserted by some writers that that drug has often been fatal to the child: it can only have been so by causing, in accordance with its mode of action, permanent, unresting contraction of the uterus, instead of the intermittent action of natural labour, unless we also believe it to be in part due to the poisonous influence of the secale on the child.

"We thus also learn the true mode of the production of the quasi-comatose condition of the fœtus during parturition, which has been described by writers as a useful provision of nature for the protection of the soft parts of the mother from the too lively movements of the child while passing through them.

"It is thus also explained how it has been possible for doubts to arise as to the breathing function of the placenta, because of the want of apparent difference between the blood in the umbilical vein, and that in the arteries of the cord. The comparison can, during the life of the mother, be made only when by the uterine contractions, the funis has been brought within reach of the eye and hand of the observer. If, as maintained in this paper, the effect of, even the earlier pains, is to stop the supplies of arterial blood to the placenta, that contained in the umbilical vein must, by the time it can be examined, have become almost, if not quite, as venous as that in the arteries of the cord. But were it possible in the last months of pregnancy, but before the commencement of labour, to inspect the interior of the uterus and especially the placenta, and the contiguous part of the uterine wall, and were our vision sufficiently piercing to pass through the coats of the vessels, we should see a marked difference between the contents of the arteries and those of the vein.

"Do we not, finally, thus obtain the true answer to a question to which so many different replies have been given, namely:—why a child first breathes? Can it be doubted that it is the congested condition of the aorta of the fœtus, and consequently of the ventricles of its heart, caused by the cessation of the current through the funic arteries and the *besoin de respirer* thus produced, which, conveyed to the nervous centres, excites them to send back to the muscles of respiration the stimulus which rouses them to act? Dr. F. Ramsbotham, who, in appendix L of his valuable work, has collected nearly all the various theories propounded on this subject, finds fault with them all, and in particular objects to that which I have adopted (which is substantially that of Blumenbach), that "the sense of suffocation produced by the closure of the umbilical vessels" cannot be the cause of the first inspiration, "because the child breathes and cries before the circulation through the umbilicus is suspended." But it has been shown that mere pulsation of the umbilical arteries is no proof that the blood continues to pass through them, and therefore that objection falls to the ground."

The 'Lancet.' Mr. SAVORY'S discourse on *Motion in Plants and Animals* is resumed. Mr. Savory explains the various kinds of motions observed in living bodies. 1. Molecular motions which are caused by vibration. 2. Motions due to osmotic currents. 3. Motions due to the physical properties of a tissue, especially of elastic tissue, numerous instances of which are found in the animal system. 4. Vital motion due to contractility. Dr. PEACOCK continues his clinical lectures on the *Recent Epidemic of Fever*, and Dr. HYDE SALTER gives an article on the *Diagnosis of Hæmoptysis*, in which he relates a most interesting case where there was the utmost difficulty in deciding whether the hæmoptysis came from the lungs or stomach. He observes:—

"Thus I felt in the same doubt as my friend, Mr. Guy, and was quite unable to pronounce positively as to the seat of the bleeding, when a circumstance occurred that to a certain extent supplied evidence of a positive nature. Just as I was going to leave, our patient was seized with a violent fit of coughing—the prolonged and fruitless coughing of a weak old man. After repeated efforts the material producing the cough was at length driven through the glottis, and spat from the mouth, when, behold! it was blood—a black clot, as big as a filbert, with one end distinctly frothy.

"This was the most conclusive evidence we had as yet obtained, and with this modicum of positive evidence I left our patient, after having suggested the frequent administration of small doses of turpentine and opium.

"I did not see him again until Tuesday morning. He had had a good day on the Monday, with no profuse hæmorrhage, and only the expectoration of clots. I repeated all my old inquiries, with the view of eliciting, if I could, any further information, until, on being told that all the clots expectorated were singularly alike, the idea occurred to me that a close inspection of them might possibly reveal the seat of their formation, and that they might perchance be found to be moulded in some one part of the air-passages. I inquired of the attendant of our patient if the clots appeared to be branched, or if he had shaken them out in water, and, being answered in the negative, I procured a basin of water, and shook out in it the last clot expectorated, and which I was informed was the counterpart of the rest. To my great satisfaction I saw it, as I shook it out, unfold into a tree of blood, a perfect cast of the bronchial tubes, resembling, except in colour, the plastic bronchial casts so frequently seen. The accompanying outline represents this blood-cast, of the natural size.

"The whole thing was now cleared up, as far as the seat of the bleeding went; there could no longer be any doubt that the hæmorrhage was poured out into a principal bronchus, of which, and of the immediate ramifications of which, it formed the mould. And I was inclined to think that this bronchus was the left, for this special reason: on listening at the base of the left lung posteriorly, I found that the crepitation which I had heard so abundantly on my previous examination was quite gone. Now, if this crepitation had been due to the patient's chronic bronchitis, as I at first thought it was, it could not have so quickly and so completely cleared away. If not due to the bronchitis it must have been due to the blood—to blood that had gravitated to the most dependent part of the lung from the seat of the bleeding; being, therefore, in the left lung, the bleeding must have been on the left side, and the size of the main trunk of the cast showed that it could not have been moulded in a tube of less calibre than the principal bronchus. I was induced thus to fix upon the exact spot, and say that the left bronchus was the seat of the hæmorrhage.

"Now, taking these data, what diagnosis could be built upon them? No other, I think, than that the bleeding was aneurismal; that the aneurism communicated by a small fissure—a fissure so small that the bleeding was intermittent—with the left bronchus; that it was, therefore, probably an aneurism of that part of the aorta beneath which the left bronchus passes—*i. e.*, the convexity of the arch, or the commencement of the descending portion; lastly, that the aneurism was small, as it revealed itself by no physical signs—there was no pain, no dysphagia, no pulsation, no murmur, the pulse was alike in both wrists. There was one circumstance in the form of this clot that, as I interpret it, strongly pointed to an aneurismal origin of it. Close to the large extremity of the main trunk, two branches seemed to arise by a common stem; but on separating these branches it was found that they were adherent at their extremities; in fact, that they formed a ring. Now, I cannot conceive how a coagulum of this form—an unramified ring—could be moulded in a bronchial tube. I think it must have been formed in the aneurism, and dragged thence when the clot was discharged; that it was, in fact, a portion of the coagulated blood in the aneurism; that the size of the ring probably marked the size of the aneurism, and that the pedicle by which it was attached occupied the orifice of communication between the aneurism and the bronchus. This may seem making extensive deductions from small premises, but I do not see how the annular form of this part of the clot can be otherwise explained."

Mr. FREDERICK HALL communicates to the same journal a report of a case of *Penetrating wounds of the Thorax; wound of the Lung; Pneumo-Thorax and Emphysema.* In this case there was a multiplicity of self-inflicted wounds from which the patient re-

covered in spite of himself. Mr. Dutt narrates a case of cure of *Chylous urine*, by the administration of fifteen minims of the tincture of the sesquichloride of iron three times a-day.

The 'Medical Times and Gazette.' *Clinical Remarks on Seven Cases of Ovariotomy*, by Mr. SPENCER WELLS, is an instructive article. We have quoted some portions of it in another part of the journal.

Mr. PRICE continues his papers on the *Winter Climate of Menton*, and DR. RAMSBOTHAM reports various operative cases in Midwifery. We extract a few cases :

"*Case* 118.—On May 6, 1841, at 4.30 p.m., a medical friend requested my assistance to Mrs. W., in Lambeth, in labour of her first child. The membranes broke on the 4th, and she had been suffering strong pains ever since. I found her very restless, with considerable fever and an exquisitely tender abdomen. The head was partially protruding through the brim, the base of the skull being still above; neither ear could be felt; the brim measured in its conjugate diameter very little more than three inches; the os uteri was not entirely dilated, but it was soft. The urine had been drawn off by the catheter very recently. Believing the child to be alive I endeavoured to deliver by the long forceps. I succeeded in locking the blades with great difficulty, but with all the power I dare exert, I could not move the head in the least. I therefore took them off and perforated. Extraction, even after the chief part of the brain had been evacuated, occupied fully an hour. The placenta was soon expelled, and the woman recovered very well.

N.B.—I have always had less compunction in perforating a fœtal head after I have adapted the long forceps, and made abortive attempts to deliver by that instrument, than if those attempts had not been made; because I am quite certain that if I cannot draw the head through the pelvis, when I have got a firm hold of it by the long forceps, nature will never be able to expel it unassisted.

"*Case* 121.—On August 9, at 7.30 a.m., I was sent for by one of my pupils to Mrs. A., in Shadwell, in labour of her sixth child. Her labours had always been lingering; twice she had been delivered by craniotomy, but three children had passed whole, two being alive. The membranes had been broken twelve hours, and the pains had been strong all night; the head was partly in the pelvis, the base of the skull being above the brim, which measured, as nearly as possible, three inches in the conjugate diameter. The bladder had acted recently. I tried to apply the long forceps, but, as I anticipated, I could not make them lock. As the woman's powers were still good, and the uterus was acting vigorously, as the head was not wedged or locked in the brim, and, moreover, as she had expelled two living children, I was unwilling to perforate the skull at that time, and therefore left her under my pupil's care, and saw her again at 3 p.m. I found that the head had not advanced in the least, although the pains had continued powerful. The patient had become fevered and irritable; and I thought it better to deliver her at any rate. I relieved the bladder by the catheter, and again tried the long forceps; again, however, I was baffled in my attempts to lock them. I therefore at once perforated the skull; extraction occupied half an hour; the head was very strongly ossified. The placenta passed speedily, and she recovered well.

"*Case* 124.—On May 16, 1842, at 11.30 p.m., I was sent for by a medical friend to Mrs. J. Houndsditch, aged 24, in labour of her first child. Pains commenced active on the 13th, and since that time she had not enjoyed one hour's sleep. The head came low into the pelvis before the membranes broke, and must have been impacted there also, because a large quantity of liquor amnii came away from the uterus immediately it was extracted. The membranes had not been broken more than six hours when I was called. The pains were most violent; the woman was screaming very loudly. The pelvis was entirely filled up by the head, which was greatly elongated, so much so, indeed, that neither ear could be felt. It was very narrow at the outlet, from the tuberosities of the ischia approaching each other too nearly, and the external parts were exceedingly rigid. There was reason to believe the brim was also narrow from the elongated condition of the head, which I subsequently found to be the case. I thought I could deliver by the long forceps, and applied them easily; but, although I used considerable exertion, I could make no impression upon the head. I therefore perforated, and was an hour extracting. In fifteen minutes some hæmorrhage came on, which induced me to remove the placenta from the uterus. I found it strongly adherent throughout almost its whole extent; and the uterus was powerfully contracted around it, so that I had great difficulty in separating it. When I attempted to withdraw my hand with the placenta in its grasp through the pelvic outlet, I discovered it was too narrow to admit my doing so. I was therefore obliged to remove my hand open, and trust to the funis for bringing away the placenta; but this was easily effected, as I had separated it, and it was lying loose in the vagina. The woman recovered without a bad symptom.

DR. WALTER FOSTER relates a *case of Colloid Cancer of the Great Omentum.*

The 'British American Journal,' June. The profession in America, having an extensive flora at command have introduced many new remedies, and seem indeed to have a passion for experimenting in the region of Therapeutics. This number of the 'British American Journal' contains an article by Dr. D. McGILLIVRAY, on *Acute Articular Rheumatism, treated by the Tincture of the Boletus Laricis Canadensis.* We extract it :

"January 9, 1862, I was requested to visit Mrs. H——, aged thirty, of spare habit of body and delicate constitution, suffering from an attack of acute articular rheumatism. Two months previously she gave birth to her first child; shortly after her confinement, inflammation of the left breast set in and resulted in suppuration. On seeing my patient at this time, she was confined to bed in a helpless condition, suffering from severe pain in her arms, elbow and wrist joints, in the articulations of the fingers, and in the corresponding parts of the lower extremities. On examining the parts affected, I found them considerably swollen, hot, red and painful; the joints, though affected with constant and excruciating pain, could bear gently rubbing them without causing much uneasiness, but on the contrary, it seemed to alleviate the patient's sufferings, giving temporary ease. Tongue white and coated; profuse perspiration at night; thirst; a hard full pulse at 98; bowels costive; urine high coloured. The following mixture was given :

℞ Potassæ Nitrate, ℥ij.;
Potass. Iod., grs. xxxvj.;
Tinct. Hyoscyami, ℥iij.;
Aquæ, ℥viij.

"Fiat mistura. Capiat cochleare amplum ter in die. Dover's powder at night, and a full dose of castor-oil the following morning.

"Third day.—Bowels relieved; pulse 92; pain in joints still severe. Ordered hot fomentations to be applied to painful joints. This treatment was pursued for several days without producing any apparent benefit in either alleviating the patient's sufferings, or arresting the progress of the disease, and now the hip and shoulders joints had become affected, and the other joints more painful and swollen.

"January 16.—Discontinuing the above mixture, I gave the tinct. boleti laricis canadensis as prescribed by Dr. Grant :

℞ Tinct. Bolet. Laricis., ℥jss.;
Aquæ puræ, ℥viij.

"Fiat mistura. Capiat cochleare amplum quaque tertia hora. ℞. morphiæ muriat. gr. ½ at bed-time.

"January 18.—She says she feels a good deal better; lies with more ease and comfort for a longer time in one position; pain in joints only on moving her limbs; pulse 79.

"January 20.—Pain and swelling in the affected parts decreased; perspired profusely through the night, sleeps little, and wakes up in fright; pulse 80; bowels regular. Ordered hot fomentations to painful joints.

"January 21.—Is troubled with a flying pain in her chest, but no symptom of the heart being affected; pain only in knee and ankle joints; less distension in those parts; pulse 80; urine more copious and pale.

"January 23.—Finds herself considerably better; perspired freely during last night; feels stronger and free from pain; can walk about without the least discomfort or uneasiness; pulse 70; skin of natural heat; bowels regular; declares herself quite well and able to resume her household labour.

"NOTE.—This case is interesting chiefly from its containing a contrast between the results of the eliminative treatment and that by the boletus laricis canadensis. The patient deriving little benefit from the former, while the latter rendered her quite convalescent in the same period of time. Should this remedy be found as satisfactory in the treatment of rheumatism in other cases as in this, it will no do doubt prove an invaluable acquisition to the Materia Medica."

The same journal contains reports of three or four cases of excision, including the ankle-joint, the inferior maxillary bone, and the elbow-joint. The resection of the ankle-joint was performed by Dr. CANNIFF, of Toronto, and, as the operation is comparatively rare, we extract the more important portion of the report :

"For the history of the case prior to my acquaintance with the patient, I am indebted to his brother-in-law, Mr. B.——, who is a student of medicine.

"Mr. G——, æt. twenty-one, of the County of Elgin, on the 4th July, 1861, was thrown from a carriage and received an injury in the left ankle. On examination, which took place soon after the occurrence, the foot was found *dislocated outwards;* the "fibula" broken about two inches above the "*malleolus,*" and a large prominence presented itself on the inner side of the *os calcis.* Reduction

was attempted by extension and counter-extension, which was continued for some time with partial success.

"A prominence was now found just at the posterior and inner angle of the scaphoid, which was the anterior part of the *astragalus*. This was not replaced. Short splints were used. The limb was placed in a fracture box, and cold water applied. In about three weeks nearly the whole of the dorsum of the foot began to slough, as well as the part around and in front of the internal *malleolus*. Cold was then discontinued, and poultices used instead, and, in a few days, the foot bones were bare. The protruding fragment of the *astragalus* was now adjusted, and strong hopes were entertained of a speedy recovery. And from this time externally there was an improvement; cicatrisation commenced and went on rapidly, repairing in a short time nearly the entire breach. A small spot, however at the upper and inner part of the *os calcis* remained open, and through this, about the tenth week, was thrown off the 'lesser process' of this bone. Soon after *pus* was detected immediately in front of the external *malleolus*. A deep incision was made reaching the inner space between the *os calcis* and *astragalus*, forming a free communication with the opening on the opposite side. This remained; a constant discharge was kept up, and a second piece of bone was thrown out. By this time, the patient, by the help of crutches, began to get around. But the part being still *poulticed* and allowed to hang, the swelling became great and the pain increased. Things continuing thus for some months, the patient's spirits sank, and hopes of recovery were quite abandoned. He resolved, however, on making another trial and seeking aid elsewhere. Consequently, on the 19th February, 1862, he came to Toronto, and placed himself under my care. Upon examination, I found the foot and lower extremity of the leg very much swollen and evidently œdematous which condition I concluded was due to long-continued passive congestion. There were two *sinuses*, one on the inner side just anterior to the internal *malleolus*, the other on the outer side below the external *malleolus*. In front of the inner *sinus* was a long *cicatrix*, presenting a very unhealthy appearance. By passing a probe into the inner opening, I found the anterior part of the *astragalus* in a necrosed condition. Directing the instrument downwards upon the *os calcis*, the superior surface of this was found to be in a softened and disorganised state. The probe could also readily pass to the lower extremity of the *tibia*, which was evidently dead, and the lower end of the *fibula* on examination through the external opening was also found affected. I ordered the limb to be kept in an elevated position, and a bandage to be applied to the foot, the skin of which was in a state of great irritation.

"This treatment was continued for a few days with marked benefit; the patient in the meantime becoming more cheerful, and the pain somewhat subsiding.

"A consultation was held at which the question of amputation or resection was considered. It was finally determined to adopt the latter procedure. Consequently, on the 5th of March last, assisted by Dr. Lawlor, of this city, I performed the operation as recommended by Hancock, which I give you in his words:

"Commence the incision about two inches above and behind the external *malleolus*, and carry it across the instep to about two inches above and behind the internal *malleolus*. Take care that this incision merely divides the skin and does not penetrate beyond the *fascia*. Reflect the flap so made, and next cut down upon the external *malleolus*, carrying your knife close to the edge of the bone, both behind and below the process; dislodge the *peronei tendons* and divide the external lateral ligaments of the joint. Having done this with the bone nippers, cut through the *fibula* about an inch above the *malleolus*, remove this piece of bone dividing the inferior *tibio-fibular* ligament, and then turn the leg and foot on the outside. Now carefully dissect the tendons of the *tibialis posticus* and *flexor communis digitorum* from behind the internal *malleolus;* carry your knife close around the edge of this process, and detach the internal lateral ligament; then, grasping the heel with one hand, and the front of the foot with the other, forcibly turn the sole of the foot downwards, by which the lower end of the tibia is dislocated and protruded through the wound. This done, remove the diseased end of the tibia with the common amputating saw, and afterwards with a small *metacarpal* saw placed upon the back of the upper articulating process of the *astragalus*, between the process and the *tendo achillis*; remove the former, by cutting from behind forwards; replace the parts "*in situ;*" close the wound carefully on the inner side and front of the ankle, but leave the outside open, that there may be a free exit for discharge; apply water dressing; place the limb on its outer side on a splint, and the operation is completed."

"I found the lower extremity of the *fibula* very much enlarged and somewhat softened, while bony material had been deposited on the outer surface of the periosteum, consequently I experienced some difficulty in dislodging the tendons of the *peronei* muscles. The fibula was easily divided by the bone pliers, but the piece was not easily removed, because of the new *osseous* material already mentioned. Turning the foot on the outer side, I proceeded to dislodge the tendons from the groove on the posterior surface of the tibia, and here also the ostroid growths proved exceedingly troublesome. Having divided the internal lateral ligament, I removed the anterior portion of the *astragalus* which was in a state of *necrosis*, and had evidently been broken from the other portion. I then seized the foot in the manner recommended by Hancock, and with very little force turned out the end of the *tibia*. Next I removed the remaining portion of the *astragalus*, which was in a state of disorganisation. I then, with the ordinary amputating saw, removed about three-quarters of an inch of the *tibia*. That portion removed was found softened and carious. The tibia proved to be more seriously involved than had been anticipated. After a hasty consultation, it was resolved to remove another portion of the bone; so extending the section in the integument about an inch, and dissecting the soft part from the bone, I removed nearly an inch and a half more both of the *tibia* and *fibula;* I then gouged away a portion of the *os calcis* until the diseased structure was all removed, The operation was now completed; but it must be confessed the prospect of saving the foot did not appear very bright. There was an hiatus of more than three inches; but as a source of hope there was the fact, that neither the anterior nor the posterior tibial artery had been divided. The blood consequently circulated as freely in the foot as before.

"The limb was placed in a fracture-box, the flap having been secured by a few sutures and adhesive straps. Proper support was given to the foot, and cold-water dressing applied. The loss of blood had been very slight. The patient had remained under the influence of chloroform during the whole of the operation, which was necessarily long, upward of an hour, quickness in operating having been no consideration. The patient passed a restless night, suffering constantly from nausea and vomiting, caused probably by the quantity and inferior quality of the chloroform used. The part was also somewhat painful.

"Very little inflammation followed, but that portion of the flap where the cicatrix was had sloughed away, leaving a very large opening, cicatrization quickly commenced and progressed rapidly. The discharge was at no time very great. The patient was able to get around on his crutches within one month.

"At the end of nine weeks, the limb presents the following appearance: A healthy-looking and limited cicatrix, marking the incision through the integument; a very small opening internally, where the most sloughing was; the foot reduced to almost its natural size, and in a natural position. There is by admeasurement not more than an inch and a half shortening. The bones of the foot have not yet joined with those of the leg. The foot can be moved passively in any direction; yet there is a comfortable degree of firmness, which has been constantly increasing. The patient can move the foot and toes in a natural manner. In a word, there is every prospect of an excellent joint. His health has improved, and, as a matter of course, he is very thankful that his foot has been saved.

"At the expiration of a year I shall take occasion to inform the Profession of the final result."

MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

DR. BARINGTON, PRESIDENT, in the Chair.

A paper by Dr. Slayter, the Health Officer of Halifax, was read by the Secretary of the Society, entitled

NOTES ON THE RECENT PREVALENCE OF YELLOW FEVER IN SEVERAL OF H.M.'S SHIPS OF THE WEST INDIA SQUADRON UPON THEIR ARRIVAL AT HALIFAX; WITH REMARKS ON THE CLIMATE AND DISEASES OF THAT TOWN.

Halifax is built on a promontory nearly surrounded by water, and lies on a slope opposite one of the noblest harbours in the world. It possesses a well-arranged system of sewerage, and the houses are not overcrowded. The soil is dry and free from alluvial deposits, and from those miasmatic influences so necessary for the propagation of contagious diseases. The temperature in the hottest days of summer seldom exceeds 80°, and is generally below 75°. All these circumstances tend to render Halifax the safest rendezvous for seamen suffering from that fatal scourge—yellow fever—which has for some years past been prevailing so extensively in the Gulf of Mexico.

H.M.'s ship 'Firebrand' arrived from Jamaica, at Halifax, on the 4th of July, 1861, after a passage of twelve days. There were then seventy-nine of the crew on the sick-list—all fever cases. Ten deaths had occurred during the voyage from Port Royal. Many of the sick were moribund, the attendants were exhausted from constant watching, and dejection prevailed amongst all on board. The atmosphere in the between-decks was very impure, the port-holes having been closed in consequence of stormy weather. All the sick were at once transferred to a hulk moored off the naval hospital, and the convalescents and others sent to a storehouse in the dockyard. There were fifteen convalescents, thirty convalescing, and

thirty-four seriously ill at this time. Several fresh cases occurred subsequently, and two were fatal with black vomit. Besides these deaths in the hospital on shore, sixteen took place amongst the sick in the hulk. From the commencement of the disease, the 'Firebrand' lost forty-nine of her crew, out of a hundred and seven attacked.

H.M.'s ship 'Spiteful' arrived on the 16th August, 1861, at Halifax from the Bahamas, which she had left seven days before. Eleven deaths had occurred on the passage, and forty-six cases were on the sick-list on arrival; two died that night. The sick were at once sent to the hulk, and the convalescent and the well to the dockyard. Some of these sickened with the fever on shore, and were then transferred to the hulk. Altogether thirty-three sick were treated at Halifax, and of these twelve died. The 'Spiteful' lost in all thirty-six of her crew, out of eighty-eight attacked.

H.M.'s ship 'Racer' arrived at Halifax from Nassau on the 3rd of September, 1861. During the passage nineteen cases and five deaths occurred. Several fresh attacks took place after arrival. The total number of attacks among the crew of this ship was sixty-one, of which twenty proved fatal.

The case of HM.'s ship 'Jason' is especially instructive. She reached Halifax on the 2nd of September, 1861, from the Gulf of Mexico, which she had left sixteen days before in consequence of fever having broken out on board. During the voyage forty-six fresh cases and ten deaths took place. All the sick were sent to a building in the dockyard. A good many fresh attacks occurred after arrival. The total number of attacks among the crew was seventy-nine, and seventeen proved fatal. About the middle of November the 'Jason' returned to the West Indies. She had been cleansed out while at Halifax, and much filth had been removed from her hold. Her ventilation also, which had been very defective, had been improved by cutting fresh hatches in the decks, taking down bulkheads, &c. Within eight days, however, after leaving Halifax, typhoid fever appeared among the crew, and the first two cases were fatal. The disease continued to appear at intervals on board while the ship was off the Mexican coast. It did not assume the characters of black-vomit fever until the month of March, and the change of type seemed to be consequent upon the ceasing of the northerly winds, and the setting in of close, muggy weather. Before the decided yellow fever manifested itself, the health of the ship's company had not been satisfactory; cases of ordinary catarrh, dyspepsia, and diarrhœa showing a tendency to lapse into fever. The same thing had been observed the year before, prior to the outbreak of the more malignant disease. Notwithstanding the purification of the ship's hold at Halifax, and every effort to keep the bilges as clean as possible, the latter were at times offensive. It was judged expedient that the 'Jason' should again leave the West Indies and proceed to Halifax, which she reached at the end of April. No fresh cases of fever had occurred on board for a fortnight previously.

Without further details, it may be mentioned that of 855 men, the aggregate crews of five steamers, no fewer than 499 were attacked with fever, and 162 died. It is instructive to learn that not a single case of the fever occurred among any of the people about the dockyard at Halifax, or in any other person of the town.

In conclusion, Dr. Slayter remarked that Halifax has not been visited by Asiatic cholera since 1844; that diptheria has prevailed for the last six or seven years; that the practice of vaccination is at times much neglected, and that consequently small-pox is every now and then making its appearance. Unfortunately there is no correct registration of deaths kept.

Dr. COPLAND was of opinion that the original source of the fever on board the ships, and subsequent unusual occurrence at Halifax, were readily explicable by infection. He believed also that there was in many respects an affinity between yellow, typhus, and typhoid fevers.

Dr. MILROY pointed out the highly-important facts mentioned in the history of the 'Firebrand' and 'Jason' as affording strong evidence how much the malignity of the fever, if not its actual development, was dependent upon the condition of the ships themselves in respect to ventilation of the decks where the men were berthed, and of the state of the holds. This paper strongly confirmed the views of Dr. Archibald Smith as to the intimate alliance between yellow and typhoid fevers, and showed the necessity of adopting the same sort of preventive measures in both.

Dr. BABINGTON said that we might draw two important conclusions: first, that yellow fever is certainly under certain circumstances contagious, just as typhus is; and, secondly, that although contagions, we must recognise the great importance of sanitary precautions in preventing and arresting it.

Dr. ARCHIBALD SMITH (for many years resident in Peru), in answer to a question of the President on the influence of temperature on yellow fevers, stated that he had noted all the essential symptoms of the disease at an elevation of 11,250 feet, with a temperature in the wet season of 62° within doors, and but little variation day and night. At this temperature the disease lost none of its energy. In 1853 yellow fever appeared simultaneously on both sides of the Andes, and in 1854 assumed its most malignant character as well by the sea-board as on the hill land. It was shown that these epidemics were of one generic nature. The yellow-fever symptoms became modified gradually into the typhous or typhus, in the transit from the Pacific shores to higher and still higher regions of the Andes. In the warmer inland valleys—as, *e.g.*, in the sugar-growing district of Abancay—the fever which, near the snows of the Cordillera, was metamorphosed from the typhus (icterodes of the coast) into a form which in a great measure represented ordinary British typhus, was again reinstated with its most aggravated coast symptoms of yellow fever—such as intense frontal headache, dark sanguineous vomiting or evacuations, subcutaneous hæmorrhage in form of large dark maculæ, nasal hæmorrhage, intense yellow colour of the skin, and the most extreme prostration of vital forces. In the Sierra it was propagated slowly from place to place and from person to person. It was all but incurable in the dark and crowded huts, but yielded readily in a great majority of cases to early treatment under the advantages of pure air and hygiene. Left to itself in the hovels of the Indian poor, it was prodigiously fatal.

Dr. Chowne, and Dr. Pritchall of the Bengal army, also took part in the discussion.

ROYAL MEDICAL COLLEGE.

THE "FOUNDER'S DAY."

The annual celebration of the "Founder's Day" of this institution was held on Thursday, the 17th instant. The proceedings were of the most satisfactory character, and served, if possible, to increase the desire of the friends of the College to promote its prosperity.

The proceedings commenced, as usual, with divine service, after which the scholars dined, and were addressed by the Rev. Archdeacon Robinson; and on his proposing "The health of the Founder," they honoured the toast with three-times three loud and hearty cheers.

Mr. Propert, in acknowledgment, spoke most kindly and encouragingly to the scholars, and trusted they would carry with them the stamp of the Royal Medical College through life.

The school-room was then the scene of the proceedings. The speeches of the scholars were delivered so as to elicit the admiration of the company. The prizes for proficiency and good conduct, consisting of books of high class and handsome binding, were then distributed by the Bishop of Oxford, who in the most encouraging terms complimented the successful candidates. He expressed the high satisfaction he felt in his connexion with the College, and assured the pupils that no amount of ability would secure success without perseverance, and instanced the conduct of Mr. Propert as a striking example of that truth. God had given him not only the heart to conceive, but the will to carry his project into effect—the provision of a home for his less fortunate professional brethren, and the means of procuring for their children an education which would place them in the most honourable positions in English society.

Mr. Propert tendered his thanks to the Earl and Lady Manvers, which were gracefully acknowledged. He also paid a just tribute to Lord Chelmsford, the President of the College, who, he lamented to say, was prevented joining them by a domestic calamity.

A handsome cold collation was prepared for the visitors; after which the health of "The Queen and the Royal Family" was drunk. Her Majesty had graciously permitted the new wing of the College to be called the "Albert Wing."

On proposing "The Church," Mr. Propert acknowledged the assistance he had received from his Grace the Archbishop down to the humblest curate.

The Bishop of Oxford, in reply, proposed "The Founder's" health, which was drunk with three times three, led by Colonel O'Halloran.

The Founder of the College then thanked the assembly most sincerely for the good feeling they had exhibited towards him, and assured them that his efforts should never flag so long as he had strength to work for the benefit of the College. He thanked the Head Master for his excellent management of the school; and referred to the Earl Manvers, who was one of the earliest promoters of the institution.

The Ven. Archdeacon Robinson gave the health of the "Rev. Dr. Thornton, the Head Master," and complimented him on the successful results of his mode of training and good management, and the character, the tone, the social and moral bearing of the pupils.

The Rev. the Head Master, in acknowledgment, described the system by which the school was conducted, and spoke in the highest terms of the valuable aid he had received from the other masters.

The health of "The Residents of the College" was then given by Mr. Propert, and acknowledged by Mr. Trash.

After some other toasts had been drunk, the visitors retired and promenaded the beautiful grounds, while the more juvenile portion

repaired to the new school-room, where dancing was for some time kept up with great spirit.

During the day the pupils, under the superintendence of Serjeant Gough, went through their martial exercises in the grounds, the band being formed entirely from amongst themselves.

On the whole the Founder must have been highly gratified with the day, and the anniversary may be considered as one of the most auspicious occasions connected with the history of the institution.

THE LUNACY REGULATION BILL.

COPY OF A PETITION PRESENTED BY SIR HUGH M'CHALMONT CAIRNS, Q.C., M.P., TO THE HOUSE OF COMMONS, IN OPPOSITION TO THE THIRD CLAUSE OF THE LUNACY REGULATION BILL.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The petition of the undersigned Presidents, Fellows, and Members of the College of Physicians of London, and President, Fellows, and Members of the Royal College of Surgeons of England,

Humbly sheweth,—That your petitioners humbly represent that in Clause 3rd of the Lunacy Regulation Bill, now under the consideration of your honourable House, it is proposed that in all future commissions of lunacy in the nature of a writ *De Lunatico Inquirendo*, the medical witnesses who have examined the person alleged to be of unsound mind will only be permitted to state in evidence what they themselves had observed in relation to the appearance, conduct, and conversation of the person whose state of mind is the subject of judicial inquiry, and will be rigidly excluded from giving expression to any opinion formed by them from a consideration of the phenomena, mental and physical, they have noticed during their examination of the alleged lunatic, and to which, upon oath, they will be called upon to depose.

That your petitioners respectfully call the attention of your honourable House to the serious stigma this clause casts upon the members of the learned profession of Medicine, inasmuch as it expresses a total want of confidence in any conclusions that may be drawn by skilled and scientific medical witnesses from an examination of particular physical and mental states alleged to be symptoms of soundness or unsoundness of mind.

That the said clause reduces the scientific to the standard of a non-professional witness, and will tend, if it be passed in its present form, to greatly depreciate in general estimation the value of all medical experience and scientific research in relation to the treatment of insanity and the study of mental pathology.

That your petitioners respectfully suggest that if a skilled medical witness is to be declared by Statute incompetent to give before a court of justice an oral opinion as to the sanity of a person whose soundness of mind and capacity to manage himself and property are matters of question and inquiry, and whom he has himself seen and examined, he should be considered incapable of making an affidavit in which an opinion is expressed in support of an application to the Court of Chancery for the issue of a commission of lunacy, and at the same time be held incompetent to sign, as at present authorised by Act of Parliament, the certificate of lunacy required by the statute preparatory to placing an insane person under legal medical care and treatment.

That your petitioners consider that the restriction placed by this clause to the expression of any opinion which the Medical witness may have formed from an examination of the person alleged to be insane will necessarily throw upon the court and jury the serious responsibility of deciding the existence of insanity in subtle and doubtful conditions of the intellect, in the absence of that special knowledge, and apart from that practical experience, which in so many cases are absolutely essential to the right elucidation of morbid mental phenomena.

Your petitioners, therefore, pray that your honourable House will, with the view to the successful administration of justice, when in committee, so modify the third clause of the Lunacy Regulation Bill as to render admissible, in all cases of inquiry before a master or judge of any superior court of law, the opinion of the scientific professional witness, based upon facts observed by himself, as to the mental soundness or unsoundness of any person whom he has seen and examined, and whose sanity of mind is the subject of judicial investigation.

And your petitioners will ever pray.

THOS. WATSON, M.D., President of the Royal College of Physicians, London.
JOSEPH HENRY GREEN, D.C.L., F.R.S., President of the Medical Council.
GEO. BURROWS, M.D., F.R.S., Member of the General Medical Council.
T. MAYO, M.D., F.R.S.
H. H. SOUTHEY, M.D., F.R.S., D.C.L.
B. G. BABINGTON, M.D., F.R.S., President of the Royal Medical and Chirurgical Society.
J. COPLAND, M.D., F.R.S., Senior Censor of the Royal College of Physicians, and President of the Pathological Society.
J. R. MARTIN, F.R.S., Physician to the Secretary of State for India in Council.
A. B. GARROD, M.D., F.R.S., Physician to University College Hospital.
J. PAGET, V.P.R.S., Surgeon to St. Bartholomew's Hospital.
C. J. B. WILLIAMS, M.D., F.R.S.
C. B. RADCLIFFE, M.D., Physician to the Westminster Hospital.
C. H. HAWKINS, F.R.S., President of the Royal College of Surgeons of England.
J. WEBSTER, M.D., F.R.S.
W. FERGUSSON, F.R.S., Professor of Surgery in King's College.
W. LAWRENCE, F.R.S., &c., Serjeant-Surgeon to the Queen, and Surgeon to St. Bartholomew's Hospital.
G. JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital.
S. J. GOODFELLOW, M.D., F.R.C.P., Physician to the Middlesex Hospital.
J. ALDERSON, M.D., F.R.S., Treasurer to the Royal College of Physicians.
P. HEWETT, Surgeon to St. George's Hospital.
R. DRUITT, M.R.C.P., Vice-President of the Obstetrical Society and Medical Officer of Health to St. George's, Hanover square.
H. W. FULLER, M.D., F.R.C.P., Physician to St. George's Hospital.
E. H. SIEVEKING, M.D., F.R.C.P., Physician to St. Mary's Hospital.
B. W. RICHARDSON, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.
A. SHAW, Surgeon to the Middlesex Hospital.
R. QUAIN, M.D., Physician to the Hospital for Diseases of the Chest.
G. HARLEY, M.D., Professor of Medical Jurisprudence in University College, London.
F. SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital, President of the Medical Society.
W. T. SMITH, M.D., F.R.C.P., Physician-Accoucheur to St. Mary's Hospital, President of the Obstetrical Society of London, Examiner in Midwifery in the University of London, &c.
A. S. TAYLOR, F.R.S., Professor of Medical Jurisprudence, &c., in Guy's Hospital.
T. B. CURLING F.R.S., Surgeon to the London Hospital.
W. BRINTON, M.D., Physician to St. Thomas's Hospital.
W. W. GULL, F.R.C.P., Physician to Guy's Hospital.
F. C. SKEY, F.R.S., Surgeon to St. Bartholomew's Hospital.
A. BILLING, M.D., F.R.S.
R. FERGUSON, M.D., Physician and Accoucheur to the Queen.
E. J. SEYMOUR, M.D., F.R.S.
G. O. REES, M.D., F.R.S., F.R.C.P., Physician to Guy's Hospital.
W. COULSON, Surgeon to St. Mary's Hospital.
W. H. WALSHE, M.D., late Professor of Medicine in University College.

Births, Marriages, and Deaths.

BIRTHS.

BLACK.—On the 20th inst., at Queen Anne street, the wife of Patrick Black, M.D., of a son.

CHEVES.—On the 16th inst., at Millbrook, Devonport, the wife of A. B. Cheves, M.B., of a son.

CORRY.—On the 13th inst., at Victoria street, Belfast, the wife of T. C. Steuart Corry, M.D., of a son.

CUOLAHAN.—On the 13th inst., at Bermondsey, the wife of H. Cuolahan, M.D., of a daughter.

INGLIS.—On the 9th inst., at Sandgate, Kent, the wife of Dr. Inglis, C.B., 64th Regiment, of a son.

JOHNSTON.—On the 20th March, at Wellington, New Zealand, the wife of Alexander Johnston, Esq., M.R.C.S., Colonial Surgeon, of a daughter.

RAYNER.—On the 5th inst., at Great Malvern, the wife of Thomas Rayner, M.D., of a daughter.

SQUIRE.—On the 6th inst., at Orchard street, Portman square, the wife of William Squire, L.R.C.P., of a son.

TODMAN.—On the 26th May, at Magill, South Australia, the wife of James Todman, M.D., of a son.

VIDAL.—On the 16th inst., at Aveley, Essex, the wife of W. F. Vidal, Esq., M.R.C.S., of a daughter.

MARRIAGES.

ALLEN—STEELE.—On the 1st inst., at St. Michael's church, Stone, J. Allen, M.D., of Longton, to Elizabeth, daughter of R. Steele, Esq., Kibblestone villa, Stone.

BARKWAY—WHITE.—On the 15th inst., at Lavenham, Suffolk, R. Edgar E. Barkway, Esq., M.R.C.S., Bungay, to Emily Wilhelmina, daughter of W. Middleton White, M.D., Lavenham.

GIBBON—PIRRIE.—On the 8th inst., at Union street, Aberdeen, Alex. Gibbon, Deputy Inspector-General of Hospitals, late of H.M.'s Bengal Army, to Helen Lumsden, second daughter of William Pirrie, Esq., F.R.S.E., Professor of Surgery in the University of Aberdeen.

HORTON—PRATT.—March 27, at St. George's Cathedral, Freetown, Sierra Leone, James Africanus Beale Horton, M.D. Edin., Staff Assistant-Surgeon of H.M. Forces on the Gold Coast, to Fannie Marietta, eldest daughter of W. H. Pratt, Esq., Marshal of the Vice-Admiral's Court of Sierra Leone.

SELLER—HARCK.—On the 14th inst., at Dresden, Hugo Seller, M.D., son of the late Burkhardt W. Seller, M.D., to Mary, youngest daughter of Frederick Harck, Esq., of Leipzic.

WALE—WARD.—On the 10th inst., at the Parish church, Epsom, Surrey, the Rev. William Wale, of Richmond, Fellow of the University of Durham, and Head Master of Tottenham College, to Charlotte Mary, second daughter of Joseph Ward, Esq., M.R.C.S., Hill house, Epsom.

WINTERBOTHAM—COLLINS.—On the 22nd inst., at Bassaleg church, W. L. Winterbotham, M.B. Lond., of Bridgwater, to Rose, second daughter of H. Collins, Esq., of the Duffryn, Newport, Monmouth.

DEATHS.

BRENT.—On the 21st inst., Gdorge Smith Brent, Esq., L.S.A., in his 50th year. Mr. Brent was Deputy-Coroner for the Western Division of Middlesex for many years.

EVANS.—On the 9th inst., at Hertford, Richard D. J. Evans, M.D., youngest son of the late Rev. William Evans, Upton castle, Pembroke.

FENOULHET.—On the 3rd ult., Andrew Chadwick Fenoulhet, Esq., M.R.C.S., Medical Officer of the Wyke Regis District, Dorset, aged 42.

KING.—On the 2nd inst., off Madeira, on his passage to England, Assistant-Surgeon Alfred King, R.N., invalided from the 'Isis' depôt ship at Sierra Leone.

SYMES.—On the 3rd inst., at Forster house, Dorchester, Lydia, the wife of J. Gustavus Symes, Esq., M.R.C.S., Medical Superintendent of Dorset County Asylum.

TOMES.—On the 10th inst., at Havering Atte Bower, near Romford, Mrs. Sarah Tomes, relict of the late Francis Tomes, Esq., Surgeon, of St. Aldate's, Oxford, aged 64.

TROTMVN.—On the 21st inst., at Florence, Dr. Trotman, of "Typhoid Fever"

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—A notice appeared in the 'Gazette' of Friday last that the following are the Hospitals and Schools of Surgery and Medicine from which Certificates of Professional Education for the Fellowship will be received for 1862-63:—Hospitals.—London.—St. Bartholomew's, St. Thomas's, Westminster, Guy's, St. George's, London, Middlesex, University College, Charing-cross, King's College; St. Mary's, Paddington. English Provincial.—Bath United Hospital, Bedford General Infirmary; Birmingham—General Hospital, Queen's Hospital; Bristol Infirmary; General Hospital; Cambridge—Addenbrooke's Hospital; Derbyshire General Infirmary, Devon and Exeter Hospital, Gloucester General Infirmary, Hants County Hospital, Hull Infirmary, Kent and Canterbury Hospital, Leeds General Infirmary, Leicester Infirmary; Liverpool—Royal, Infirmary, Northern Hospital, Southern Hospital; Manchester Royal Infirmary, Newcastle-upon-Tyne Infirmary, Norfolk and Norwich Hospital, Northampton General Infirmary, Nottingham General Hospital; Oxford—Radcliffe Infirmary; Salisbury General Infirmary, Salop Infirmary, Sheffield General Infirmary, Staffordshire General Infirmary, Sussex County Hospital, Worcester Infirmary. Dublin.—Richmond, Dr. Steevens's, City of Dublin, Mercer's Meath, Jervis street, St. Vincent's, Adelaide. Irish Provincial.—Belfast General Hospital; Cork—North and South Infirmaries; Galway—County Infirmary and Town Hospital. Edinburgh.—Royal Infirmary. Scotch Provincial.—Glasgow Royal Infirmary, Aberdeen Royal Infirmary. Schools.—London.—St. Bartholomew's, St. Thomas's, Guy's, St. George's, London, Middlesex, University College, King's College, Westminster, Charing-cross, Grosvenor place, Kinnerton street, St. Mary's. English Provincial.—Birmingham—Royal School of Medicine and Surgery, Sydenham College; Bristol—Old Park Medical School; Hull and East Riding School of Medicine, Leeds School of Medicine, Liverpool Infirmary School of Medicine, Manchester Royal School of Medicine and Surgery, Newcastle-upon-Tyne College of Medicine, Sheffield Medical Institution, York School of Medicine. Dublin.—Royal College of Surgeons, Trinity College, Apothecaries' Hall, Carmichael School of Medicine, Dublin School of Medicine, Original School of Medicine, Peter street, Cecilia street Medical School, Dr. Steevens's Hospital. Irish Provincial.—The Queen's Colleges of Belfast, Cork, and Galway, the several Schools recognised by the Royal College of Surgeons in Ireland. Edinburgh.—University. Scotch Provincial.—Glasgow University. Aberdeen.—King's College, Marischal College, and University. The several Schools recognised by the Royal College of Surgeons of Edinburgh. Schools and Hospitals in the British Colonies.—The Medical Colleges of Bengal and Madras, the Grant Medical College of Bombay, the Church University of Toronto, Melbourne Hospital, Australia. In Foreign Countries.—Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelburg, Bonn, Göttingen, Wurzburg, Leyden, Liege, Pavia, Pisa, Stockholm, Copenhagen, New York, Philadelphia Harvard University, Boston.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 22nd inst., and, whon eligible, will be admitted to the pass examination:—Edward Charles Anderson; John Baird; Richard Barter; George Bishop Cornish; Frederick Dale; Francis Molineaux Fawcett; George Gill, John Green; George Fox Grosvenor; Samuel Haigh; Richard Jackson; Thomas Langston; Edward Webber Warren Meyrick; John M'Kenzie; Walter Llewellyn Nash; John Pooley; John Pratt; John Prince; Thomas Thyne; Thomas William Wasdale Watson; John Whiteley; James David Charles Whiting; Charles James Wills; Henry Wilson; Joseph Brampton Wright.

The following gentlemen passed their primary examinations on the 23rd inst.:—Walter Thomas Beeby; Archibald Henry Foley Cameron; Charles John Denny; David Evans; Richard Fennelly; John Thomas Jones; Robert Whittington Lowe; Robert Charles Moon; Willian John Ready; George Renton; William Moon Rogers; William John Wey; Ninian Alexander Williamson; John Kendrick Wynne.

The following gentlemen passed their primary examination on the 24th inst.:—Henry Arnott; Charles Handasyde Carver; Fitzherbert Dermott; Edward Drummond; John Henry Edwards; James Mortimer Fuller; George Gregson; James Murray; William Murr Pettinger; Edward Rutherford; George Starling; George Wyatt Sharp; Thomas Arthur Wood.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst.:—Thomas James Biddle, Army Medical Staff H.P.; Thomas Britton, St. Thomas's Hospital; Caleb Samuel Hilton, Trinity square, Borough; George Charles Henry Hitchings, Oriel, Oxford; Robert Conrad Mossman, Davenport; Baynes Reed, Lock Hospital; Henry Waghorn, Soho square.

The following gentlemen also on the same day passed their first examination:—Frederick Henry Alderson, Middlesex Hospital; Charles Beviss, St. George's; George Henry Clifton, Middlesex; Arthur Evershed, Guy's; Owen Grimbly, St. Thomas's; Thomaa Lucas, Middlesex; Frederick Morley, St. George's; Francis Drake Pearce, St. Bartholomew's; John Palmer Way, St. Thomas's; Albert Weaving, Middlesex; Richard Prior Wintle, St. George's.

A NEW STYPTIC has been discovered in the Palla Tibolii, a Javanese plant.

THE USE OF CYDER IN DIABETES.—Several American physicians have recently advocated the use of cyder in diabetes.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—It has been resolved to appoint two additional assistant-surgeons to this hospital.

AN UNEXPECTED LEGACY.—The Secretary of the Bristol General Hospital acknowledges the receipt of 450*l.*, part of the tenth of an unexpected legacy.

SISTERS OF CHARITY AS HOSPITAL NURSES.—Several Sisters of Charity have lately passed through Lyons on their way to Marseilles, where they are to embark for Mexico to attend to the hospitals of the army.

VACANCIES.—There is a vacancy for an English physician at Pisa; there is also a vacancy at Florence, caused by the recent death of Dr. Trotman.

RECOGNITION OF THE AMERICAN SURGEONS AS NON-COMBATANTS.—At last this rational procedure has become adopted by both armies. Had it been, truly observes the Editor of the *American Medical Times*, their policy from the commencement of the war, a vast amount of human suffering would have been saved, as the Surgeons would have continued their labours among the wounded, regardless of the immediate results of the battle.

CHARING-CROSS HOSPITAL.—The annual distribution of the Prizes took place on Tuesday, July 22. The following gentlemen were the successful candidates: *Anatomy*—Silver Medal, Mr. Wm. Carter; First Certificate, Mr. Churchill; Second ditto, Mr. Wm. Hayden; Third ditto, Mr. T. C. Wigg; Fourth ditto, Mr. W. H. Cope; Bronze Medal, Mr. Wm. Burt Shorto; Certificate, Mr. H. Willson. *Chemistry*—Silver Medal, Mr. W. B Shorto; Certificate, Mr. Charles Knight. *Surgery*—Silver Medal, Mr. J. H. Simpson; Certificates and Books, Messrs. Fisher and Badcock; Bronze Medal, Mr. H. Willson. *Physiology*—Silver Medal, Mr. Wm. Carter; Bronze Medal, Mr. W. B. Shorto. *Medicine*—Silver Medal, Mr. J. H. Simpson; Certificate, Mr. T. C. Wigg. *Materia Medica*—Silver Medal, Mr. J. H. Simpson; Certificate, Mr. Churchill. *Botany*—Silver Medal, Mr. Wm. Carter; Certificate, Mr. Churchill. *Midwifery*—Silver Medal, Mr. Luke Fisher; First Certificate, Mr. F. C. Skegg; Second ditto, Mr. Badcock. *Forensic Medicine*—Silver Medal, Mr. L. C. Badcock. *Practical Chemistry*—First Certificate, Mr. Simpson; Second ditto, Mr. Churchill.

THE PROFESSOR OF PHYSIOLOGY AT THE UNIVERSITY OF MELBOURNE.—We have great satisfaction in stating that Dr. Halford, Lecturer on Anatomy at the Grosvenor-place School of Medicine, has been appointed Professor of Anatomy, Physiology, and Pathology, at the University of Melbourne. This appointment is of the value of 1,000*l.* a-year; it was in the gift of Professors Owen and Paget.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—The President and Fellows have directed that Dr. Robert Law shall continue to hold the Professorship of the Institutes of Medicine for a further term of seven years.

ATMOSPHERIC TIDES.—M. Mathieu affirms that he has discovered regular tides in the atmosphere precisely analogous to those of the sea, which reduce varieties of temperature to settled rule, by which the weather can be foretold long in advance with scientific accuracy.

ASTLEY COOPER PRIZE.—The triennial prize of 300 guineas has been awarded to Dr. Edwards Crisp, for his essay on the "Anatomy, Physiology, and Pathology of the Human Pancreas." This is the second time that Dr. Crisp has been the successful competitor for the Astley Cooper prize.

Testimonial to John Tomes, Esq., F.R.S.—On the evening of Wednesday, the 16th inst., the friends of Mr. Tomes invited him to a public dinner, in order that they might avail themselves of the opportunity to offer him some slight token of their appreciation of his efforts to promote the advancement of the dental profession. So far back as twenty years, it appears, Mr. Tomes, as a dentist, felt that a legal recognition and qualification were the great desiderata which should be laboured for; and since then he has been zealously and untiringly exerting himself for their accomplishment. Apart from this, however, by his scientific research and published opinions on the subject of Dental Physiology and Surgery, he has won the esteem and admiration of many of his professional brethren both at home and abroad. The establishment of a new degree of Licentiate in Dental Surgery by the Royal College of Surgeons having proved itself to be the consummation so long devoutly wished for, by the fact of so many of the influential dentists in the metropolis and the provinces possessing themselves of it, the occasion was considered opportune for expressing their sense of the value of Mr. Tomes' many and long-continued services. The chair was occupied by S. Cartwright, jun., Esq., M.R.C.S., who, in a highly eulogistic address, recapitulated the valuable and unceasing efforts made by Mr. Tomes, in all directions, for the general good; and gracefully begged his acceptance of the service of plate, which had been most heartily subscribed to by his professional friends. The testimonial consisted of a handsome silver tea and coffee service, together with an elaborate centre-piece, by Garrard, mounted on a stand, and bearing the following inscription—"Presented to John Tomes, Esq., F.R.S., by several of his brother practitioners, in acknowledgement of the many valuable services he has rendered to his profession. July 16th, 1862." This was accompanied an an illuminated list of the subscribers' names on a scroll of vellum. Mr. Tomes, in returning thanks, explained the reasons for his past conduct, and was many times interrupted by long-continued cheering.

The Late Dr. Todd.—A marble statue, by Noble, has been erected in King's College Hospital to the memory of the late Dr. Todd. The Committee of Management have been able, from the liberality of the subscriptions, to continue "the Todd annual prize of a bronze medal and books to the value of four guineas, established by him during his life for proficiency in Clinical Medicine."

Cinchona in Trinidad.—A renewed attempt is being made to plant the cinchona in Trinidad. It has been planted at a height of 2,800 feet above the level of the sea. The soil is of the richest description.

Appointments.—Samuel Browne, L.K.Q.C.P. Irel., M.R.C.S. Eng., Surgeon, R.N., Surgeon to the Belfast General Hospital, and to the Belfast Ophthalmic Institution, has been elected one of the Vice-Presidents of the Ulster Medical Society, Belfast (a Society recently formed by the amalgamation of the Belfast Medical Society and the Belfast Clinical and Pathological Society).—John Davies, Surgeon-Major half-pay, has been elected Surgeon to the Cheltenham and Gloucestershire Ophthalmic Infirmary, *vice* Mr. Jessop, deceased.—John Creery Ferguson, A.M. and M.B. Univ. Trin. Coll. Dub., Hon. F.K.Q.C.P. Irel., Prof. Pract. Med. Q. Coll. Belfast, Examiner in Medicine Q. Univ. Irel., and Physician to the Belfast General Hospital, has been elected President of the Ulster Medical Society.—Dr. William Gordon has been appointed Deputy-Medical Officer for No. 1 Old Swinford District of the Stourbridge Union, Worcestershire.—Henry Graves, A.B. and M.B. Univ. Trin. Coll. Dub., F.R.C.S. Irel., L.M. Dub. Lying-in Hospital, has been elected one of the Vice-Presidents of the Ulster Medical Society.—George Michell, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been elected Public Vaccinator for the Gwennap and Stithiam District of the Redruth Union, Cornwall.—Edward Thomas Newbold, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Macclesfield District, and the Workhouse and Fever Hospital of the Macclesfield Union, Cheshire, *vice* William Loney, M.R.C.S. Eng., L.S.A. Lond., resigned.—Edward Pearl, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Windsor District of the Windsor Union, *vice* Geoffrey Pearl, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., resigned.—William Scott, M.D. St. And., F.R.C.P. Edin., F.R.C.S. Eng., L.K.Q.C.P. Irel., and L.M., L.M. Anglesey Hosp., has been elected one of the Vice-Presidents of the Ulster Medical Society.—Walter Somerville, M.D., has been appointed successor to the Hon. John Young, M.D., Belize, British Honduras.—Thomas Kennedy Wheeler, M.D. Q. Univ. Irel., L.R.C.S. Edin., L.A.H. Dub., has been elected one of the Vice-Presidents of the Ulster Medical Society.—Edward Williams, M.D., Cantab., has been appointed Hon. Physician to the Asylum for Idiots, Essex Hall, Colchester.—William Wood, M.D., M.R.C.P. Lond., M.R.C.S. Eng., and L.S.A., has been appointed Physician to St. Luke's Hospital, *vice* Dr. Sutherland.—John Cawood Wordsworth, F.R.C.S., Assistant-Surgeon to the Royal London Ophthalmic Hospital, has been appointed Surgeon to that Institution, *vice* Alfred Poland, F.R.C.S., resigned; Timothy Henry Martin, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Worth District of the East Grinstead Union, Sussex, *vice* Thomas Smith, M.R.C.S. Eng., L.S.A. Lond., deceased.—William Paley, M.D. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., is President elect of the South Midland Branch of the British Medical Association.—Francis Drake Pearce, M.R.C.S. Eng., L.S.A. Lond., has been reappointed Medical Officer and Public Vaccinator for the Charleton District of the Kingsbridge Union, Devonshire.—Daniel Weld Phillips, M.R.C.S. Eng., L.S.A. Lond., has been appointed Vaccinator for the Halesowen District of the Stourbridge Union, Worcestershire, *vice* Charles William Milnes Bloxham, M.R.C.S. Eng., L.S.A. Lond., resigned.—Ewing Whittle, M.D. Univ. Lond. M.R.I.A., M.R.C.S. Eng., has been appointed Lecturer on Medical Jurisprudence at the Liverpool Royal Infirmary School of Medicine, *vice* Francis Ayrton, M.D. St. And., L.R.C.P. Edin., M.R.S.A. Lond., resigned.

The West-Riding Medical Charitable Society.—The anniversary of this valuable institution was held this year at Halifax, in the board-room of the Infirmary, on the 10th instant, where members from many parts of the riding assembled. After despatching the business of the society, and disbursing between 300*l.* and 400*l.* to sixteen needy annuitant widows and orphan children, the members dined together at the White Swan Hotel, where ample provision was made for their reception. Drs. Kenny and Alexander presided, and the Rev. Mr. Bagot (in the absence of Archdeacon Musgrave) officiated as chaplain.

APPOINTMENTS FOR THE WEEK.

Wednesday, July 30.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopœdic Hospital, 2 p.m.

Thursday, July 31.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

London Surgical Home.—*Operations:* 2 p.m. Ruptured Perinæum; Vesico-Vaginal Fistula.

Friday, August 1.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 2.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, August 4.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 5.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Lectures on the Principles and Practice of Midwifery. By E. W. Murphy, A.M., M.D., &c. Second Edition, Enlarged and Revised. London: Walton and Maberly, Upper Gower street.

NOTICES TO CORRESPONDENTS.

Querist writes, "Pray Mr. Editor, do have mercy upon my ignorance. I was never so humbled in my life as when I read some articles the other day by a celebrated eye doctor, and must confess to you that I might as well have read Chinese. Pray Sir, what is the meaning of 'hypermetropia,' 'amblyopic myopia,' 'asthenopia,' 'mydriasis,' 'nyctalopia,' &c., &c., &c.? The fact is Sir, that I am only a hard-working country doctor, and when I was a student these phrases were not in fashion. Again, Mr. Editor, I must beg the favour of your translating for me a little book published by a Dr. Soelberg Wells, which seems to be a learned combination of fluxions, algebra, and moonshine. A pupil of mine has taken the pains to translate a page of it, and says that it contains the discoveries of some great ophthalmological *quidnunc* called Donders, about short-sight, and long-sight, and no sight at all. I fear Dr. Soelberg Wells was 'taking a sight' of the Profession when he published it. I know that for the future I shall take a very long sight at his book. Excuse the trouble I give you, &c."

M.R.C.S. Eng.—1st. It is quite true that the Council may, if they please, elect a member of the Court of Examiners from among the Fellows; but they have never done so; and it is a triumph to get them to elect one who was not a Hospital Surgeon. 2nd. Yes. 3rd. The charter already gives the power; you know the adage,—you may take a horse to the water, but you cannot make him drink.

Dr. Ellis is thanked for his note.

Dr. Bird.—Received.

Mr. Watson.—Note with enclosures received, and shall be attended to.

Chirurgus (Manchester.)—We do not think the present moment opportune; but the subject shall not be lost sight of.

Mr. Roberts.—Certainly.

T. H.—The "wild-thyme" has been introduced for the cure of whooping-cough by M. Joset, who says that it acts like a charm in that disease. It is given in the form of a concentrated infusion, slightly sweetened, and may be taken ad libitum. It is a favourite secret remedy.

L.A.C.—The agreement is binding upon both parties, in the sense indicated.

Mr. Ewington.—Note received, and shall be attended to.

Mr. Wordsworth.—Received.

Mr. Sheffield.—Note forwarded.

Dr. Gason.—Subscription received, and receipt forwarded to the Rev. Mr. Ince.

To the Editor of the Medical Circular.

Sir,—I forward you a continuation of my correspondence with the Poor-law Board, inserted in the Circular of the 15th inst., which you are at liberty to publish if you think it worth while to do so. I think that most people, if they were aware of it, would be astonished at the quantity of "small beer chronicled" in the books of Medical Officers of Unions, in the shape of the names, ages, residences, and occupations, together with the rise, progress, and duration of illness, method of cure, &c., &c., &c., of multitudes of poor old folks afflicted with chronic rheumatism, or bronchitis, *et id genus omne* of uninteresting and unin-

structive ailments. Of these piles of useless lumber, it may be truly said, "full many a case is never re(a)d at all, and wastes its sweetness on the dusty shelves." Your obedient servant,

Ludlow, July 22, 1862. H. MEYMOTT.

(COPY.—No. 3.)

Poor-law Board, July 17, 1862.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 9th inst., in reference to the imperfections reported by the district auditor on his examination of your portion of the Workhouse Medical relief book of the Ludlow Union, for the year ended at Lady-day last.

I am directed to state that the Board consider it necessary that the initials of the Medical Officer in attendance, should be entered in every case, and that you should note in the appropriate column the number of the dietary, on which a person is placed each day. I am directed to add that the Board entertain no doubt that your attention having been called to the subject, you will adopt this course in future.

I am Sir, Your obedient servant,

Henry Meymott, Esq., Medical Officer of the Workhouse of the Ludlow Union, Ludlow. H. FLEMING, Sec.

No. 4.

Ludlow, July 21, 1862.

SIR,—In making the following remonstrance in reply to your letter of the 17th inst., I beg leave distinctly to disclaim any hostility to the authority of the Poor-law Board, as well as any deliberate intention of refusing to comply with its reasonable requirements, and to express my desire of approaching the Board with all that respect which its members can so justly claim from their high position, and the important duties they are called upon to fulfil.

With this proviso I venture first of all to take it for granted that the main, if not the sole object of the Board in the discharge of its functions is "efficient relief to the Poor."

In the next place I submit that the scriptural statement relative to the Divine law, "the letter killeth, but the Spirit giveth life," is in principle applicable to human laws, and as it affects the Poor-law, I contend that a constant and unvarying attention to minute statements and unnecessary repetition in written reports, tends to vex and harass the mind of the Medical officer whilst in the discharge of his duties to the sick poor, and *quantum valeat*, defeats the object he has in view. I have long been of opinion that the Medical officers of Unions are encumbered in their arduous, harassing, and inadequately paid services, by the large amount of expensive, and useless book-keeping which falls to their lot; and, I believe that I am far from being singular in this opinion.

I now proceed to the consideration of the particular points at issue. I am utterly at a loss to conceive any utility, practical or otherwise, in the Medical officer appending his initials to the cases on the Workhouse Medical Relief Book. If it be to register the amount of attendance on the sick poor, this is already doubly done: first, in the entry of each visit in the porter's book; and secondly, in the recorded answers to the questions of the House Committee in their periodical visits. Besides these tests, there is an express column for the entry of every attendance as an authenticity of the ordered diet or reported visit—it is simply superfluous. The other point complained of by Mr. Roberts is the non-filling up every day of the column for the dietary. In addition to the remarks on this head in my previous letter, I have to state that I frequently avail myself of the empty spaces to put down the particulars of any extra diet required, in consequence of the small amount of space allotted specially for it. The matron is thus facilitated in carrying out my directions. This I could not do without considerable crowding and probable confusion, if the number of the dietary were put down daily, and I am informed by the master that his calculation of the dietary would not in the slightest degree be assisted by my so doing.

Again, if the extra diet, which is of more importance than the ordinary diet, is also to be put down each day, a fresh form of book, of much larger dimensions, would be absolutely necessary. Moreover, it very frequently happens that I am prevented from visiting the workhouse, which is a considerable distance from my residence, till the after part of the day, when an entry of the day's dietary would be useless; and on the days when no visit is made (for when there are no cases of acute disease in the sick wards a daily visit is not needed), the dietary would be at a complete standstill.

In conclusion, I would remark that, previous to Mr. Roberts's casual audit, no complaint has ever been made by the auditors, inspectors, or Board of Guardians, of the manner in which those particular columns have been filled up by myself for fifteen years, and I believe pretty much in the same way by my predecessor, from the commencement of the operation of the Poor-law in this Union, nor has any inconvenience resulted of any kind to any party concerned, much less have the interests of the sick poor been affected by it.

Hoping this practical testimony (founded upon an experience of more than twenty years) of the operation of an important branch of the Poor-law, may not be altogether unavailing in causing a relaxation of the stringency of the clerical duties assigned to the Medical officers of Unions. I am, &c., H. MEYMOTT.

H. Fleming, Esq., Secretary to the Poor-law Board, Whitehall.

To the Editor of the Medical Circular.

SIR,—I suppose that it is almost superfluous to tell you that the "papers" you have recently published on "Laryngoscopy," by Mr. Yearsley, have given a new and high degree of interest to your valuable journal, and that on a subject previously but little understood by the mass of the profession in England. I do not think that it is too much to say, that in the amount of information, the clearness of the narrative, and the thorough mastery of the subject, these papers have not been equalled, and certainly not excelled, by anything that has appeared in the pages of the medical press of England for the last quarter of a century. The Profession previously owed a deep debt of gratitude to Mr. Yearsley, which these papers have still further increased. Their publication induces a hope among the readers of your paper in this neighbourhood, that that gentleman will now, more frequently than heretofore, enrich your columns with contributions on the special departments of surgery and medicine to which he has so long and so successfully devoted his attention. I do very sincerely hope he will be able to occasionally find time thus to instruct and gratify your numerous readers. There is one allusion in his recent papers which has greatly arrested my attention; and that is, the absence of "nasal breathing" as symptomatic of certain affections of the throat and ear. I should much like to have his opinions and experience on the effects of "smoking" and "snuffing" on these organs. Were he to favour us with a short paper on each of these "vices," in their connection with throat-disease and deafness, I am sure they would be read with avidity, not merely by the Profession, but also by the tens of thousands of non-professional readers who weekly peruse your columns, and without doubt, with manifest benefit to all, more especially the last. Pray, Mr. Editor, use your kind offices with Mr. Yearsley, and get him to oblige us *more frequently* with the products of his vigorous and instructive pen.

I am, &c., APORYS.

Taunton Union.—The Board of GUARDIANS of this Union are desirous of receiving applications for the appointment of Medical Officer, (duly qualified), for the West Monkton District, comprising the parishes of Cheddon, Fitzpaine, Creech, St. Michael, Durston, and Monkton West.

Area, 7,222 acres, Population, 2,335; Salary, £75 per annum.

In addition to the salary, the officer will be entitled to the Fees specified in the order of the Poor-Law Commissioners of 24th July, 1847. He will be appointed under the Act for Vaccination, with a fee of 1s. 6d. or 2s. 6d. for every successful operation by him, according to distance, and 2s. 6d. per case for each quarterly visit to lunatic paupers resident in the district.

Information as to the duties, &c., may be known on application to me.

Testimonials of qualification, &c., to be left at my office on or before the 12th August next, and personal attendance at the Taunton Union Workhouse at Noon on the following day (Saturday, the 16th), when the election will be proceeded with, is indispensable.

JOHN CHORLEY, Clerk.

July 19th, 1862, Registry place, Taunton.

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JOURNAL

OF

Practical Medicine and Surgery.

ART. 6259.

Hygiene of Railways.—Further remarks on Intermarriage between Relatives.—Tobacco-smoke a cause of Angina Pectoris.—Debate on the Origin of Vaccine Matter.

Dr. Gallard, Physician to the Orleans Railway Company, recently laid before the Academy of Sciences the medical returns of his professional experience, during the last four years, on this important line. We gladly reproduce a portion of the author's remarks on the diseases prevalent among the persons employed, and on the new hygienic conditions required by this mode of locomotion for the staff of the institution, the travellers, and the inhabitants of the countries crossed by railroads.

Enginemen and stokers were, *à priori*, conceived to be especially liable to particular diseases. Mr. Gallard agrees with his predecessor, Dr. Bisson, that this class of men presents no tendency to any special affection of the nervous or of any other system, consequent on the inhalation of oxide of carbon, or on the trepidation of the engine. The guards and brakesmen, on the contrary, are more subject than the stokers and enginemen to inflammation of the respiratory organs. This circumstance is referred by Mr. Gallard to the fact that while the train is in motion, these men are, from the nature of their duties, less actively engaged, and, therefore, suffer more from the cold than the stokers and enginemen, who must stand and exert themselves in working the locomotive. For the last few years, these officials have been authorised to take, during the cold season, at each refreshment-room—*i. e.*, every two hours, at least, a cup of some warm beverage, such as milk, soup, or coffee; this measure, by increasing their power of resistance to the effects of cold, has much contributed to lessen the average of cases of illness, which has thus been reduced from 108 to 72 per cent.

Means of various kinds have also been resorted to with success, for the purpose of diminishing the number of cases of intermittent fever among the agents dispersed along the line worked by the Orleans Company. This object was attained in the first place by the drainage of the marshy lands situated along the track of the railroad, an operation equally beneficial to the inhabitants of these localities, and to the agents of the Company; in the second place, other measures were prescribed, entirely personal to these individuals, and consisting chiefly in regulations calculated to increase their power of resistance to the surrounding pathogenic influences.

During the last overflow of the Loire, almost all the ditches from Blois to Nantes were filled with water which, having no outlet, converted them into marshes. The Company drained those in which the measure was practicable; the others were cleansed, their margins perpendicularly cut, the aquatic plants removed, and they were thus transmuted into fish-ponds, which have ceased to emit any poisonous effluvia.

Wherever these works of public utility have been undertaken, they have been productive of the most beneficial results, and engineers, now fully aware of the perils of the stagnation of water in ditches, use their utmost endeavours to avert them. On the newly-constructed lines, instead of excavating the road at the sides, they extract from the neighbouring hills the materials necessary for the embankments. If no hills are to be found at a convenient distance, and dikes are indispensable, they are not sunk in the vicinity of the dwellings of the inhabitants, or near those localities in which the erection of station-houses is contemplated, as these trenches are speedily converted by the accumulation of rain-water into miry and dangerous marshes.

To suppress marshes would obviously be the most effective method for the extinction of intermittent fever; this forcible measure is not, however, always practicable, and companies, despite their most strenuous efforts will never succeed in affording to their agents absolute protection against the pernicious effects of paludal miasmata. The most that can be done is to increase, as much as possible, the power of resistance in those individuals who cannot entirely be removed from the morbid influence in question, and who must perforce reside in a locality in which ague is endemically prevalent. Care has, therefore, been taken that they should be comfortably housed and clad; provisions of excellent quality, at a very low rate, are furnished, and during the warm season a beverage is supplied which has exercised the most beneficial effects on the health of the persons employed.

Journeymen who, during the summer, work in the open air, perspire copiously and require frequently to slake their thirst. If water only is at hand, they drink immoderately, and the diseases consequent on this abuse are so frequent as to attract the attention even of the least observant. In many workyards, therefore, and in most farms, a certain quantity of vinegar, or what is preferable—brandy, is mixed with the water supplied to the labourers. Dr. Bisson, who has done much towards improving the sanitary condition of the operatives employed on the Orleans Railway, conceiving that this plan might be improved on, caused the following liquid to be regularly served out to the men:—

Infusion of coffee, 3 pints;
Rum or brandy, 2 pints;
Brown sugar, 1 pound;
Water, 10 gallons.

This slightly tonic beverage, says Mr. Gallard, has unquestionably proved most serviceable; the men drink it with pleasure, even at their meals, and they doubtless owe to its use immunity from colic, diarrhœa, and dysentery. During the cholera, it was found especially beneficial. It was, however, soon discovered that this compound could not be supplied with the same advantage to workmen engaged at some distance down the line, as to those employed at the stations. It ferments easily, does not keep beyond twenty-four hours, and can be distributed only when entirely prepared, because if each man's allowance was served out in a concentrated form—*i. e.*, before the addition of water, it is to be feared that such addition would often be omitted. It was, therefore, necessary to discover a preparation not liable to ferment, and sufficiently concentrated to admit of being conveyed in a small volume to the labourers, to be afterwards mixed by themselves with water from the springs adjacent to the workyards. Various experiments were made with liquids containing tincture of cinchona bark, or sulphate of quinine, both selected on account of their known influence on ague, and the following preparation has been found decidedly the most useful, and is now definitively adopted:—

Rum or brandy, 10 drachms;
Tincture of gentian, 1 drachm;
Water, 4 pints or more.

The men promptly become accustomed to this beverage, and Mr. Gallard attributes to its use the considerable diminution observed in the prevalence of ague amongst the labourers of the Orleans Railway; indeed, the decrease has been more marked among the journeymen employed on the line to whom this fluid has been served out, than among the others who have continued to receive the infusion of coffee.

In certain excessively insalubrious districts, hygienic precautions of a different nature have been adopted, with the most satisfactory results. At Guétin and at Rochefort, for instance, the workmen receive a daily allowance of coffee and brandy; the men who have suffered much from ague, and whose system cannot become seasoned, are removed and replaced by young and vigorous individuals, as far as practicable, chosen amongst those who, having no family, are, therefore, enabled to live better and support their strength, any loss of which would lay them open to the inroads of paludal intoxication.

Railways have, it is true, been the scenes of dreadful catastrophes, which are still painfully present to all minds, but daily experience shows that, thanks to improved machinery, careful superintendence, and able management, no system of

locomotion affords equal security, if the number of travellers be considered. Setting apart, therefore, the question of actual danger, querulous persons lay much stress on petty annoyances, which they consider inherent in this mode of conveyance; these may easily be attenuated. Thus some passengers complain that they cannot read in the carriages with any degree of attention, without much fatigue. Mr. Gallard agrees with Mr. de Piétra-Santa, in recommending such persons to close their book every ten minutes, and to repose their sight by inspection of the landscape; after a short interval of rest, they can resume their occupation without suffering inconvenience. The trepidation of the trains has also been considered as a cause of abortion and premature labour. This imputation is of greater importance, but with regard to abortion, does not appear to be borne out by facts; premature labour would be more readily accounted for. But if it be really, indueed, by the motion of trains, railways are certainly not more distinctly open to the reproach than common carriages drawn by horses. Altogether the imputations urged against railways, as far as regards the comfort of the passengers, are so futile as to be utterly undeserving of notice. Less fatigue is unquestionably encountered than in any other mode of conveyance, and the arrangements for invalids, are such as could never have been supplied in equal perfection before the invention of the locomotive engine.

Mr. Gallard concludes with an enumeration of the advantages conferred by railways on the population of the districts traversed by the lines. Their benefits in a hygienic and commercial point of view, are beyond all question, and these wonderful agents of communication, besides the immense services rendered to civilisation, may fairly be considered as disseminators of activity, comfort, health and life.

— We are acquainted with several instances of intermarriage between relations, the consequences of which have been so perfectly happy, that we entertain with some reluctance the question brought before the Academy of Sciences, by Mr. Boudin, in a paper which is a complete bill of indictmen against consanguineous unions. The subject has of late ent gaged a considerable share of attention. Some few weeks, since, Mr. Francis Devay published a work entitled *Perils of Consanguineous Unions*, in which the following passage occurs: "The question discussed in the present volume, is circumscribed in its terms; but its immediate results, and its connection with momentous points relative to marriage, hereditary disease, and the improvement of the human race, invest it with a considerable degree of importance, as one of the numerous aspects of social hygiene, and the science of the future. None can view with indifference the weighty interests involved in the solution of the problem, none can refuse to bestow on its elucidation the amount of thought and inquiry it deserves. It presents equal interest in its bearings on philosophical, medical, or social science."

Mr. Devay does not deny, that in some cases, intermarriage between relations has proved innocuous. "I am perfectly aware," says he, "that the marriages to which I object, have sometimes produced healthy and prosperous families; but these are mere exceptions, and it would be rash to trust to circumstances beyond our control. If the astounding frequency of deaf-muteness were the only argument brought forward to demonstrate the perils of consanguineous unions, it would, in our opinion, constitute a most valid objection."

Congenital deaf-muteness is, we must acknowledge, one of the most frequent consequences observed in the offspring of relations united in the bonds of matrimony. Since the year 1858, Mr. Devay has, in thirty instances, observed the coincidence, which Mr. Ménière had distinctly and repeatedly pointed out. Mr. Chazarain, of Bordeaux, states, that in the Deaf and Dumb Institution of that city, he found that six out of thirty-nine boys, and nine out of twenty-seven girls, were the offspring of consanguineous unions. Two of the boys had between them, five deaf and dumb brothers, and six of the girls had between them, seven brothers or sisters afflicted in the same manner. At Lyons, Mr. Perrin has ascertained that, one quarter at least of the inmates of the Deaf and Dumb Asylum were the children of married relatives, and in the Asylum of Ainay, about one-fourth of the deaf mutes acknowledge a similar origin.

Mr. Boudin's communication rests upon these and other figures. He shows that the proportion of congenital cases of deaf-muteness consequent on consanguineous intermarriages, compared with the aggregate number of persons so afflicted from their birth, is in Paris, 28 at Lyons 25, and at Bordeaux 30 per cent. He further demonstrates that the fatal influence exercised by the relationship of the parents is not confined to their immediate progeny, and that deaf and dumb children are sometimes the result of unions in which one of the parties is the issue of a consanguineous marriage.

Mr. Boudin, adopting the same view as Mr. Devay, investigates the subject with regard to climate and religious persuasions, and establishes, on comparative estimates, that in 10,000 inhabitants the number of deaf and dumb individuals is in Paris 2, in Corsica 14, in the Hautes-Alpes 23, in the Canton of Berne 28—*i. e.*, the proportion rises with the difficulties of exterior communication; in other words, with the increase of the number of consanguineous unions.

With regard to religious persuasions, the following are the statistics drawn up at Berlin:

3·1	deafmutes in	10,000 Roman Catholics.
6·0	„	10,000 Christians, chiefly Protestants.
2·7	„	10,000 Jews.

From these data, Mr. Boudin infers that the proportion of cases of congenital deaf-muteness increases, in direct ratio with the facilities accorded to consanguineous union, by the different forms of worship.

These are not the only disastrous consequences of intermarriage between relatives. It has also been considered as the cause of barrenness and abortion in the parents, and in children of epilepsy, albinism, idiocy, insanity, pigmental retinitis, and other infirmities, amongst which Mr. Devay notes polydactylism in 17 out of 121 marriages.

Mr. Boudin cautiously avoids expressing any absolute opinion as to the ætiology of these numerous affections, and appeals to statistics to supply adequate proof of an influence which canon law, and philosophical induction incline to view in the same light.

— We shall take an early opportunity of referring to Mr. Beau's ideas on the pathology of *Angina pectoris*. We may, however, in anticipation, state that this careful and ingenious observer conceives that the fumes of tobacco have an important share in the production of the disease.

Amongst the numerous bad effects induced by the immoderate use of tobacco, we must note vertigo, granular angina, dyspepsia, and a form of cough attended with loss of flesh, closely resembling the cough and emaciation of tuberculosis. To this list, Mr. Beau now adds *angina pectoris*. Our readers will find at our Art. *Learned Societies*, the eight cases illustrative of the injurious agency pointed out by the author, in an interesting paper communicated to the Academy of Sciences. These facts acquire additional value from their entire concordance with Mr. C. Bernard's experiments on nicotine, and seem to prove the truth of the doctrine, which views angina pectoris as a functional disease of the muscular structures of the heart, spreading to the thorax, neck, and upper extremities.

Mr. Bernard has satisfactorily established that nicotine is a poisonous alkaloid, not inferior in power to prussic acid, although acting in a different manner, and chiefly affects the nerves, muscles, and more especially the vascular system. In large doses, this substance induces spasmodic muscular action, which may acquire a permanent tetanic character, whereas if the quantity absorbed is small, the lungs and heart are affected in the first place, the respiratory movements becoming more frequent, and the action of the heart being likewise increased. None of these phenomena occur when the pneumogastric nerve is divided, a palpable proof that this complex action is transmitted by the nerves. We should not omit to state that the muscular system is thus affected, only when the nicotine is pure and in sufficient quantity, but that the lungs and heart specially resent its action, when the poison is diluted or imperfectly prepared.

Mr. Beau has forestalled the objection which would naturally suggest itself to his interpretation, from the observation of cases of angina pectoris in persons who have never used tobacco in any shape. He does not venture to assert that immoderate smoking is the only cause of the disease; he, on the contrary, acknowledges that the causes of this complaint are manifold, and points out one, which seems to have been hitherto overlooked. He further remarks that angina pectoris would be produced in smokers, only by a combination of circumstances seldom to be met with: 1. The immoderate use of tobacco. 2. A special susceptibility of the system. 3. The action of debilitating causes, such as grief, excessive fatigue, considerable diminution of the digestive powers, &c., which would interfere with the elimination of the particles absorbed, and allow of its accumulation in sufficient quantities to affect the muscular structures of the heart.

— We recorded in a former number of the present Journal, (Art. 5850) a series of experiments instituted at Toulouse, from which it appears that genuine vaccine virus may be supplied by the legs of the horse. The Toulouse experimentalists agree in this respect with Jenner, who, it may not generally be known, conceived that vaccine matter originated in the horse. "If you meet," said he, "with *cow-pox* in a drove of cows, be certain that it has been communicated by men who previously had groomed horses affected with the disorder termed *grease*." At one period of his life, Jenner maintained that grease, in order fully to acquire its anti-variolic virtues, should in the first place be transmitted to cows; at another period, he declared that this intermediate passage was unnecessary, and he died at last with the conviction that cow-pox originated in a primary and invariable manner in the foot of the horse, whence it was propagated to the cow by the process of contagion.

It would appear at first sight easy, by substituting experiment for observation, and artificial for fortuitous inoculation, to test the correctness of the opinions of Jenner, who was himself perfectly aware that experiment here was of far greater value than mere observation. In his day, however, the method was not in vogue, and he resorted to it once only, in order to support his doctrine on scientific demonstration; this attempt failed, but in no wise altered his conviction. Since Jenner, many expert operators have inoculated *grease*, but the results have been so conflicting that, even now, several sagacious inquirers remain in doubt whether cow-pox originates from the horse or from the cow, and uncertainty prevails as to the connection of vaccine with variola, and to this day it is an unsettled point, whether it is to be regarded as a transformation or an attenuation of small-pox.

The subject is obviously one of much interest, and will doubtless engage the attention of the Professor recently appointed to the chair of Comparative Medicine. Trusting that Mr. Rayer may soon shed on this obscure question the illuminating rays he has somewhat too long kept in reserve, we may briefly summarize the debate which arose at the Academy of Medicine, after the communication of a substantial and elaborate report by Mr. Bousquet on the facts related by Mr. Lafosse and the other Toulouse experimentalists.

Messrs. Maunoury and Pichot already, some time since, distinctly recognised the presence of genuine cow-pox pustules on the fingers of B——, a farrier, who had shod a horse affected with *grease*. Mr. Lafosse and his colleagues, on the other hand, inoculated to cows a fluid supplied by a disease which they also denominate grease, and *cow-pox* was the result. All have inoculated in children the virus secreted by these pustules, and a legitimate and well-characterised vaccinal eruption was produced. The discussion bore upon these facts, which are confirmative of Jenner's opinions.

According to Mr. Bousquet, the facts observed in 1836, incomplete and unsatisfactory as they may be deemed in some respects, are nevertheless extremely valuable; but they are far surpassed in interest by the experiments performed at Toulouse. These would constitute, in the able reporter's estimation, a scientific event of the highest order, and perhaps inaugurate a new era in the history of vaccination. They are in all respects conclusive. The disease of the horse was seen by the most competent veterinary surgeons; it was not fortuitously communicated, but was carefully inoculated and watched in all its transformations, from the first puncture with the lancet to the fullest evolution. What more is required to bestow on it its true name?

We reproduce *verbatim* Mr. Bousquet's remarks:

"The novelty of the disease being a legitimate cause of suspicion, in my eyes," said the learned member, "I received it with distrust and caution, and carefully inquired into each separate cause of possible error. In the first place, I endeavoured to ascertain if the lancets used had ever before been employed in vaccination; this was of course highly improbable in a school of comparative medicine. I wrote, however, to Mr. Lafosse on the subject, and was informed that the lancets had never been used for that operation. I inoculated on one day twelve cows or heifers, and in all, vaccinal pustules resulted. It is unnecessary to allude more at length to the motives which guided me in these experiments; I may confine myself to the statement that all the animals returned the vaccine matter as it had been imparted, neither more nor less active; instead of which, the virus supplied by the pasterns of Mr. Corail's mare produced pustules much superior to those resulting from common vaccine virus. The workman is known by his work, the nature of the fruit betrays the tree which bore it.

"It has been in the second place, alleged that in the cow inoculated, spontaneous cow-pox was perhaps on the eve of breaking out. I must own that this singular argument never occurred to me. Cow-pox has not, all of a sudden, become so very common, that its appearance may always be impending. The pustules, moreover, formed in the punctured spots, and all progressed in a manner exactly corresponding to the date of the successive inoculations. This perfect regularity does not accord with the idea of a spontaneous, natural eruption.

"These suppositions being disposed of, another argument arises, invested with a greater degree of probability, although not with the merit of novelty. At the very earliest period of the history of vaccination, Turner objected to Jenner, in 1779, that vaccine was naught but small-pox, transmitted to the cow by the hands of the persons engaged in milking. Can we consider the epizooty at Rennes as an epidemic of small-pox?

"As a previous question, we may here inquire whether the horse is liable to be affected with small-pox. The most expert veterinary surgeons are silent on the subject; and yet I am informed that the idea occurred to Mr. Lafosse, and that he tested its value by direct experiment. Cases of small-pox having occurred among the pupils, he inoculated the disease in horses, but with negative results.

"Although the distemper observed at Rennes, although cow-pox, and vaccine are not identical with variola, they are closely analogons, and the resemblance supplies us with a clue to the mystery, and we must consider it but natural that analogous or equivalent quantities should neutralise each other.

"At any rate, it seems unreasonable to argue that a disease which has reproduced vaccine does not contain its germ. I do not, however, attempt to draw from the fact any but its legitimate inferences; and, although vaccine pustules were produced by the inoculations related, I guardedly avoid asserting that the disease is always transmitted from the horse to the cow; I believe it arises in general, on the contrary, spontaneously in the cow. Too many instances are on record of cow-pox observed in cows, when no communication with horses could possibly have taken place, to justify us in coming to any other conclusion.

"The cow and horse would, therefore, both appear capable of generating the vaccine-virus. This is a lesson taught us by observation; but the cow has the advantage of greater notoriety. We cannot but regret that Mr. Sarrans, who lived on the spot, and Mr. Lafosse, who, unfortunately, resides at a distance from the locality where the disease broke out, did not take advantage of all the favours of fortune to multiply the inoculation. Nothing is better calculated to throw light on an extraordinary circumstance than the repetition of the same fact. Unquestionably, all the negative experiments that can possibly be addueed, whatever their number, cannot annul a single positive, well-ascertained fact; but, when an occurrence is unusual and meets with contradiction, illusion is always to be apprehended, and a satisfactory conclusion can arise but from more extended inquiry."

Several members addressed the Academy after Mr. Bousquet. Messrs. Bouley, Depaul, Leblanc, and Reynal, expressed conflicting opinions: Messrs. Bouley and Reynal agree with Jenner, and conceive that the vaccine-virus originates in the horse; Mr. Leblanc, on the contrary, maintains that it is first generated by the cow. Mr. Depaul endeavoured to show that the disease called grease (*Eaux aux jambes*), can communicate vaccine neither to the equine nor to the human subject, that such transmission has not been demonstrated by observation or experiment, that the horse is liable to be affected with small-pox, and that vaccine and variola are identical in their nature. Mr. Depaul opines that vaccine is naught but small-pox inoculated to animals, producing cow-pox in oxen, and the rot in sheep. The Academy, in this conflict of opinions, would doubtless have experienced much difficulty in coming to any conclusion, had not Mr. Reynal, by an excellent description of the disease called grease, thrown light on the mysterious generation of vaccine virus, and reconciled the dissentient views of the matter.

"Veterinary pathology" said Mr. Reynal, "acknowledges the existence of several diseases, which, in their progress, assume types of so

different a character, that a superficial observer might be inclined to consider them as belonging to distinct genera. Nothing, for instance, can be more dissimilar to all appearance, than genuine glanders, and glanders attended with eruption on the integuments of the face. The earlier and later stages of the disease of the horse termed Anasarca, differ so widely as to constitute to an unpractised eye separate affections. The same remark applies to *grease* (eaux aux jambes ;) it suddenly alters its characters so considerably that the malady, in its third stage, seems perfectly distinct from that which the animal suffered from in the first period. This observation is so strictly true, that, unless the veterinary surgeon has from long experience acquired a knowledge of the concatenation of the symptoms, he is liable to commit grievous error in his diagnosis.

"At its onset, grease is ushered in by swelling of the pasterns, which rapidly extends to the middle region of the metacarpus or metatarsus, and may even involve the knee or hock ; this condition is preceded and accompanied by feverishness. The swelled part is hot and tender, and soon becomes the seat of a serous exudation which moistens the hair; this secretion is occasionally so copious as to run in droplets over the hoof. Vesicles distended with a yellowish, pungent, and transparent fluid form beneath the cuticle, and are followed by more or less superficial ulceration, which supplies a copious and thicker matter. Here and there in the fold of the pastern appear pustules of various size, from which emanates a serous liquid which speedily becomes yellowish, puriform, and more consistent. The intervals between the pustules are filled by a coagulated substance analogous to gelatine, and the hairs are turned back, and adhere to each other in small clusters. During this stage, the skin is frequently chapped, exfoliated, and occasionally mortified.

"A circumstance deserving of notice shows that these anatomical changes are but the local expression of a general morbid condition ; the feverishness subsides and vanishes, as soon as the disease becomes localised in the extremities.

"I have chiefly observed this acute form of grease in young horses, in which glanders had been checked in their development.

"In 1840, several horses brought into France through our Eastern frontier for cavalry service became thus affected ; in order to evade the prohibitive laws in force in Germany, the dealers had been obliged to march them long distances through rain, snow, and thaw.

"This variety is common beyond the Rhine, where it is designated as grease with chaps, or gangrenous grease, according as it is complicated by quitters or mortification."

The very considerable changes observed in the symptoms of grease, during its progress, account in Mr. Reynal's opinion, for the confusion of ideas and differences of opinion which prevail with regard to the disease, which generates cow-pox in the horse. This eminent veterinary professor is satisfied that Jenner's grease and sore-heel correspond to the first, the eruptive vesicular or pustular stage of the complaint above-described, the only one capable of transmitting vaccine, and which Mr. Leblanc did not meet with at Toulouse, when he repaired to that city, for the purpose of testing the accuracy of Mr. Lafosse's experiments.

It remains now to inquire whether, as Mr. Depaul supposes, this eruption is identical with small-pox, and if *vaccine* and *variola* are one and the same disease ; it does not seem intelligible, if they are similar to each other, that one virus should, after inoculation, invariably produce a local and the other a general eruption. As to the assimilation of rot and vaccine, science abounds with facts showing the negative result of vaccination in sheep, and its inability to preserve the animals from rot, even when some slight local manifestations are induced by the operation, whereas the matter secreted by the pustules of rot, effectively protects them from that disease. Another circumstance demonstrates, said Mr. Reynal, in concluding his remarks, that cow-pox and rot differ in their nature : rot is very common in sheep, and cow-pox is very seldom met with, even among oxen living within the contagious atmosphere of rot.

The Medical Circular.

REVIEW OF THE PERIODICALS.

The 'Glasgow Medical Journal.' Dr. Scott Orr gives his experience of *Diphtheria*, and relates the particulars of several cases. His treatment was that commonly practised—viz., the local use of a solution of nitrate of silver, with the internal administration of tincture of the sesquichloride of iron. Mr. Samuel Smith discusses the propriety of administering *Aperients after Labour*, having heard that somebody or other, who is unnamed, objected to the practice ; and he decides, after an experimental investigation, in favour of an ounce dose of castor oil. This is an important bit of intelligence ! *On Diabetes*, by Dr. W. R. Hatrick, is a good summary of our knowledge on the subject. Dr. McCall Anderson gives cases illustrative of *Diseases of the Ears*. They are all instances of foreign bodies getting into the external meatus. Dr. Murray contributes a case of *Puerperal Pyemia*, which is interesting in itself, and is well related. The new remedy, the *Veratrum Viride*, is described by Dr. Ephraim Cutter, its introducer. We have on previous occasions made our readers acquainted with the reputed powers of this medicine. It is said to be a simple, arterial sedative, and useful in all cases where it is desirable to control the action of the heart. Dr. Joseph Bell contributes some valuable *Practical Remarks on the Diagnosis and Treatment of Rheumatic Pericarditis and Endocarditis*. He remarks :—

"The first question which arises is, can we cut short these affections ; In answering this query, it is necessary to keep clearly in view the meaning which we attach to the term inflammation. If we confine its signification to the pathological conditions which exist prior to effusion, then I have no hesitation in answering the question in the negative. I do not, however, mean to say that the inflammatory act never becomes suspended prior to the occurrence of effusion ; on the contrary, I believe that the stage of congestion often disappears completely without ending in exudation. But I am of opinion that the diseases under consideration are *never detected sufficiently early*, in order to enable us to employ any plan of treatment by which the primary pathological effects can be removed. In the great majority of cases, effusion has taken place before the disease is discovered ; hence, for practical purposes, it is quite useless to discuss the question of the possibility of cutting short inflammatory action. It is the products of this action which demand our serious consideration, and not the action itself. It is the effusion and its consequences with which we have to contend. I repeat that the controversy regarding the cutting short of inflammatory action becomes devoid of all practical interest, so far, at least, as the treatment of rheumatic cardiac disease is concerned."

Dr. Bell then gives his experience as to the best remedies for removing the effusion. He thinks that depletion, local or general, can be seldom required, unless in a few exceptional cases among robust patients. He also objects to blisters, but of mercury, his sheet-anchor, he remarks :

"The happy results which have followed the use of this remedy in my hands, have led me to place the greatest confidence in its curative power. My experience, therefore, completely agrees with that of Latham, Graves, and others, who have regarded it as the sheet-anchor in the treatment of the diseases in question. I have had again and again the satisfaction of observing the disappearance of every physical symptom, as soon as the mercurial action became manifested on the gums. This result has not been confined to private practice, but has been also witnessed in the wards of the Royal Infirmary by numerous students.

"In the administration of mercury, two circumstances require attention :—1. To be useful it must be employed at the earliest period of the disease, that is, as soon as the physical symptoms become developed. If its exhibition should be delayed until the effusion has undergone alterations, and the fibrine coagulated, then little or no benefit will result ; indeed, under such circumstances, it would be unreasonable to expect success. The therapeutic power which the drug possesses, is to promote the action of the absorbents, but semi-coagulated, or semi-organised fibrine is not amenable to its influence. 2. On these grounds, therefore, I hold that it is necessary to bring the patient under the influence of the mercury as rapidly as possible : we should never forget that if the effusion should become organised, then the patient's doom is sealed ; sooner or later, the diseased valve or the adherent pericardium will lead to death. In such cases, our struggle is not between health and disease, but between life and death. Promptness and energy are imperatively demanded from the medical attendant. His object must be to bring the patient's constitution as rapidly as possible under the mercurial influence. He must, therefore, administer the drug in the manner which is best calculated to secure this effect.

"I have tried various plans in order to produce rapid mercurialization. Calomel given in doses of two or three grains every two or three hours, I have found to act very well. I have given occasionally a large dose of from ten grains to fifteen grains at the commencement, and followed this up by small ones of two or three grains every three or four hours ; this method has also succeeded very well, the action on the gums becoming evident in a short time.

"The following plan, however, I have found much more rapid in

producing the constitutional effect :—I order a drachm of strong mercurial ointment to be made into a suppository, with a little tallow, and inserted into the rectum every eight hours. A full dose of opium should be given about two hours previous to the use of the suppository, in order to secure its retention. I have on some occasions seen the gums becoming tender within twenty-four hours; the time rarely has exceeded two days.

"*Cautions to be observed in the employment of Mercury.*—1st. It is useless to give it when the effusion has existed for a considerable length of time. 2nd. It should not be employed either in patients of a strumous habit, nor in those labouring under albuminuria.

"With these exceptions, I beg to record it as the result of my experience, that mercury has proved in my hand by far the most useful remedy which I have employed in the management of the diseases under consideration—the agent on which every reliance may be placed, in spite of all the objections that have been urged against its utility."

Dr. Bell then combats certain objections that have been alleged to its use, for example :

"1st. It is argued that it often fails to secure removal of the effusion. 2nd. Other agents succeed equally well. 3rd. That it injures the constitution of the patient."

To the first objection, Dr. Bell answers that other remedies sometimes fail too ; to the second that, even admitting it, it does not diminish the value of the mercury, and to the third, that the abuse does not forbid the use. Respecting other remedies, he says :

"*Iodide of Potassium.*—This article I have often employed when I was prevented from using mercury, in consequence of its inadmissability. I have found it beneficial, but to be so it must be given in full doses—viz., from ten to fifteen grains every six or eight hours until its constitutional effects are produced ; after this the dose should be reduced. The ordinary dose of a few grains will avail nothing. Promptitude is everything in the diseases under consideration ; the effusion, if not rapidly absorbed, will soon become consolidated and irremovable, consequently we must give the remedy in a manner calculated to produce both a rapid and decided effect.

"*Stimulants.*—This class of remedies has been strongly recommended by some of the followers of the late Dr. Todd. This eminent physician has published several cases of rheumatic pericarditis treated by the free use of brandy. I fear that the benefits of this plan have been overrated. Stimulants, under certain circumstances, undoubtedly are demanded ; indeed they are the only remedies on which reliance can be placed. The circumstances which demand their use, however, are only of occasional occurrence, and soon disappear.

"I am convinced that by the free use of brandy and wine I have often saved the life of the patient, when labouring under pericarditis. In these cases the pericardium became rapidly filled with effusion, so much so as to push the apex of the heart up above the fifth rib, and otherwise impede its action, so as almost to bring it to a stand-still. Wine, brandy, and whisky, given freely, acted most beneficially in stimulating the heart's action and preventing syncope, until either the organ had got accustomed to the pressure, or some of the fluid had become absorbed. In such cases a most serious temporary evil occurs, and the only way by which its fatal effects can be obviated is by the liberal employment of stimulants ; so soon, however, as this somewhat transient peril has passed away, the stimulation is no longer required. Its aid is only needed to meet a difficulty of great magnitude ; but if this should not take place, or if it has been surmounted, the remedy is unnecessary. This is a very different matter, however, from treating pericarditis by stimulants ; these agents will neither cure the disease nor remove its effects ; they can only assist in maintaining the action of the heart when the amount of the effusion is so great as to impede its motions. Stimulants are, therefore, to be regarded as temporary or occasional remedies ; but, when they are demanded, they are truly precious, and must be employed in quantities capable of maintaining the heart's action.

"Rapid effusion into the pericardium very often takes place, threatening syncope ; indeed sometimes this occurs, and the patient never rallies. Sometimes the slightest exertion, such as getting out of bed, induces this fatal syncope. Consequently we should be most careful to prevent patients labouring under pericardial effusion from making the slightest exertion ; and when feebleness or irregularity of the heart's action is observed, we should without delay order suitable quantities of either brandy or wine, and continue its use until all symptoms of cardiac oppression have disappeared. Such, then, is the position which stimulants should hold in the treatment of pericarditis.

"From the facts and reasonings which I have adduced in this paper, I beg to make the following conclusions :—

"1st. That when the physical symptoms either of pericarditis or endocarditis become manifested in a case of rheumatic fever, we are entitled to infer that these diseases exist, irrespective of the absence of the general or constitutional symptoms which usually attend the idiopathic forms of these diseases.

"2nd. That we are justified in considering that the effects are capable of being removed, and are therefore amenable to treatment.

"3rd. That those remedies which are calculated to remove congestion and promote absorption, form the proper therapeutic agents ; and that of these bleeding, mercury, and iodide of potassium, are among the most powerful and useful.

"4th. That when the action of the heart becomes enfeebled in consequence of effusion into the pericardium, the free use of stimulants becomes absolutely necessary."

Dr. James Morton contributes to the same journal an article on the *Treatment of Varicose Veins by a New and Simple Treatment.* We quote the following :

"The desirability of amending this state of matters forced itself upon me soon after my appointment to the surgical staff of the infirmary, and accordingly I readily seized upon a plan which I learned was practised in the London hospitals, and which in September last I had the good fortune to see put into practice in University College Hospital by Mr. Henry Thompson, from whom also I learned that it had been employed in a great number of cases, and that he had not met with any in which it had been followed by disagreeable consequences.

"In proposing it to my colleagues, it is right to say that more difficulty was expected in obtaining their consent than was actually experienced ; for there existed a strong feeling against any interference with such veins, and an apprehension of dangerous consequences, which I am glad to say we have not yet met with. The operation, as I saw it performed, was that of Velpeau, with the addition of pieces of glass rod placed over the vein under the ligature or twisted suture ; pieces of bougie or elastic catheter may be used instead, and were also used. Instead of placing the patient in the erect posture, as some recommend, a strip of bandage was put round the thigh, sufficiently firmly to cause distension of the veins on its distal side, so as to render them more prominent and more easily distinguished.

"The mode of operating which we adopt is the following, and let me premise that it is not necessary to wait till the ulcers are healed, and, indeed, the healing process seems to be accelerated by the operation :—Chloroform has generally not been used, though in some cases, when the patient is timid, its employment might be judicious ; and in private, when the patients are willing to inhale it, or are anxious for it, we should always administer it. Where it can be dispensed with time is saved, and annoying sickness and vomiting avoided. Some recommend erect posture, as the veins are better seen ; but we have followed the plan of putting a strip of bandage, which may be wet if desired, around the limb, above the space where the veins are to be operated on, and this serves the same purpose by causing dilatation of the veins, so that they are easily perceived and their outline defined. The needle is then passed under the distended vein, the upper arm is brought down and fixed or hooked upon the other ; and as they are now made, the projection or pad, or substitute for it, presses upon the vein, and they are allowed to remain thus for a week. At first we used a common straight needle, with a piece of bougie or elastic catheter over the vein, and a ligature twisted, figure of 8 fashion, over this and round the ends of the needle. Then the idea of what we may call the safety needle occurred to me, suggested as it was by the safety pin in common use for ladies' shawls, and in the dresses of infants ; and this needle was first used with a piece of bougie as a pad, or a small piece of lint rolled together. This was somewhat apt to move from its place, or might be moved by the patient, and then we thought of making a kind of indentation in the upper arm of the needle in which this might rest, and narrowing the fenestra so as to insure steady pressure ; and while thinking of this, the needle which I now show you was handed to me by one of my dressers, Mr. C. J. Russell, affording a fixed pad, a part of the instrument itself, consequently rendering it impossible for the patient to remove it. Startin's needle is on a similar principle, but more apt to press on the skin ; and another is mentioned in the 'Medical Gazette' some months ago."

The 'Medical Critic and Psychological Journal,' July. As usual, there are many interesting articles in this number. The *Windham Case* exhausts the evidence. The *Colonisation of Lunatics by the Legislature* touches a subject of great importance, the peculiar advantages and evils of which are stated, and reference is made to the Scottish Lunacy Bill, which contained a clause permitting lunatics to be lodged in private houses. The article on *Counter Practice* discusses the subject of dispensing by private practitioners, and objects to its continuance. It will be a long time whenever, if ever, the bulk of the population are attended by a practitioner who writes his prescription, takes his fee, and sends the prescription to a druggist to be dispensed, thus involving a double charge to the patient. The tendency is in the other direction. The only com-

promise will be that of the practitioner paying the druggist himself, who will then act as his assistant. *Continued, Remittent and Intermittent Drunkenness* and the *Debateable Land in Psychology*, are also excellent articles. The former, a translation of Salvatori's celebrated essay, is analytic, the latter more popular, but each good of its kind. Salvatori reports cases in which a cure is said to have been effected with saffron and *serpyllum*, a wild thyme, which is his panacea; but we take leave to doubt the wonder-working efficacy of the combination.

The 'Medical Times and Gazette.' The first of Mr. SULLIVAN'S lectures on the *Blood of the Vertebrata* commences the number Mr. Gulliver makes some tart remarks on the bad habit of modern medical literature, that of translating and compiling—a natural result we should say of the "stuffing" process in education now in vogue. A young man of promising talents having been drilled to an excessive use of the reading faculty, and to the acquisition of recorded facts, takes naturally to the business of compilation. Hence it is that nearly all our young men first make themselves known as translators and compilers. Originality is fast becoming more and more rare. Mr. Gulliver remarks on this point:

"Indeed, this is an age of compilations and translations, which have been greatly increasing of late. Yet it may be questioned whether the learning, candour, and comprehensive exactness of Haller's 'Elementa Physiologiæ' have ever been surpassed or even equalled, while it seems probable that the extraordinary multiplication of books of the first-named class has rather confused and confounded than illustrated the history of physiological science. Certain it is, that many branches of it which have been well cultivated and wrought out in this country, are afterwards transferred to the Continent, and published in books there, and then translated and brought back as novelties to us, in such simplicity—not to say duplicity—as to the real origin of the facts, that they are actually paraded as part and parcel of foreign genius and discovery, with a contempt of the science of this and Hunter's country, thus subjected to a species of systematic piracy which has been and is increasing, and ought to be diminished.

"It is a sorry state of physiological history in Britain, and very little to our credit, when translators can thus venture to put before us versions of books in which the composers—too often even under the patronage of one or other of our most respected teachers—have used the fruits of the labours, while concealing the names of our best physiologists, by excluding them from the so-called and ostentatiously proclaimed lists of the literature.

"Two for example, now no more, of the most eminent discoverers in certain departments, that England, or, indeed, all Europe can boast, have been thus ignobly treated. But let us hope that there will be no want of generous hearts to defend and maintain their countrymen, Hewson and Quekett, on the pedestals which they have so honourably gained. Physiology is too vast a field for us to say that any cultivator has left no part of it untouched; but it may be truly said—and I am glad to take this opportunity of making the assertion—that these two touched none that they did not adorn. Still it ought in justice to be stated that we have some excellent and well-known systematic treatises of native growth, by good and true British observers, while the best foreign work of the kind has not been translated into our language."

Mr. Gulliver commences his examination of the blood with the red corpuscles. We quote the following observations on *Analogues:*

"Thus you will have seen that there are two sets of red corpuscles in man and mammalia—to wit, a temporary or embryonic set which have nuclei, and a permanent or rather mature set devoid of nuclei. And you will be prepared to recognise this embryonic set of red corpuscles of mammalia as the analogues of the mature set of red corpuscles of oviparous vertebrata; while the colourless or primogenial corpuscles are analagous to the pale globules of the blood of adult vertebrata, and to the prevailing or characteristic corpuscles of the blood of many invertebrata; so that, in its course towards the highest type, there are temporary phases in which the blood of the mammalian is analogous to the permanent states of the blood of invertebrate and of oviparous vertebrate animals respectively."

Dr. ARTHUR LEARED contributes a paper on the *Differential Stethometer.* The description is accompanied by a diagram, without which it is difficult to be understood; we, therefore, do not produce it. Dr. ROBERT KNOX contributes to the same journal some interesting remarks on *Membranous Cysts in the Interior of the Urinary Bladder,* accompanying them with a graphic account of a case of the late Mr. Liston's, which we extract:

"Late one evening, Mr. Liston called on me and asked me to accompany him and to assist him in an operation he contemplated, and in order not to lose time he would narrate the particulars as we walked along. They were as follows:—The patient was a man in humble life; he had been unwell for some time, complaining chiefly of an obstruction to, or a difficulty in, discharging the urine from the bladder. On passing a catheter, Mr. Liston felt, or fancied he felt a soft, yielding, but obstructing body in the prostatic portion of the urethra. This readily gave way before the catheter, which then passed into the bladder, but on being withdrawn it was followed by the foreign body, which immediately re-occupied its former position. Mr. Liston then explained to me his view of the case, which was this:—'A cyst or false membrane of the form of the bladder itself, occupied, as he conjectured, the interior of the bladder, and were this removed by an operation the patient might recover.' The boldness of the proposal, or rather the diagnosis itself, astonished me, and I told him so; but on introducing the catheter, and meeting with the same phenomena as he had described, I at once gave into his view. We were alone. With a straight sharp-pointed bistoury, which he usually carried in his waistcoat-pocket, he opened the bladder above the pubes, and as the incision proceeded there escaped from the bladder a foreign body resembling a cyst or false membrane, as he and I concluded it to be, and of the shape of the interior of the bladder. It escaped into my hands. The wound was closed simply; and as we returned home, bringing the preparation with us, I could not but observe to him that of all the bold and successful operations he had performed, none equalled in merit the diagnosis he had just made, and that half a century might elapse before he made such another. The patient recovered and lived for some time.

"From that day until the present time I heard no more of the case, and thought no more of it until the occurrence of the one mentioned by Mr. Spencer Wells to the Pathological Society. Discussing it with Dr. Tanner, I suggested that we should look for Mr. Liston's preparation in the Museum of the College of Surgeons, to which Museum I knew that Mr. Liston had presented a few rare pathological specimens he had brought with him, many years ago, to London. To my surprise we found a layer of muscular fibres on the cyst, thus throwing doubts over the nature of the preparation itself. There was the identical cyst, or pseudo-membrane, as I had always fancied it to be, evidently complicated with another structure, whose presence there, could not be readily explained on the pathology of Baillie or Hunter. I have again re-examined the preparation with Mr. Henry Thompson, whose great experience and extended inquiries into prostatic and vesical diseases are well known. I think that the presence of muscular fibres forming a sort of layer of the sac, cannot well be doubted, so that the preparation is not altogether what Mr. Liston and I took it to be,—a simple pseudo-membrane composed of but one tissue; and now arose the question in my mind, whether I had not seen or read somewhere of the formation of false muscular fibres, the product of inflammation, as well as of the usual pseudo-membrane, for I felt disinclined to believe in the theory that the cyst found in the bladder was in reality the mucous membrane, and a layer of the muscular, in a sloughing state detached from the walls of the cavity. I felt convinced that I had read of a case or two in which a layer of muscular fibres had formed in large masses of exudation, arising from an inflammation of fibrous or cellular membrane. Turning to the learned Vogel, I there found the title of the work, 'Tractatus Anatomico Pathologicus Sistens duas Observations rarissimas de Formatione Fibrarum Muscularum in pericardio Atque in pleura obviarum.' Leo-Wolf: Heidelberg et Leips. 1832. Vogel quotes Wützer's critique on it in Müller's Archiv., 1834, p. 45. I never saw Leo-Wolf's preparation, but if the engravings in his treatise truly represented the structures, then undoubtedly muscular fibres had been formed by the same process which gave rise to the effused false membrane on which they rested. But Vogel, whose accuracy is extreme in all such matters, assures us (p. 184), that 'the microscopic examination (the only decisive test) had been altogether neglected, as in the cases observed by Leo-Wolf.' But simple non-striated fibres are often formed as independent (fibroid) tumours, and causing hypertrophy of the muscular walls of cavities. The question then is, what is the real nature of the seemingly muscular fibres to be distinctly seen in the cyst removed from the urinary bladder by Mr. Liston? Of those somewhat more doubtful in the first case discussed by Mr. Spencer Wells, in his second case, and in the very interesting case of Mr. Maunder, which he kindly related to me, and which I am indebted to Mr. Henry Thompson for an opportunity of examining with the utmost attention, assisted with all his knowledge of these structures. A brief statement of the history of these cases may ultimately lead to some important investigations, and clear up a pathological question of the obscurest. For my own part, I feel disposed to reduce the whole phenomena to one simple law of morbid epigenesis of muscular fibres, real or apparent."

Dr. STEVENSON BUSHMAN communicates *Hints for Certifying in Cases of Lunacy.*

The 'Lancet' opens with Mr. W. S. SAVORY'S Lectures on *Motion in Plants and Animals.* This is followed by a continuation of Mr. HERY LEE'S Lectures on *Syphilitic Inoculation.* Mr. HAN-

COCK contributes *Some Further Observations on the Operation for Diseases of the Ciliary Muscle.* In answer to a remark by Mr. Haynes Walton, he says :—

"I have never believed, nor have I ever stated, that glaucoma is caused by spasm of the ciliary muscle, whether persistent or temporary. I have stated that, in my opinion, the opthalmoscopic and pathological appearances of the *bloodvessels* were greatly enhanced by, if not in some instances entirely due to, the obstruction of the circulation, caused by the undue and excessive constriction exerted on them by the spasmodic or *extreme contraction* of the ciliary muscle ; but I have never as yet said anything about the ciliary muscle inducing hardness of the globe of the eye, nor of its contracting with sufficient force to groove the 'hard, stony eyeball of glaucoma.'

"I believe that glaucoma is not caused by hypersecretion of the vitreous humour ; but that it has its origin in some peculiar condition of blood, considered by most opthalmic surgeons as gouty or rheumatic—a view of the question most ably supported by Mr. Canton in his admirable papers 'On Atrophy and Degeneration of the Arteries,' and confirmed by the writings of Lawrence, Sichel, Mackenzie, Tyrrel, Bell, as well as by the dissections of Ebel and Rosas ; that the muscular fibres and bloodvessels become implicated, as sooner or later do the heart and bloodvessels in that disease ; that the ciliary muscle, losing its elasticity and contractility, is converted into a rigid, unyielding cord. The eye is consequently deprived of its accommodating power, and the bloodvessels—nerves, and doubtless the absorbents, from their peculiar arrangements with reference to this muscle—being compressed, the circulation through these vessels is impeded ; their coats, already weakened by the exciting disease, yield, form aneurismal pouches, give way, or become varicose. The parts supplied by these vessels, nerves, &c., are deprived of their nourishment ; whilst the infra-ocular effusion, or hypersecretion takes place subsequently to, and resulting from, these morbid changes. . . . . .

"Mr. Haynes Walton seems to think that the hardness of the eyeball precedes the constriction of the muscle, and that I believe the muscle by its contraction actually draws in the distended coats forming the sulcus met with in glaucoma and other diseases of the eye. On the contrary, I believe the contraction, whether spasmodic or otherwise, precedes the hardness ; and that whatever influence the muscle exerts in these cases upon the coats of the eye is of a passive rather than of an active nature ; that, in other words, it does not 'groove' and draw the coats of the eye in, but that it prevents the coats of the eye expanding at this point ; hence a given quantity of fluid effused within the eyeball would render it more tense than where such condition of the ciliary muscle does not obtain, and this may easily be verified by the following experiment :—I took a piece of the intestine of an ox, and having placed an elastic india-rubber ring around it, I forced in as much water as it would hold by means of a bladder syringe. Of course, as the water was forced in, the ring expanded, and the intestine became uniformly tense, and by measurement I found the quantity of fluid thrown in was forty-two ounces. I then removed the india-rubber ring, and substituted a ring of string of the same size as the india-rubber ring when not expanded, and I again injected as much water as I could ; but as the string was inelastic, the gut was constricted at the spot encircled by it, whilst the quantity of fluid measured only thirty-three ounces, so that the loss of elasticity diminished its capacity by nine ounces."

Dr. WALTER SCOTT reports a case of *Extra-Uterine Fœtation*, and Dr. SOMMERVILLE OLIVER a severe case of *Scorbutus*." He thus describes it :—

"On the 28th of June, I was called by Mr. M—— to visit his wife, who was, he said, suffering from rheumatic pains in various parts of her body. After entering the room in which my patient was lying in bed, I noticed on her arms (which were uncovered by the bed-clothes) yellowish bruise-like marks, which induced me to suspect that the pains of which she complained were connected with scorbutus—not rheumatism. Of this I was soon made sure, for on examination I found similar appearances on the legs ; and the gums, where they touched the teeth, were congested and swollen, and presented the usual dark red or somewhat purple appearance. The whole gum of the molar region of the lower jaw on both sides was unusually swollen, and not unlike half-putrid liver ; and the molar teeth were absent, the fangs of one of them alone remaining. The gum of the upper jaw, and particularly of the molar region of it, was not nearly so badly affected as that of the lower jaw, nor were the molar teeth of it very evidently loose, which latter condition may perhaps be attributed to the upper molar possessing three more or less divergent fangs.

"The history of the case I ascertained to be as follows :—For two months the woman's husband had been absent from home, and during that period she rarely prepared any dinner for herself. Both the morning and the evening meal consisted of tea with bread-and-butter, and occasionally an egg. Very little milk, and no flesh nor succulent roots or vegetables were consumed during her husband's absence. Her strength gradually diminished, and hæmorrhage from various parts, such as the gums, nostrils, and uterus, occurred. In mentioning the hæmorrhage from the last-named organ, the woman informed me that, though nursing her child of eleven months old, she had menstruated *every day* for the last two months, whereas previously the discharge occurred only once a month. That it was merely the catamenia I did not believe ; indeed, I felt almost certain that it also was simply a result of scorbutus. The cervix uteri was not distinctly more tumid or spongy than is natural during the interval between the menstrual discharges, nor did it appear discoloured when viewed through the speculum ; and the os was apparently not more patulous than is usual during the period referred to. Milk was still secreted by the mammæ in almost ordinary quantity.

"I mentioned to the woman that, in my opinion, defective diet had been the cause of her suffering, and desired her to take potato-soup (the gums being so bad and some of the teeth so loose as to render mastication difficult or impossible), beef-tea, and milk, daily. I also prescribed iron, potass, and lemon-juice."

She eventually recovered.

DEATH BY LAUDANUM.

A painful case of suicide by means of laudanum has just occurred here, of which the following are the particulars :—Captain ——, æt. 84, of a powerful constitution, and of very bulky frame, was found dead on Sunday, July 6, 1862, in his own house at this place. He had been suffering for some years from ulceration of his legs, the consequence of wounds which he received in naval actions in the English service. He had of late some mental annoyances which he made no concealment of, but at the same time they did not in any way affect his mind or body. His sleep was sound, his appetite was good, but in consequence of some discharge which he was suffering from he kept to his bed for some months past. His coolness and presence of mind were remarkable. He often expressed himself to me as well as to others as tired of life, and that he wished it ended. He wrote to and entreated of various medical men to procure for him prussic acid, stating that he wanted it to relieve his asthma, which he occasionally suffered from. Two days previous to his death I called to see him. ; he then asked me many questions of the doses and effect of laudanum. It will be well to state here that for several years he had been in the habit of taking fifteen to twenty drops of laudanum every night at bedtime, which was administered by his servant, who had been with him for many years. This bottle of laudanum being nearly finished, he sent for two ounces, the quantity which he was in the habit of getting, and when it came he took possession of it, his servant being out. The next night passed with his usual dose of fifteen drops. On Sunday, July 6, I was sent for at 8.30. His servant told me that he had seen him as he thought sleeping at 5.30 a.m. He was lying on his back, slightly turned towards his right side, his left hand doubled under him, as if to enable him to raise himself in bed. He had vomited a quantity of a yellow liquid over his shirt, which was, however, then nearly dry. His mouth was half open, his face, lips, and tongue of a very white colour, and his eyes closed ; on opening them, the pupils natural, not contracted ; the body nearly cold ; the limbs lay in a natural state, the bed-clothes not disturbed. From the conversation which I had with him but two days previously, the thought immediately struck me that his death was produced by poison ; and, mentioning my impression to his servant, he then gave me the account of the laudanum, which I mentioned above. In a drawer at his bedside was an empty bottle, which his servant at once recognised as the one which he had received but two days previously full of laudanum ; it then contained about twenty drops. The bottle was corked and the drawer closed after he had taken the two ounces of laudanum.

I have read of many cases of self-destruction, but I have never met with one in which so much forethought and coolness was exhibited, and in which not one symptom of insanity could be discovered. The servant then handed me a paper, which he said the defunct had given him two days previously. It was dated July 6, the very day on which he was found dead, and which commenced, "In the event of my death, I wish," &c. &c. He was in the full possession of his faculties, and most exact in the slightest particular. The cause and manner of his death being so evident, he was buried without any judicial investigation.

Wishing to satisfy myself of the state of the stomach, I opened him at the expiration of forty-eight hours. The stomach and intestines were enormously distended with gas. In the stomach was a small quantity of yellow liquid, but I could detect no smell of spirits of wine. In a few spots there was a slight pinkish appearance, but in other respects it was perfectly healthy. The spleen broke up under very slight pressure into a thick, black liquid resembling treacle. The liver was small, of a dark greyish colour ; an enormous quantity of fat prevailed throughout the whole abdomen.

It will be well to state here that for some years past he had been constantly threatening to put an end to himself, but as he never attempted it, his threats were not considered as real.

Bagni di Lucca, July 20, 1862. JOHN GASON, M.D.

THE MEDICAL CIRCULAR.

SATURDAY, AUGUST 6, 1862.

THE MEDICAL ASSOCIATION.

Associated with [illegible] reports at the command of the British Medical Association, what palpable are the extravagance and folly of the present mode of expenditure. Are the members so demented that they cannot see the extreme absurdity of the course the Committee are pursuing? Or have they so little regard for Medical science and the permanent interests of their order, that they are willing to allow a large fund to be annually wasted, rather than make a vigorous effort to do something worthy of themselves and their Profession?

When the annual income of the Association was only one thousand pounds, some of the best men in its ranks thought that the money was unnecessarily spent in keeping up a journal without merit, and upon pretences that were delusive. The annual income of the Association now approaches three thousand pounds, and yet almost every shilling of this noble subscription is expended upon the same dismal journal! What have those gentlemen to say now to this melancholy misappropriation of their funds? More than two thousand five hundred pounds were spent upon the journal last year! What an enormous sum to pay for the ill-written and flippant effusions that characterise the periodical!

The Association should remember its position. It may be convenient for it to assume the character of a private society; and to deny its responsibility to the Profession at large; but it cannot consistently occupy this ground, whilst it arrogates to itself a title that affects to embrace the entire Medical body. It is as the "British Medical" Association that we address it; and we ask it, what does British Medicine owe to its labours or influence? There are eminent members of the Profession in the Association—some of them filling high appointments, others known throughout the world for their scientific attainments; and we ask them if the Association ever lifted a finger, or spent a shilling, to aid their researches? Are they content that the Association should occupy so humiliating a position? Do they not blush to feel that their abundant resources are diverted from their proper use to maintain a journal which scarcely one of them would acknowledge as an organ of publicity, if he wished to promulgate a new fact in Medical science?

The Association was originated amid promises of usefulness that excited the hopes of every lover of science—grand schemes cradled its birth; pæans of rejoicing reverberated through the halls of its nativity; congratulations were loud and rife, that an organisation was at length established that would give effect to every laudable ambition. Have not all these hopes been blasted, these schemes shattered, these congratulations falsified? And what does the Association possess in exchange for these losses? A journal! and a journal that is in itself so ruinous a possession, that it precludes the possibility of any other undertaking being attempted, or useful end achieved. Everything the Society owns is thrown into its devouring maw; and it still cries, Give! Increase the income twofold; it will take all upon the pretence of improvement, and still cry, Give! Every man of business knows that in any of the ordinary transactions of life, "improvement" means expenditure; and that, whilst the latter is certain, the former is of doubtful attainment. Thousands of pounds may be spent, and nothing but a "bad bargain" be the result of the venture. This is especially the case in literary enterprises, and pre-eminently so in the instance of the 'British Medical Journal.' The reason is obvious; something more than money is required to achieve literary distinction, and that something the Association cannot buy. And if, by chance, the Association came into possession of the power wanted, it would be valueless in its hands, owing to the conditions under which it must be exercised. A joint-stock literature can never possess either dignity, character, freedom, or power. The intellect that should preside over it must be enfeebled, and the hand palsied, by the benumbing influence of the powers that really rule. Reaction against this debilitating influence can be manifested only in petulance, acrimony, ill-temper, and puerile and empty boasts of a power, eagerly desired, but never enjoyed. Incapacity, if not natural, is engrafted, and cunning subserviency becomes the predominant rule of action. Under such circumstances, the very men who own the Journal can never respect it; they instinctively feel its inferiority and use it only for inferior purposes.

In most families, there is a thing called a rag-bag, into which thread-bare or useless articles are thrown: what is the Journal but the rag-bag of the Association? The best thoughts of its members are sent to the regular journals; the second-hand, worn-out ideas are committed to the rag-bag. Yet, to keep in existence—such a "superfœtation," as a correspondent styles it in this week's MEDICAL CIRCULAR—more than two thousand five hundred pounds are annually expended by the Association! What madness is not this! What blindness to the real dignity and possible usefulness of the Association!

We pointed out last week some of the duties which the Association might discharge, and which we have a right to expect at its hands. We will recite them:—

1st. It might appoint commissions to investigate difficult questions in medicine, surgery, and the ancillary sciences.

2nd. It might award valuable prizes for original researches in physiology, pathology, or therapeutics.

3rd. It might endow scholarships in the various metropolitan and provincial schools for the sons of Medical men.

4th. It might collect specimens of natural science, and purchase books to establish a museum and library in connection with each Medical school in the provinces.

5th. It might organise a commission for the reception of returns of sickness, mortality, and treatment, from all the British hospitals, and publish the results for the benefit of Medical science.

6th. It might publish a series of "Transactions," quarterly, half-yearly, or annually, as needed.

7th. It might establish a "circulating library" for the use of its members.

These are a few of the various purposes which the Association with its large resources might fulfil; but to the unspeakable shame of those gentlemen to whom the management is entrusted, not one of these useful duties, nor anything corresponding to them, is either achieved or attempted. Once a year the members meet, and, as a matter of form and precedent, congratulate each other rather amusingly on the great things the Association has done, or intends to do, in Medical politics, ethics, or economics; but as regards Medical Science, there has never yet been a man bold enough to challenge, in behalf of the Association, one word of praise or compliment. Provincial Science blushes for its organ, and its mouth is dumb with shame. There are admirable physicians and accomplished surgeons in the English counties, so admirable and so accomplished that they feel the worthlessness of their journal too

acutely to dare to associate the honoured name of Science with its pages.

Is there ever to be an end of this imposture? Does the Association ever mean to rise to the height of its proud name? What did the last balance-sheet show, but this—that almost the entire income was divided between the writers, the printer, the publisher, and the advertising agent of the Journal? Surely this state of things cannot be allowed to continue. The Association should be mindful of what it owes to the Profession, even if it be indifferent to its own renown, and, by getting rid of the incubus of an expensive and useless journal, recover the liberty of employing its resources for more permanent and honourable purposes.

THE BREAK-DOWN OF THE MEDICAL COUNCIL.

The Medical Council has not succeeded in satisfying either its friends or its foes. Great expectations were formed of its authoritative action, for it was hard to believe that the ablest and most conspicuous men in the three capitals could be assembled around one Board without accomplishing results that should delight the hopes of the most sanguine, and rebuke the incredulity of scoffers. If there be "safety in a multitude of councillors," the Medical Council has not yet discovered the secret. Its doings are by no means a guarantee of safety either to itself or its constituents. Its recent behaviour towards the Council of the College of Surgeons, who transgressed its authority, is an instance of the perilous predicaments into which public bodies fall that have neither intuitive foresight nor practical wisdom.

All that the Medical Council has hitherto done has been to try to give effect to the desires of the Profession as expressed long before the Medical Council had an existence; but, unfortunately, it has spoiled everything it has touched. It has tried to give the Profession a new Pharmacopœia; but, heedless of the dangers attending ambiguous instructions in pharmacy, it rashly proposed to alter the present series of drachm, scruple, and grain weights, and to establish another of different value, the consequence of which would have been, that throughout the country different weights would have been used, that the old prescriptions must have been dispensed with the old weights, and new prescriptions with the new weights; whilst, again, many practitioners who have been accustomed to order certain drugs in specific doses as designated by the old grain weight, would continue to do so, and would be under the necessity of denoting the fact in the body of the prescription, all which would have thrown the practice of pharmacy into dangerous confusion. We can easily imagine the perplexity of a country druggist, upon receiving a prescription to dispense, and not knowing whether it was written before or after a certain date. Possibly he might be ignorant of the new law, or not have the new weights, and then, of course, mistakes must happen. The present grain weight is moreover established by law as a standard of computation, and is recognised all over the world. Should it even be set aside for pharmaceutical purposes, it would remain in use for scientific investigations. There can be no real advantage, therefore, in the proposed change. It is probable that the designs of the Council in this matter will be frustrated, and that the old and accepted grain weight will continue to be used. This difficulty has, however, delayed the publication of the Pharmacopœia.

The conduct of the Council in relation to the recalcitrating policy of the College of Surgeons has been marked by equal weakness, and has received general condemnation. Those who support the College censure the Council, because it did not make that provision for instruction in pharmacy, which was the aim of the College; and those who uphold the Council's authority, nevertheless, rebuke its pusillanimity, because it did not vindicate its own regulations with more consistent and manly decision.

The British Medical Association is now holding its annual meetings, and we may gather from the addresses and resolutions of those assemblages, what are the sentiments of the Profession upon the conduct of the Medical Council. Last week we reprinted a portion of the address of Mr. Duncalfe, who, whilst reprehending the Editor of the Society's Journal, pronounced emphatically in favour of apprenticeships, thus endorsing the opinions recently pronounced by Mr. Lawrence. We do not agree with Mr. Duncalfe in the whole of his utterance on this subject, but we do agree with him as to the necessity of some provision being made in this respect, in order to secure proper preliminary instruction and discipline for the student of medicine. In other local gatherings the Council has been equally condemned, though the grounds of censure have not been so explicitly set forth. At the meeting of the North Wales Branch, a report was read containing the following sentence: "This public body (the General Medical Council), does not appear to have acted as satisfactorily as was anticipated, and has fallen immeasurably in the just expectations of the Profession. Their decision respecting the regulations issued by the Royal College of Surgeons of England, with regard to preliminary and professional education, appears to your Council fraught with ominous significance." During the course of the proceedings a resolution was passed in which the members expressed "their surprise and strongest condemnation" of the Council's conduct.

We presume that the Metropolitan meeting will not pass over without an expression of opinion on this important subject. It is obvious that the Medical Council has proved itself unequal to the important duties with which it has been charged; at the same time we believe that if it would devote its attention more to the practical wants of the working bees of physic, it would recover the estimation it has lost, and confer permanent advantages on the Profession.

MEDICAL APPRENTICESHIPS.

It is quite time that the Profession should make its wishes known upon this critical question. Is it desirable that the candidate for a licence to practice should be required to study the duties of his Profession under the tutelage of a general practitioner? The Profession must speak out. Let there be one answer—yea or nay. We, by no means, desire to see the old system of apprenticeships revived. The desultory idling which characterised the mode in which that period was passed by hundreds of pupils in times past was pernicious to habits of industry, and prevented the acquisition of much necessary knowledge. We have no desire to build up again what we have knocked down; but we are of opinion that some modification of the system is requisite. We have seen enough of the shortcomings arising out of the existing laxity to desire that some regulations should be made, by virtue of which every candidate should be required to give proof of his competency in Pharmacy, as well as in other branches of Medical practice. Why should not a student be required to produce a certificate that he has for twelve months practised

Pharmacy under the instruction of some Member of the College of Surgeons, or Licentiate of the College of Physicians or Apothecaries' Hall? These twelve months might be passed in the acquisition of this knowledge, either before the commencement of Hospital attendance, or after its conclusion, as we intimated some weeks ago; but it would be better, both for student and instructor, that it should be passed immediately previous to registration—for the student, because he would be able to apply his theoretical knowledge to the facts of practice, and qualify himself more efficiently for an independent career—for the practitioner, because the pupil would be more reliable, would learn more readily, and, whilst himself acquiring knowledge, would be able to give some help to his teacher.

This issue has been raised, though indirectly, by the dispute between the General Medical Council and the College of Surgeons. We now place it distinctly before our readers for their determination. Hitherto we have contented ourselves with exposing the evils arising out of the existing neglect of the dispenser's important duties, and have argued for a reform; but we now wish to rouse the Profession, that they may intervene between the General Council and the College, and pronounce their wishes upon this important question in unmistakeable accents.

SUMMARY OF THE WEEK.

SUBCUTANEOUS INJECTION OF QUININE.

We observe a report in the 'Medical Times and Gazette,' by Dr. James McCraith, of a new method of administering quinine with equally beneficial results as when exhibited by the mouth, and with a great saving of the drug. The scarcity of quinine at present gives especial interest to this new method, which consists in injecting under the skin a saturated solution of quinine in alcohol. An incision is first made in the skin and the solution injected with any fine syringe. Two grains exhibited in this mode are said to produce as efficacious results as twenty grains administered by the stomach. One remarkable effect induced by the operation is that of profound sleep. Dr. Chasseaud, who is Physician to the Hôpital de St. Antonio at Smyrna, is the inventor of this method, which, should it prove to be as useful as represented, will entitle him to much praise.

LUNATIC ASYLUMS FOR THE CITY OF LONDON.

The first stone of this Asylum was laid at Stone, near Dartford, on the 29th ult., by Alderman Dakin, Chairman of the Committee, to whom the duty has been entrusted by the Corporation of London of erecting the building. The Corporation has had the subject under its consideration for many years, but it is only within a recent period that a determination has been formed to proceed with the work. This tardiness was owing to unexpected difficulties, arising out of the peculiar constitution of the municipality. After the Justices had decided upon beginning the work, and, indeed, had actually entered into an undertaking to purchase the site, a question arose as to the mode of raising the funds. The Justices proposed to exercise the powers given to them by the Act of Parliament, and to levy a county rate; but as the citizens of London had never been liable to such an impost, they were but little disposed to sanction the introduction of so disagreeable a novelty for such a purpose, and stoutly resisted the Justices. The Corporation, on its part, was unwilling to appropriate funds for an object that was rather parochial than municipal. At length, however, it gave way, and consented to allow the civic purse to be charged with the expense of the building. There can be no doubt that the work will be well done, as is everything that is carried out by the city municipality. We were gratified to hear Alderman Dakin advert to a subject in the course of his address, which we esteem of great importance; we allude to the reception, on a moderate payment, of patients who are not actual paupers, but who are, nevertheless, unable to pay the cost of residence in an ordinary asylum. The Act of Parliament requires that all patients received into a County Asylum shall be provided with the same character of food and accommodation—a condition that was made originally for the especial purpose of preventing respectable persons from taking advantage of the facilities offered for placing lunatics into the County Asylums. The humane object which, therefore, we have had in view, is counteracted by the letter of the Act of Parliament; but we have no doubt that little difficulty would be found in making the Act speak a more liberal language; and, if not, then fresh powers should be obtained from Parliament to enable the Justices to realise this design.

The new Asylum is situated on a lofty site, commanding a fine view of the Thames and the surrounding country. The soil is gravelly and may be easily drained. It is intended that the sewage of the Asylums shall be received in tanks, and used as a manure for the grounds; indeed, the Asylum will be made in every respect as perfect as experience can suggest.

POISONING BY STRYCHNINE.

Cases of poisoning by strychnine are becoming so numerous, that it is evident this alkaloid is taking the place of arsenic as a popular poison. The unfortunate Mrs. Vyse resorted to Battle's Vermin Powder—the active principle of which is strychnine—to extinguish the life of her children; and since the committal of her crime, a servant girl at Lincoln has employed the same agent to destroy her infant, whom she was tired of nursing. The Legislature should interfere in this matter; and chemists should not be permitted to sell such virulent poisons for the mere purpose of killing rats. Vermin can be easily trapped, and there is no sufficient reason for permitting the general sale of such virulent poisons.

SURGERY IN THE COLLEGE OF PHYSICIANS.

There is a great probability that the College of Physicians will institute an examination in Surgery, and so fulfil the terms of the Act of Henry VIII., under which the College was originally constituted. The license to practise (subject to registration) will, of course, follow the examination; and, in that event, a rival to the College of Surgeons will be established, which will eventually reduce that body to an inferior status in the Profession. The College of Surgeons must look to itself, and liberalise its charter, giving advantages to its members in that participation of the governing power which has hitherto been so strenuously resisted. We can see greater reforms looming in the distance than any that have yet taken place. So be it. We shall be glad, at any rate, to see a more complete unity, educational and corporate, introduced.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

At a recent general meeting of the members of this Society, it was announced that 977*l.* had been distributed in half-yearly relief amongst 45 families of its deceased members, besides 63*l.* given in casual relief. Can we state any more valid reason why our readers residing within the London district post should become members of the Society? we earnestly beg of them at once to apply, at 53 Berners street, for a proposal paper, as two years' membership is essential before their families can receive relief. The late Dr. Darling of Russell square, has bequeathed 100*l.* duty free to this Society.

REVIEW OF BOOKS.

Researches on the Nature and Treatment of Diabetes. By W. Pavy, M.D.

The reputation which Dr. Pavy has acquired in connection with the subject of this work, confers especial interest upon this publication. Dr. Pavy, it is well known, objects to Bernard's views as to the causes that lead to the appearance of sugar in the urine, and has formed a theory of his own resembling that of Dr. Prout. Dr. Pavy thus states the results of his investigations in relation to the glyco-genic functions of the liver:

"From a consideration of the facts that have been brought forward, which, in every respect, corroborate each other, and which, I may mention, stand uncontroverted by any result I have yet encountered, I think we are unavoidably led to deprive the liver of that sugar-forming function with which, in recent days, it has been endowed by physiologists. Our position in reality stands thus. The conclusions upon which our former notions were based, were drawn from results obtainable after death. But, it now becomes apparent that we are no longer justified in regarding these results as indicating the condition that belongs actually to life. It is not, that Bernard's observations are incorrectly recorded, or his experiments inexact; but, that fallacious inferences, as shown by more extended investigation, have been drawn from these experiments and their results. The views I have advanced are perfectly compatible, not with our former conclusions, it is true, but with the experiments upon which those conclusions were founded. From an ordinary examination of the liver and the blood of the right side of the heart after death, we obtain reactions that infallibly indicate a large impregnation of sugar. The deduction from this hitherto has been, that the sugar existed there naturally during life. The deduction, however, although it has appeared to our minds exceedingly plausible—so plausible, indeed, that no one before has been led to question it; yet, confined to such experiments, it is obviously gratuitous. All that can be strictly or logically inferred from the result of such an examination is, that the liver and the right-ventricular blood are strongly saccharine *after death*; to show that this is likewise the condition *during life* requires another mode of experimenting. And, notwithstanding, as it is fair to confess, nothing was to have been reasonably expected beyond a ratification of our views, yet, on actually prosecuting the inquiry, it turns out that we can no longer overstep the strict letter of interpretation belonging to the original experiments.

"Briefly to recapitulate, the following are the conclusions that arise out of the facts that have as yet been mentioned in reference to glyco-genesis:

"Evidence has been given that the so-called glyco-genic matter is formed in the liver from sugar as one of its sources. Hence, if sugar were its natural destination, the process would be sugar into glycogene, and glycogene back again into sugar—a repetition that certainly appears, to say the least of it, extraordinary and improbable, as a designed occurrence of nature.

"The blood, under normal circumstances, only contains more or less evident traces of sugar; and that belonging to different parts of the system does not present, as far as I can discover, after adopting the necessary precautions in the examination, any appreciable variation in constitution. In some most-carefully conducted examinations, I was unable to distinguish, by any difference in behaviour, the blood of the portal vein from that of the right side of the heart.

"The liver itself is found free from sugar, or, at the most, is only impregnated with it, to the minutest extent, when treated so as to come down upon it in a condition the nearest possible to that of life."

The experiments and considerations, referring to the "physiological relations of sugar," are suggestive and interesting.

Adverting again to the influence of the liver in the sugar-forming process, the author says:

"Looking at all the facts that have been brought to light by modern research, I am strongly inclined to believe that the organ whose action is essentially at fault in diabetes is the liver. I know of nothing to show that the stomach exercises any special assimilating or converting influence over the saccharine principle. In compliance with physical laws, sugar presenting such highly diffusible properties as it does, cannot, when existing in the stomach or intestine, escape entering the circulation and being thus carried to the liver. Now, the liver is the organ that appears to exert an assimilating power over the saccharine element of our food. Whilst traversing the capillaries of the organ, it seems to be picked out by the hepatic cells and submitted to transformation. This immediate transformation is a necessary concomitant, because sugar could not remain as such in the hepatic cells. From its diffusibility, it would be carried back again into the circulating current. But, the evidence afforded by experiment goes to show that it does not reach the general circulation, and nothing is more clearly established to my own mind, than, that one source of the amyloid substance of the liver is saccharine matter. The numerous results I have referred to, in a previous part of this volume, all harmonise with each other and prove that the ingestion of starch and sugar leads to a large accumulation of amyloid substance in the liver. In accordance with the properties required of it, for retention in the hepatic cells, this amyloid substance occupies a position the very antithesis of sugar as regards diffusibility. Like albumen and unlike sugar, it is devoid of a disposition to diffuse through animal membranes.

"Although there appear to be good grounds for believing that it is upon a defective action of the liver that the phenomena of diabetes depend, yet, when we come to speak of the circumstances determining this defective action, we arrive at a point that, it must be admitted, still remains without a clue to its solution. If, however, experimental research has not yet disclosed the nature of the pathology of diabetes, I believe it has paved the way to a position, from which the disease is more likely to be investigated with success. It is fair to infer that, as long as our notions upon the physiology of this subject were based on erroneous conclusions, no real advance was likely to be made in its pathology unless by some improbable fortuitous discovery.

"As to the cause of diabetes, I take it that in different cases different causes may be concerned in the production of the disease; just as we learn from experiment that there are various ways by which saccharine urine may be artificially occasioned."

With reference to treatment in diabetes mellitus, Dr. Pavy advocates the avoidance of the ingestion of saccharine substances, and has devised a substitute for bread, composed of almonds and eggs. This work is highly creditable to its author, and will take a place among the best in our scientific literature.

Chloride of Zinc: Incidents in the use of, during Twenty-five Years. By J. Hendrie, M.D.

The author gives an account of numerous cases in which he has used the chloride of zinc with advantage, including polypi, hydatids, cancers, &c.; but the cases are much too briefly reported to be valuable.

On the Nature, Causes, Variety, and Treatment of Bodily Deformities. By E. J. Chance, F.R.C.S.E. In two parts. Part I.

This work is well conceived, and it enters into the subject in a more philosophic spirit than is observable in most treatises, the authors of which seem particularly to affect the notion of being practical, and degenerate into pedantry. Mr. Chance's book is one of the best yet produced, and will, no doubt, be appreciated by the Profession.

On the Mechanical Appliances Necessary for the Treatment of Deformities. By Henry Heather Bigg. Part 2. The Spine and Upper Extremities.

We need not say that this is a very different book from the foregoing, yet it is highly meritorious. Mr. Bigg is a mechanician, and a most accomplished one. In this book he confines himself to an exhibition of his particular art; and he has consequently produced a work that has no superior. As a mechanician in orthopædics Mr. Bigg well sustains the character of our country.

On the Medical Properties of the Aix-la-Chapelle Hot Sulphureous Waters, &c. By L. Wetzlar, M.D.

This is a useful description of the medicinal uses of the Aix-la-Chapelle waters. The diseases said to be chiefly benefited are rheumatism, gout, paralysis, neuralgia, certain cutaneous affections, chronic bronchitis, scrofula, and syphilitic affections.

On Ovarian Dropsy: its Nature, Diagnosis, and Treatment. By I. Baker Brown, F.R.C.S.

The reader of our periodical literature must be familiar with the labours of Mr. Baker Brown in this department of surgery, and will be gratified by the publication of a separate work in which the author has set forth the results of his practice. Mr. Baker Brown continues to place confidence in and to enjoin the practice of tapping and pressure in simple unilocular cysts. There can be no doubt that every prudent surgeon would employ any minor expedient before having recourse to the formidable operation of the abdominal section. The first chapter gives an account of the anatomy and development of ovarian cysts; the second the symptoms and course of the affection. Other forms of ovarian disease are then described. The fourth chapter treats of the diagnosis. This is a very good chapter; we extract the recapitulation:—

"To recapitulate:—When, with a slowly-increasing abdominal tumour, there are such general signs as emaciation, sunken or contracted features; the absence of marked œdema of the legs, of the special symptoms of ascites, or of those organic lesions productive of it; of any notable impairment of the patient's activity; of any great deterioration of the functions of life, and of the characteristic signs of pregnancy, we may suspect ovarian dropsy to exist. When percussion reveals fluctuation, and in every change of posture the fluid is detected at the most prominent part of the tumour, whilst the intestinal sound is present only on the sides and

the dull sound extends into the pelvis, ovarian dropsy may be more than suspected—it may be presumed to exist.

"When in an earlier stage an examination *per vaginam et rectum* discovers an elastic tumour in the recto-vaginal pouch, loose in position, and probably distinctly fluctuating, without the presence of the symptoms of hernia, or of the pain of a prolapsed ovary, then we may be almost certain that it is a dropsical ovarian cyst; and, by watching, the progressive increase of the tumour strengthens the conviction. Likewise it should be remembered that, when there is only one cyst, the tumour is generally more perceptible on one side of the body, and its surface feels more equal; but that, when there is a compound cyst, the unilateral character of the tumour is liable to be lost, the symptoms to be more or less obscured, and the fluctuation less distinct.

"Lastly, we must ever bear in mind the many deranged conditions of organs and functions which may be and have been confounded with encysted dropsy, and which I shall presently describe *seriatim*."

The author then treats of microscopical diagnosis, exploring needles, the uterine sound, &c., and the various diseases that may be confounded with ovarian dropsy. Mr. Brown reports forty-two cases of ovariotomy. These cases are very fully and fairly detailed, and the result shows twenty-two recoveries to twenty deaths. There has been so much written lately as to the proper or best mode of operating in these cases that we quote Mr. Brown's experience on this point:—

"Different methods have been selected by various operators for performing the operation, both in regard to the position of the patient and the manner of making the incisions. My own plan is as follows:—The patient, being placed conveniently on her back, and brought under the influence of chloroform, an exploratory incision, from two to three inches in length, should first be made in the linea alba. Having divided the peritoneum and reached the cyst, two or more fingers should be passed over its surface to ascertain if adhesions exist. If these are slight and recent, they should, if possible, be broken down by the fingers; or, if they are larger and stronger, and cannot be detached, they may be divided by the écraseur; or, if vascular (as, for example, when the *omentum* is adherent to the tumour or elsewhere), after being ligatured by silver wire, may be cut through by the knife or scissors. However, cases now and then occur in which adhesions are so firm and vascular, and so extended, or so peculiarly situated, that it is not prudent to endeavour to detach the cyst, and then we must desist from the operation of extirpation, and substitute for it one of those other plans of treatment already considered—such, for example, as the excision of a portion of the cyst, if, that is to say, it is not deemed more expedient to desist from any further surgical proceeding.

"The presence of adhesions, and the necessity of dividing them, involve an enlargement of the primary incision, a measure otherwise, indeed, necessary to the further carrying out of the operation. An incision of four inches may suffice, but a longer one is often necessary; and on this matter of the length of incision, the operator must be guided mainly by his own judgment of what is necessary to enable him to detach and remove the morbid mass with the greatest facility.

"The next step is to tap the cyst, or cysts, with a proper trocar and canula, and in the evacuation of the fluid to take care that none of it escapes into the cavity of the abdomen. Then, if there is only one cyst, and that not thick nor vascular, a portion of it only may be excised, in the manner described in section A of the present chapter. If the cyst, however, should be found to be thick or vascular, or multilocular, it will be the safest proceeding to have recourse immediately to complete extirpation in the following manner:—The pedicle of the tumour is to be taken in the left hand, and gently drawn outwards from the pelvic cavity—an assistant carefully keeping back, by warm flannels, the bowels and omentum. A clamp—the best, I believe, being the carpenters' callipers—is now applied around the pedicle. This should be passed as near to the tumour as possible; so that, by the entire length of the pedicle being preserved, the fastened end may be kept external to the abdominal cavity. This done, the tumour should be removed by dividing the pedicle half an inch from the clamp, which should be given to an assistant and held at the inferior end of the opening. The operator then closes the wound—and this, I need hardly say, should be done, as in all operations exposing the peritoneum, as soon as possible—by introducing deep silver sutures about an inch from the incised edges, and about half an inch apart, through the parietes of the abdomen. This step is best done by passing a tenaculum needle through both sides of the wound, and then threading the eye with the wire; and on withdrawing the needle, bringing it through and twisting it. By this mode of closing the wound no secondary sutures are required.

"The advantages of the clamp are—that it can be removed in from one to three days; the wound heals more quickly, and the patient may get convalescent in two or three weeks; whereas, where ligatures are applied, they take at the very least nine or ten days, and now and then as many weeks, to come away; and, indeed, one operator has published his cases as successful, the subjects of them having returned to the country many weeks after with the ligatures hanging from the opening; whilst they remain, the patient cannot be considered completely cured. The long persistence of ligatures is due either to too much tissue having been taken up between them, or to their not having been drawn sufficiently tight. Dr. Clay, of Manchester, used Indian hemp ligatures for tying the pedicle, and returned them into the abdomen. I used formerly to think that, when the pedicle was very short, it was better to apply the ligature than the clamp. But now I always use the clamp, taking care, when the pedicle is very short, and the dragging gives pain to the patient, to remove it in a few hours.

"When a clamp is not used, it is usual to employ means to prevent the ligatures returning into the abdomen. For this purpose, a common director, with its convex surface turned towards the abdomen, should be passed through the ligatures, so as to be firmly held by them at right angles to the wound. The ends of the ligatures should now be secured to the abdomen by adhesive plaster, and the wound dressed with common water-dressing. This done, the abdomen must be supported by a many-tailed flannel bandage, comfortably tight, the patient be placed in bed, and warmth applied to the extremities. I was formerly in the habit of giving opium after the operation, but I do not now, except there is much pain, as it has appeared to me to have been the cause of harassing sickness and vomiting, and of other untoward conditions. If pain is persistent, even after taking the opium, and there is flatus, fomentations must be applied over the abdomen, of flannel stuped in hot water, and freely sprinkled with turpentine. At the same time, a cloth, with turpentine sprinkled over it, is placed on the bedclothes near the patient's mouth, so that its vapour may be freely inhaled. This affords the greatest relief, which is due to the well-known anæsthetic properties of this agent. Ice, milk, barley-water, or weak broths, should constitute the diet for the first forty-eight hours; afterwards stronger animal broth may be allowed, and wine, if the condition of the patient admit of it. In many of my cases a mutton chop and a glass of ale have been taken on the third day. It is better, if possible, that the bowels should be confined for four or five days after the operation; and, if opium be considered necessary for this purpose, it is better to introduce it *per rectum* in small doses, for by this plan the danger of nausea and vomiting after its use is avoided. The bladder should also be emptied every six hours by the catheter. The temperature of the room should be carefully maintained for the first week after the operation.

"I have not enjoined the use of any particular length of incision; for this matter must, I am of opinion, be regulated by the special circumstances of each case; the rule on the surgeon's part being to extract the cyst with the least danger to the patient, and through the smallest practicable incision, without incurring a risk of failure in the operation. A small incision, of an exploratory nature, should be the first; if the operation be proceeded with, it must be enlarged sufficiently to admit the extraction of the apparent cyst, and further increase will be very easy, if its peculiarly compound nature, its position or relations, or other circumstances demand it."

We can recommend this work to the notice of our readers as a well-written, practical treatise without any fear that they will question the decision.

Origin of the Cow-Pox.—The Academy of Medicine of Paris is at present occupied in discussing some facts of interest which have taken place at Toulouse, in France. In May, 1860, the matter from an eruption affecting the legs of a horse was inoculated upon the teats of a cow, and produced vesicles similar to those of cow-pox; the pus, moreover, taken from this cow, having been inoculated on infants, gave rise to vaccine vesicles. It is doubtful, however, whether in this case the horse suffered from grease or some other eruptive complaint. Jenner considered that grease might be the origin of cow-pox. Experiments have, therefore, been made with the grease in several countries, but with variable results. It should, however, be recollected that a smith's apprentice, of Chartres, in France, who had not been vaccinated, having shod, in 1856, a greasy horse, presented vaccine vesicles on his hands. The pus from these being inoculated on children, gave rise to similar vesicles; but the same pus sent to the Academy of Medicine at the time, and used for inoculations, yielded no results; while, strange to say, the lymph taken from the child vaccinated from the vesicles on the apprentice's hand, being also sent to the Academy, was the origin of a series of successful inoculations. Such was the state of the question when the facts observed at Toulouse, in 1860, became the subject of a report from a committee appointed for the purpose of examining into the alleged phenomena. It is this report, itself reported upon by M. Bousquet, that the Academy is now discussing.

Duties on Drugs and Medicines in America.—The new American Tariff Bill, which is expected almost immediately to become law, adds very considerably to the duties levied on nearly all articles of import. Drugs are taxed very high, additional duties being imposed in almost every instance: perfumes and cosmetics 50 per cent. *ad valorem*; medicines of various kinds 10 per cent. *ad valorem*, in addition to former duties.

GENERAL CORRESPONDENCE.

THE BRITISH MEDICAL ASSOCIATION.

To the Editor of the Medical Circular.

Sir,—I fully concur in your strictures on the shortsightedness of the British Medical Association with respect to our Journal. A better opportunity of reopening the question so often agitated as to its continuance was never presented than at the meeting of the present week.

I have reason to believe that in the opinion of a large section, if not of a large majority of the Association, the journal is thought to be an incubus, which interposes a barrier to the increase of our numbers, and saps the very foundation of the Society by swallowing up nearly all its funds which could be devoted to much better profit.

Having a stake in one of the existing Medical journals, it will be supposed you have an interest in sweeping a rival from the field. No matter, you take a common sense view of the question, and, with your permission, I will add to your forcible address a few more remarks on the policy of the leaders of the Association. I could point out the men who will thus misconstrue your motives—men with whom "*rivalry in journalism*" "cutting out the 'Lancet,'" "shewing up the 'Medical Times,'" "abusing the Medical Circular" are household words, thus creating hostility to the Association in quarters all powerful, and raising up insurmountable barriers to the extension of its numbers. The fact is simply this: without a journal, and countenanced as it then would be by the 'Lancet,' 'Medical Times' and Medical Circular, each of which would weekly publish its transactions, the Association would, by this time, number ten thousand members. With a journal, carried on as it is in a spirit of rivalry, the Association numbers just enough to pay its expenses and nothing more.

It would seem that we have not been content with trusting our journals to the natural law of supply and demand, or leaving their establishment on that basis of mercantile requirements, which is the only solid foundation for a sound business of any kind; but our Profession has had the honour of introducing journalism under a new phase. We have converted an association, founded for public purposes, into a joint-stock publishing speculation. There are two thousand and more of our body paying at this moment for a Medical journal, which few of them ever dreamt of requiring, which reaches them under conditions that divest it of all the good qualities of journalism, and which in point of fact may be clearly shown to injure every public interest it was no doubt expected to promote. And why? Because as members of a society spread throughout the kingdom, and the principle of association making them ciphers in their isolation, they have no means of resisting that little agreement of a parlour-full of committee-men and their friends, which some years since, begot and forced on them the needless superfœtation of a journal.

Let me, however, be understood, as attributing no unworthy motives to Sir Charles Hastings and the other projectors of the speculation. It was easy to believe that in creating this means of patronage and influence for themselves they were serving the objects of the association. It was clear that by so agreeable a use of the common funds they would acquire higher social position, and be the means of sustaining professional influence, and as the man who has just dined thinks all the world happy, how could they doubt that the public satisfaction would mirror their own? But it was a serious mistake, though fortunately they are not the gentlemen to pay for it. *Plectuntur Achivi.* The pleasing delirium of the chiefs is, as usual, paid for by *the rank and file* who are condemned weekly to read the journal, or pay their money for nothing, perhaps the less dangerous alternative.

Corporate bodies, most of all, if professional, are so constitutionally unfit for business enterprises that they are always failing or under the suspicion of failing. We cannot believe in their success, simply because theirs is not the agency for securing it, and because there is wholly wanting in such ventures the necessary degree of personal interest and personal responsibility. I suggest then that in proportion as a high character in the chiefs of such societies is of importance to their public aims, must it be unwise thus to throw an air of suspicion about their operations, and to suggest to the world that they may be *exploiting* their Committee influences.

If the objects, too, of the Association were limited to its members, something might be said for this narrow, shopkeeping mode of managing the affairs of a great association, but its aim is professedly to represent the interests and acquire the support of the whole profession, and so to bind all in a common policy of mutual well-being. How then reach the whole profession, except by its ordinary organs, by the very organs which Sir Charles Hastings and his Committee exclude, compete with, and make war upon? With good intentions and a proper policy, our objects would command general approval, and all our efforts would secure universal support; but to have the pleasure of commanding a journal the praise of which is no recommendation, the advocacy no strength, and the very existence of which is a guarantee of division for the Profession, and weakness for the corporation, we incur annually enormous expenses, set against us the world of independent journalism, and deliberately excommunicate ourselves from the sympathies and almost the knowledge of nine-tenths of the Profession.

I say, then, to the associated Committeemen—or rather to their leaders—you are engaged in a bootless as well as a needless enterprise. You cannot resort to the expenditure, employ the agencies, exhibit the tact, talent, watchfulness, ready judgment, and, above all, independence—absolutely necessary—in these days of a fierce competition, to give the profession a journal worthy of its acceptance. As a question of mere finance, yours must be the dearest of periodicals, because Medical journals, essentially cheap for other reasons, are made still more so by the fact that their profits arise less from their subscribers than their advertisers, and you are the less justified in your competition, because, as a principle, the better the pecuniary results you leave to the proprietors of the standard journals, the better will those journals be made for the Profession. Besides, you can neither review books, nor reject papers, nor defend principles, nor perform duties, nor exercise rights with that freedom of volition which is the value of all literature, as it is the charm of all life; and what is inferiority under all these attributes but the admission that your journal is less a genuine offspring of the Profession than an *ill-omened* "*super-fœtation.*" In short, it is a *mistake* in whatever view we take of it, and the sooner it is abandoned the better for the fulfilment of the objects contemplated by the Association.

Not only is the Journal a mistake in relation to the interests of the Association, but it is also a great misfortune for all connected with it. How such excellent writers as Dr. Latham, Dr. Graily Hewitt, and others, can submit to the disjointed publication of their contributions, which appear sometimes at intervals of a month or more, I am at a loss to conceive. Think, too, of the pitiable position of the Editor. One pugnacious master urges an onslaught on the Homœopaths and those who meet them in consultation. Up starts another master, and denounces the Editor for his ignorance of consequences. "Why, it is the very thing the Homœopath desiderates—leave him in the mire, and he sinks—recognise him in any way, and you advertise the existence of one who otherwise might be thought dead." No doubt the Editor desires to conciliate each of his many masters—but he oftener fails than succeeds. Without the power of refusing the contributions of any one Associate, the pages of the Journal may be filled with matters the most puerile and theories the most absurd. A recent and remarkable example of this kind, is an article on the "Physiology of the Eustachian Tube." The first instalment of the theory of the writer, which has already appeared in at least three other periodicals, and read at as many societies, in the same identical language, was printed in our journal just five weeks ago, ending with the words "to be continued." The Associates will sustain no loss by the delay of No. 2; but doubtless the writer will imagine that he does. Our worthy editor, who is a man of extensive reading, knows very well that the paper in question is as old as the hills; but he cannot refuse to give it insertion.

Let us imagine an Associate sending for publication a paper on a new subject of high and immediate interest to the Profession, which is occupying more or less space in every other journal—however much our editor may desire to give it a place, the writer is obliged to be told that he must wait until his turn comes, and that it may be weeks before space can be found for his contribution.

As you truly observe, it is a satire to call such a periodical a Journal. But many believe that, without the Journal, there would be no Association. If so, the inference is that no such Association of Medical men is needed. For all the good we have done, this may be true; but for the cordiality and good-fellowship it promotes, as evidenced more particularly in the Branches, it is worthy of support and encouragement—and to extend its influence by increasing our numbers, I say emphatically, *drop the Journal.* Let the Association intelligence be forwarded weekly to each of the *bonâ fide* Medical Journals, and publish a monthly or quarterly record of transactions. As an inducement to the Medical Journals to publish our weekly intelligence, make it a *sine quâ non* that every member of the Association shall subscribe to any one of them, which may so far aid the objects of the Society; thus you will give an impetus to *legitimate* Medical journalism, and contribute greatly to the dissemination of professional knowledge. We shall then soon have ten thousand members, instead of two thousand, and ample funds for the furtherance of benevolent or scientific objects connected with our most noble Profession.

Aug. 4, 1862. One of the Rank and File.

MURDER OF A POOR LAW MEDICAL OFFICER.

To the Editor of the Medical Circular.

Sir,—Your kind insertion of my letter relative to the terrible death of poor Puckett, together with your leading article on the subject, have, I am happy to say, induced about 150 medical men,

and 100 of the nobility, members of parliament, gentry, and others, to forward nearly 400*l.* in aid of the fund for the support of the widow and family of the deceased; but as the interest from that sum, when invested, will be quite inadequate for their support, I am reluctantly compelled still further to urge their claims on the sympathy of the Profession and public at large, and trust a larger sum may yet be forthcoming, as, after the debts of the deceased are paid out of his own property there will only be left from that source a very few pounds, less than 10*l.* The family, in fact, are literally dependent on what we may raise for their support, as the widow's state of health precludes her doing anything. The maniac was yesterday tried for his life, and pleaded Guilty, at the same time saying, "I can't recollect." The Judge thereupon directed a plea of "Not guilty" to be recorded. The prisoner was then tried, and a verdict returned of "Not guilty on the ground of insanity;" and he was ordered to be detained during Her Majesty's pleasure.

Subscriptions by cheque, Post-office orders, or stamps may be forwarded to me or to Messrs. Elliott's Bank, Messrs. Williams' Bank, or the Wilts and Dorset Bank, all of Weymouth. Colonel Gilpin, M.P. for Bedfordshire, the Rev. E. C. Headland, rector of Broadway, where the deceased resided, the Rev. Talbot Baker, vicar of Preston, in which village the murder was committed, and other gentlemen, have kindly consented to act as trustees, and, therefore, no fear need arise as to the proper application of the money.

I am, &c., RICHARD GRIFFIN.

12 Royal Terrace, Weymouth, July 30, 1862.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2nd, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

DRS. GEORGE HARLEY and T. H. TANNER communicated

A REPORT ON A TWIN (?) ABORTION, EXHIBITED TO THE SOCIETY, BY DR. LANGMORE ON JUNE 4TH, 1862.

In this case a lady aborted on the 22nd of May, 1862. A fœtus, of about four months' gestation, was expelled; it was flattened, more or less atrophied, and had evidently been dead some time. The placenta was removed; and afterwards a smooth, soft body was peeled off the upper part of the uterine cavity, which proved to be a second bag of membranes. The chorion and amnion were unruptured, healthy, and transparent; and through them an embryo of about five or six weeks could be plainly seen floating in clear liquor amnii. The embryo appeared fresh and perfect, and not at all atrophied. Was this an instance of twin pregnancy or of superfœtation?

Drs. Harley and Tanner were directed by the Society to investigate the question. In their report these gentlemen give the results of an examination of the preparation. They then append some remarks on the structure of the decidua, and conclude thus:—"We are led to assume that the case under consideration is an example of superfœtation, for this reason: If the second, healthy, six weeks' ovum were the product of the same conception as the first four months' fœtus, which had been dead some time when expelled, then we must believe that although the latter perished some days before its expulsion, and manifested symptoms of putrefaction, yet the small second ovum died when six weeks old, was retained for about ten weeks afterwards, and nevertheless when removed was perfectly healthy, and did not present any trace of decomposition. We cannot subscribe to this improbable view. As, theoretically, we see no physical obstacle to the occurrence of superfœtation during the first three months of pregnancy, so we think the specimen now reported upon proves, as far as anything of the sort can prove, that superfœtation is a positive fact."

Professor HARLEY communicated a case of

ENORMOUS DEVELOPMENT OF HYDATIDS IN OMENTUM SIMULATING AN OVARIAN TUMOUR, BY DR. NEWMAN (STAMFORD).

A woman, forty-three years of age, began to suffer from enlargement of the abdomen eleven years ago. In 1861 an incision was made in the right iliac region, when a quantity of pus and hydatids escaped. The opening closed, but the abdomen again enlarged; and the patient died in May, 1862, with symptoms of acute peritonitis. On examination, the omentum was found stretched over a mass of glistening cysts. Masses of hydatids were embedded on the surface of the right hepatic lobe. From them ran an unbroken chain of cysts right across the spinal column and down into the left iliac fossa. The right ovary, as well as the mesentery, also contained hydatids.

DR. GEORGE HARLEY reported

A CASE IN WHICH AIR WAS EXPELLED FROM THE VAGINA.

The chief points in the case are these:—The expulsion of the air is accompanied with a loud noise, and, although odourless, is attended with great personal discomfort. It began about eighteen months ago, at a catamenial period, and has recurred with increasing severity at each period, until now there are several discharges in the course of a few minutes. The patient is married. The vagina was carefully examined in order to find if any communication existed between it and the rectum, but none was found. Dr Harley took a full-sized male catheter, to which was attached a long india-rubber tube with a stop-cock at the other end. The catheter was introduced into the uterus, the end of the tube with the stop-cock being placed in a tumbler of water. No air escaped when the instrument was in this position; but on placing the open end of the catheter in the vagina an instantaneous discharge of gas took place. Soon afterwards the water was found to be sucked up through the tube into the vaginia; and after one or two other experiments it was found that the vagina sucked-in and expelled the air by spasmodic action. It was further observed that the abdominal muscles materially assisted in producing this result; and although the patient has not the power of commencing the action, once it has begun and gone on for a few minutes, she has the power of continuing it.

Dr. DRUITT was glad to find that the phenomena of this case had been described by so acute and exact an observer, otherwise the case might have been narrated as one of physometra. He had once been consulted about the case of a lady who, after her confinement in a hot country, complained of want of sexual feeling, and likewise of discharges of air from the vagina. He had attributed both maladies to relaxation, and prescribed cold alum baths. Air would readily enter a relaxed vagina in large quantities; for example, when a woman was placed upon her hands and knees for the purpose of examination.

Dr. GRAILY HEWITT had seen a case of the kind mentioned by Dr. Harley. The lady to whom the passage of flatus from the vagina was very distressing, was the subject of enlargement and hypertrophy of the vaginal part of the cervix uteri. No fistulous opening existed between the rectum and the vagina. In this case Dr. Graily Hewitt considered that the air passed into the vagina by a kind of suction movement. The rigid flat roof of the vagina constituted by the indurated cervix acted as a dilator of the vagina; when during certain movements of the body the uterus was drawn upwards, air entered the vagina.

Dr. BRAXTON HICKS remarked that the admission of air into the vagina was by no means rare. It might be witnessed not unfrequently in those whose vulvæ were lax and uteri heavy, when they lie down on the examining couch; the weight of the uterus causing it to fall on the sacrum in the recumbent posture, whereby air was drawn in; while on assuming the erect position it was expelled again by the descent of the uterus.

CARBONIC ACID GAS AS AN ANÆSTHETIC.

M. Ozanam, in 1856, stated his belief that of all the anæsthetics most apt to produce a sufficient insensibility, without any danger, the mixture of carbonic acid and atmospheric air constituted the best. In his present communication, he relates a case of deep-seated abscess of the thigh, calling for elaborate operation, in which he employed a mixture of three parts carbonic acid, and one part air, the apparatus employed not, however, completely closing the mouth and nostrils, so that some additional air could be inspired. Insensibility occured in about two minutes, the respiratory action having become accellerated, while the face was covered with sweat. The loss of consciousness continued complete as long as the inhalation was continued, the patient immediately recovering his senses on the removal of the tube.—'Comptes-Rendus,' No. 21.

NEW SYMPTOM OF SCARLATINA.

M. Bouchut mentioned to his class a diagnostic symptom, which he had never found fail, to enable him to distingnish scarlatina from many other exanthem, and the knowledge of which may prove of utility in doubtful cases. "It is the disappearance of the eruption for a minute or two under the influence of slight friction. If, with the point of the finger or the nail, we trace, a line, this becomes, and remains for a minute or two, white amidst the surrounding redness of the skin. We can, so to say, write the diagnosis of the affection on the skin, as in the present case, in which the word 'scarlatina,' traced by a bit of wood, became in a few seconds designed in white letters, which remained quite distinctly visible for about two minutes. This is due to the exaggeration of the contractility of the capillaries, induced by the friction temporarily expelling the blood from the interior. Nothing of the sort is observed in measles, erysipelas, or other cutaneous eruptions, in which the half-paralysed capillaries possess but little contractility. We can in these, by pressure, drive out the blood from the capillaries, and produce a white spot; but this is a purely mechanical action, and as soon as the pressure is removed the redness reappears."—'Gaz. des Hop.,' No. 70.

SEVERE WOUND OF THE HEAD. — In a recent fight with the Borneo pirates, one man was brought up with the top of his skull clearly lifted up by the blow of a Sooloo knife as if it had been done *secundum artem* by an adept at post-mortems, who wished to have a peep at the dura mater *in situ*. It was like the lid of a box partly open, and required considerable force to shut it, and to get it into its right place again. The man was living and likely to recover.

GAS FROM PETROLEUM is about to be introduced in New York. It is stated that the cost is about one-half of that of the gas at present in use.

Births, Marriages, and Deaths.

BIRTHS.

BURKE.—On the 15th ult., at the Royal Naval Hospital, Malta, the wife of John Page Burke, M.D., of a daughter.

CHILD.—On the 27th ult., at Oxford, the wife of Gilbert W. Child, M.D., of a daughter.

OLDFIELD.—On the 5th of June, at Kathmandhu, Nepaul, the wife of Dr. Oldfield, of a son.

MARRIAGES.

DAVEY—ROBINSON.—On the 29th ult., at St. Saviour's, Paddington, Alexander George Davey, M.D., of Ryde, Isle of Wight, second son of Richard Gibbon Davey, Esq., M.R.C.S., of Walmer, to Penelope Susan, eldest daughter of the late John Robinson, Esq., of the Firs, Dudley, Worcestershire.

HOMFRAY—LEWIS.—On the 24th ult., at the Parish Church, Wiscombe, Bath, C. A. Homfray, Esq., M.R.C.S., of Tredegar, Monmouthshire, to Anna Maria, second daughter of the late F. O. B. Lewis, Esq., Surgeon, of Cromamman, Linnelly, Carmarthenshire.

JAKINS—HOBBS.—On the 1st of May, at the residence of the bride's father, George Sargent Jakins, Esq., second son of I. N. Jakins, Esq., M.R.C.S., of Osnaburgh street, Regent's park, to Eliza, youngest daughter of the Rev. John Hobbs, of Auckland, New Zealand.

KEITH—FISKIN.—On the 29th ult., at Albyn place, Aberdeen, William Keith, M.D., of Easter Muchalls,, Kincardineshire, to Isabella Fiskin, relict of William Williamson, Esq., late of Breadalbane, Victoria, Australia.

MAY—ROBINSON.—On the 24th ult., at St. Mary's, Reading, George May, jun., B.A., M.B., to Mary Sophia Georgiana, daughter of Wm. Robinson, Esq., of Oxford Lodge, Reading.

MORGAN—WILLIAMS.—On the 29th ult., at the Parish Church, St. George's, Hanover square, the Rev. Samuel Christopher Morgan, Curate of Newland, Gloucestershire, to Sophia Janet, eldest daughter of C. J. B. Williams, M.D., F.R.S., of Upper Brook street.

SYKES—CHAMBERS.—On the 24th ult., at St. Barnabas Church, Homerton, George Sykes, M.D., Surgeon to the Queen's Own Light Infantry Militia, to Sarah Anne, eldest daughter of George Chambers, Esq., of Park House, Downs Park-road, Lower Clapton.

DEATHS.

CUMMING.—On the 24th ult., at Limehouse, Ann, the wife of W. S. Cumming, Esq., M.R.C.S., aged 68.

KANE.—On the 21st ult., at Bath, Caroline Anne Kane, wife of Wm. Kane, M.D., youngest daughter of Brigadier-General C. Dallis, and granddaughter of George Cockburn Haldane, Esq., of Gleneagles, Perthshire.

MACKLIN.—On the 26th ult., Charlotte Susanna, widow of the late Chas. Macklin, Esq., Surgeon, of Buntingford, Herts, aged 73.

SMITH.—On the 25th ult., at Portland House, Cheltenham (the residence of his father, Thomas Smith, M.D.), Thomas Johnson Smith, M.D., aged 24.

WAGSTAFFE.—On the 13th ult., at Braunston House, Braunston, Rugby, Mathew French Wagstaffe, Esq., M.R.C.S., of Walcot place, Kennington, aged 59.

WATERLAND.—On the 22nd ult., at Burton-upon-Stathez, Henry John Waterland, Esq., M.R.C.S., late of Kirton-in-Lindsey, aged 38.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the Preliminary Examination in the subjects of General Education on the 26th ult.:—Charles Bracebridge Allen, Dartmouth street, Westminster; Edgar William Beckingsale, Newport, Isle of Wight; Frederick Royston Fairbank, Elborow street, Rugby; Henry Reginald Hatherly, Westminster Hospital; Thomas Richardson Loy, Havering, near Romford; David Sharp, London road, St. John's wood; Godfrey Bingley Wadsworth, University College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examination for the diploma, were admitted Members of the College at a meeting of the Coles, Court of Examiners on the 29th ult.:—Robert William Staleybridge, Cheshire; Thomas Gambier, Canterbury; John Heaps, Beeston hill, near Leeds; Thomas Henry, Wrexham; Theodore Kelsall Hubert, Markgate street, Beds; Martin Annesley Lamb, Porchester terrace; Robert Turner Land, Leeds; Henry Lyell, Southwark; Robert Samuel Macpherson, Birmingham; Geo. Manbey, Shepherd's bush; Thomas Pickering Pick, Waterloo, near Liverpool; John Prince, Calcutta; William Rayner, Uxbridge; William John Ready, Dublin; Samuel Smith Crosland Richards, Bedford square; William Dunnett Spanton, Loughborough; James Hudson Taylor, Barnsley; Francis Trimmer, Gloucester; Thomas William Wasdale Watson, Edmonton; Frederick William Wright, Launceston. The following gentlemen were admitted Members on the 30th ult.:—James Charles Broadbent, Liverpool; John Norman Davis, Galway; Reginald Rabette Dudley, Whitchurch, Hants; Ralph Eddowes, Shrewsbury; William Lewis Evans, Rhayader, Radnorshire; Richard Fenelly, Kilkenny; William Richard Grove, Huntingdon; George Annesley Derville Mahon, Aspley, Woburn; Abney Charles Hopton, Judd street, Brunswick square; Henry Edward Jessop, Cheltenham; Francis King, Stratton, Cornwall; Thomas William King, Camberwell; Samuel Mason, Lewisham road; William Lugar Mumford, Cornard-Pava, Suffolk; Charles Orton, March, Cambridgeshire; John Pratt, Sunderland; Peter Proctor, Leeds; Charles Richards, Almer, Blandford; Horace Newbegin Watts, Norwich; Henry Charles Woods, Godalming.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 24th ult.:—John Anderson, Green Heys, Manchester; William Alfred Elliston, Ipswich; John Alexander Hedges, Adelaide-place, Bedford; Henry Frederick Hodgson, Cradley-heath, Staffordshire; Nathaniel Hellings, Tiverton, Devon; Richard Meredith, Netherton, Worcestershire; Ebenezer Mark Thompson, Billinghay, Lincolnshire.

The following gentlemen also on the same day passed their first examination:—James Herbert Brown, St. Bartholomew's Hospital; John Foot Churchill, Charing-cross Hospital; Ernest Arthur Hudson, St. Mary's Hospital; George F. W. Meadows, Guy's Hospital; Charles James Wright, Leeds.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen have passed their First Professional Examinations during the July sittings of the Examiners:—Smith Houston Davson, Demerara; Samuel J. Dunn, Co. Tyrone; Wm. J. Kennedy, Londonderry; Geo. R. Lloyd, Co. Tipperary; Charles J. Welsh, Northampton.

The following gentleman passed his First Professional Examination in April:—James Hunter, Ayrshire.

The following gentlemen have passed their Final Examinations, and been admitted L.R.C.P.E. and L.R.C.S.E.:—Frederick John Austin, Limerick; James Watt Black, Banffshire.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen have passed their First Professional Examinations during the July sittings of the Examiners:—Alexander Allison, Strathaven; A. Montgomerie Bell, Edinburgh; John Buckley, Cork; Lewis Cameron, Morayshire; Robert M'K. Duncan, Dumfries; William Erskine, Fifeshire; James Godfrey, Glasgow; Alexander Goodall, Fifeshire; H. Fred. Harden, Weymouth; David Erskine Hughes, Edinburgh; James G. Lyon, Forfar; James R. M'Alman, New Brunswick; John W. Maxham, Quebec; N. G. Mercer, Argyllshire; Roderick M'Laren, Dumfries; Frederick Montizambert, Quebec; Robert Thin, Kilconquhar; Andrew Veitch, Edinburgh; Robert Wright, Edinburgh.

The following gentlemen have passed their Final Examinations, and obtained the diploma of the College:—Patrick Macdonald Allen, Arbroath; John Daly Ambrose, Co. Limerick; Alexander Brebner, Aboyne; Michael Breen, Co. Clare; Wm. Oxendale Dawson, Preston; James Dewar, Edinburgh; Daniel Donovan, Skibbereen; Frederick Heisch Dunbar, Cork; John Duncan, Edinburgh; Geo. Jonathan Hearder, Plymouth; James Sommerville Hope, Tasmania; Patrick C. Houston, Morayshire; Jas. Robertson MacIver, Ross-shire; Robert Macnair, Paisley; Arthur Grant Reid, Fochabers; Wm. Geo. Ross, Bury St. Edmund's; J. G. Smith, Kirkcudbrightshire; James Smith, Dumfriesshire; Wm. Thomson, Ballynahinch; John Todd, Tyrone; Richard Sobey Veale, Cornwall; John Thomson Welsh, Edinburgh.

ST. HELIER'S, JERSEY.—The members of the Medical and Surgical Society held their Annual General Meeting on the 25th inst., at the Society's rooms, in Bath street, and elected the following office-bearers for the ensuing year:—*President*—Dr. Charles Vaudin; *Vice-Presidents*—Drs. Alexander Leigh and Dr. M. Blood; *Treasurer*—Dr. Kitchener; *Secretary*—Dr. H. J. Hirschberg; *Council*—Drs. Joseph Dickson, John Tixott, Alexander Low, John Le Cronier, and Alfred Godfray.—July 26, 1862.

APPOINTMENTS.—John Bolland, L.R.C.P. Edin., L.R.C.S. Edin., L.A.H. Dub., L.M. Roy. Hosp., has been elected Medical Officer and Public Vaccinator for District No. 1 (including the Workhouse) of the Daventry Union, Northamptonshire, *vice* Sylvester R. Skinner, M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.—George Fearnley, M.D. Heidelberg, M.R.C.S. Eng., L.R.C.S. Edin., L.S.A. Lond., has been elected First Mayor of Dewsbury, Yorkshire, that town having recently obtained a Charter of Incorporation.—John Davies Harries, M.R.C.S. Eng., L.S.A. Lond., Associate of King's Coll. Lond., has been appointed Surgeon to the Salop County Prison, *vice* Henry Fenton, M.R.C.S. Eng., L.S.A. Lond., resigned.—John Lambert, L.F.P.S. Glasg., has been appointed Dispenser to the Royal Portsmouth, Portsea, and Gosport Hospital, Portsmouth, vice Mr. Thomas David Bennett, resigned.—Gustavus Charles Phillips Murray, M.D. Univ. Edin., M.R.C.S. Eng., has been appointed a Physician Accoucheur to the St. George's and St. James's Dispensary, King street, Regent street, *vice* William Hamilton Roe, M.B. Oxon., M.R.C.P. Lond., resigned.—Walter Jeffery Potts, M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for No. 5 District of the East Grinstead Union, Sussex, *vice* Mungo Parr, M.B. Mar. Coll. Aberd., L.R.C.S. Edin., L.S.A. Lond., resigned.—David Rice, M.R.C.S. and L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Harbury District of the Southam Union, Warwickshire, *vice* William James Shone,

M.R.C.S. Eng., L.S.A. Lond., resigned.—William Frederic Teevan, F.R.C.S. Eng. (exam.), B.A. Univ. Lond., has been appointed a Surgeon to the St. George's and St. James's Dispensary, *vice* Christopher Heath, F.R.C.S. Eng., resigned, and Demonstrator of Anatomy at the Westminster Hospital.—William Sowerby Wallen, M.R.C.S. Eng., and L.M., L.S.A. Lond., has been appointed Medical Officer and Public Vaccinator to the West District and Workhouse, Rotherhithe, Surrey.—John Watson, M.R.C.S., has been appointed District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, *vice* Mr. Booth, resigned.—Nicholas Warburton White, M.R.C.S. Eng., L.A.H. Dub., L.M. Dub., has been elected Medical Officer to the Macroon Dispensary District, County Cork, *vice* Valentine MacSwiney, M.D. Univ. Edin., L.R.C.S. Edin., deceased. —Aldborough Lloyd Williams, M.R.C.S. Eng., has been appointed Surgeon to the Cheltenham General Hospital and Dispensary, *vice* Walter Jessop, M.R.C.S. Eng., deceased.—Assistant-Surgeon S. W. Wyndowe has been appointed Civil Surgeon of Malabar, *vice* Cleveland, resigned.

Manchester Medico-Ethical Association.—The following petition was presented to the House of Commons, on Monday, July 21, by Thomas Bazley, Esq., M.P.:—"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled. The petition of the undersigned, on behalf of the Manchester Medico-Ethical Association, humbly showeth, that the Act passed in the year 21 and 22 Vict., cap. 90, entituled 'An Act to regulate the Qualifications of Practitioners in Medicine and Surgery,' and generally cited as 'The Medical Act,' has, after four years' experience, been found inadequate to the requirements of the Medical Profession, and the welfare of the public. That whereas the preamble to the said Act states, that 'it is expedient that persons requiring Medical aid should be enabled to distinguish qualified from unqualified Practitioners,' the Act itself fails to define the titles and qualifications of such Practitioners. That one great feature of the 'Medical Act' having been the formation of a 'General Council of Medical Education and Registration,' yet a recent instance seems to show that there are no satisfactory powers to compel the various licensing bodies to conform to the requirements of such Council. That whereas the Act forbids the assumption of Medical titles by unqualified and unregistered psrsons, the 40th Clause has been decided by the Judges of the higher Courts to have failed in its intentions, and to be inoperative. That whereas the 36th Clause forbids the appointment of unregistered persons to public services—Hospitals, clubs, emigrant vessels, and in other ways, no provision has been made whereby this clause can be enforced. That although the said Act professes to protect 'persons requiring Medical aid' from incompetent and unqualified persons, yet it nowhere attempts to prevent or prohibit the practice of Medicine or Surgery by such incompetent or unqualified persons. That a competent knowledge of both Medicine and Surgery is indispensable to the practice of the Medical Profession, and yet the Act allows persons to register who may have undergone the test of fitness by examination in one of the branches of the Profession only. That the word 'Surgery' is very commonly used by unqualified and unregistered persons as a public inscription or sign on or about their dwellings or places of business, thereby misleading the public whom it is the intention of the Medical Act to defend, and the said Act contains no provisions to meet this evil. That offences under the penal clauses of the said Act are proveable by 'implication only,' which is generally deemed unsatisfactory by the Judges. Your petitioners therefore humbly pray, that in consequence of the above-cited and other deficiencies in the said Medical Act, and its admitted failure, after four years of patient trial and experience of its workings, your Honourable House will give its attention to the subject, and devise such measures to prevent existing abuses as shall, in its wisdom, seem most fit. And your petitioners will ever pray, &c., James Lomax Bardsley, Knt., M.D., *President;* Joseph Stone, M.D., and Jonathan Wilson, F.R.C.S., *Hon. Secs.*—Manchester, July 18, 1862."

Criminal Abortion.—Fanny Worbey, thirty-two years of age, was charged, at the Westminster Police-court, with being an accessory before the fact to the felonious using, by a man named Morgan, of an instrument to promote miscarriage. On May 28th, the prisoner came to the house of Mrs. Darby, 12, Bessborough place, Vauxhall Bridge-road, stating that she had visited London to see the Exhibition, and took lodgings there. On June 7th the prisoner became so alarmingly ill that Mrs. Darby sent for Mr. Hunt, Surgeon, 108, Tachbrook street, Pimlico. He found the accused labouring under the effects of miscarriage. The hæmorrhage was excessive, and she became so ill in the course of a few hours that it was apprehended she would not survive the night. The prisoner, while under the fear of death, made a confession, in the presence of Mr. Hunt and Sergeant Huddy, of the B division, which was taken down in writing, and signed by her, stating that she had visited a man named Morgan, at 16, Moreton terrace, who had two or three times used an instrument to her, which had given her great pain. He had recourse to a particularly large one on the last occasion, and the moment she got home her illness came on. She added to the landlady, that she had been to Morgan eighteen months ago, and that he had procured abortion for her then. The prisoner, who is still very ill, said, in reply to the charge, that she was not in a proper condition to make a statement at the time the one produced was taken down. Mr. Hunt and Sergeant Huddy had made several mistakes. The prisoner was fully committed for trial at the Central Criminal Court.

Typhoid Fever and House Drainage.—Perhaps I may be here allowed to make a few remarks upon the existing system of house drainage. First, I would suggest that sewers should not be constructed under the floors of dwelling-houses. If constructed of brick, the mortar may in time crumble away, or be destroyed by rats. If constructed of glazed pipes (no other should be used), and the junctions are not properly cemented, drainage may leak out, or sewer gases may be admitted into the house. In an instance occurring in the gravelly portion of this district (Sydenham), a house was newly drained into the sewer, glazed pipes were placed under the floor of the house, some two feet deep in the soil, but the flanges were not properly cemented. Sewer smell was observed in the house. Several cases of scarlatina occurred, which took on a malignant form, and two children died. Secondly, the ordinary traps to sinks are inadequate, from their lightness, and from the facility with which they can be removed by servants, to prevent the entrance of sewer gas into the house, therefore sinks should never be allowed to communicate directly with the sewer. The pipe leading from the sink should, after passing through the outer wall, hang over a trapped gulley, or receiver. A strong ordinary stone dip trap, being the best form; from which accumulations of fat or other refuse, could be periodically removed, or into which disinfectants could be poured. In an instance in this district, a very unpleasant smell was observed in a house which had been recently, and, as was supposed, perfectly drained into the sewer which in this situation is oval, four feet in height, and well ventilated; although the drain was more than once examined, no cause could be found for the disagreeable odour, until upon one occasion, the master of the house was looking round at night, when he detected a bubbling clicking sound in the back kitchen, and, after some time, discovered that the sewer air was lifting the small bell-trap of the sink, and thus discharging itself into the house. This was remedied by introducing a pipe and conducting the sewer air above the roof of the house. Thirdly, water-closets in houses oftentimes from their imperfect construction allow sewer air to enter houses—they should be always ventilated. The soil-pipe should be always constructed outside the house; never, as in some cases, in the interior of the wall. Houses should always be ventilated upon the upper landing by a trap into the roof, or by some covered communication with the open air, the opening to which could be regulated according to the external temperature, so that a supply of pure fresh air could be admitted when the windows are closed for the night. An excellent plan is also suggested by my friend Mr. Roger Smith, architect, viz., that air flues should be constructed by the side of the chimney to the top of the house from each room.—*Dr. Wilkinson in London Medical Review.*

Sanitary Statistics of Tasmania.—Invalids from India, China, and the hotter colonies of Australia, if not past recovery, speedily rally in Tasmania, and the increased appetite for food is the first and most surprising change. With such clear skies, abundance of ozone, bracing sea breezes, the lamp of life burns quickly as well as brightly, and demands a much more abundant and nutritious supply of food than suffices elsewhere. Food of the best and most varied kind is plentiful, and the actual consumption per individual greatly exceeds the highest European calculations. Tasmanians spend much of their time in the open air, and many of the diseases which afflict European communities are unknown. Others have a minimum of intensity. Over-crowded, ill-ventilated, and badly victualled ships have at different times brought to this port dangerous types of fever; but the contagious emanations arising have speedily been neutralised by the disinfecting power of our highly ozonised air, and beyond a few who came directly in contact with the first sufferers landed, the disease has not spread. Even eruptive fevers, scarlatina, and measles, though frequently imported, and at times severe, have speedily worn themselves out only re-appearing at long intervals, and in mild type. In 1854, measles were epidemic. At the beginning of last year we had, another visitation, but so much was it mitigated in this island, that out of a population of about 25,000 persons in the Registration District of Hobart Town, only 55 persons of all ages died of it. The children under seven years of age alone, and, therefore, all liable to the infection, amount to nearly 6,000—but many above that age, and adults, were attacked, and some of the deaths in Tasmania is greatly below that of the neighbouring colonies and England. The Tasmanian born are comparatively little subject to pulmonary consumption, except where the hereditary tendency is strong. The colony is not yet old enough to show what age the native born may attain to, but there is reason to think it will be high. Numerous instances of centenarians who have resided in the island from its first colonisation, or other very long periods, have come under my notice. Though adult males have always so much exceeded adult females in number, the increase of population, by excess of births over deaths, has been at a rate much greater than

prevails in Europe. Last year the increase was about 2,000 in a population of less than 90,000. The children of Tasmania are as plump and rosy as the finest specimens in England, and the rosy cheeks does not disappear in adult life. . . . 1,479 deaths out of a population of 89,977 persons is at the rate of 16·43, or less than 16½ per 1,000, so that the mortality rate of all Tasmania is less than that of the 63 healthiest registration districts of England and Wales—17 per thousand—which the Registrar-General of England adopts as a normal standard for death rates. In the purely rural population of Tasmania, counting exclusive of those associated with the urban districts of Hobart Town and Launceston—53,667—the deaths in 1861 amounted only to 619—being at the rate of 11·53, or 11½ per 1,000. Glendale, in Northumberland, which has the smallest death-rate in the English returns, has 15 per 1,000. But even this contrast, favourable as it is to Tasmania, does not exhibit the whole superiority; for, though our population table, when compared with that of England, has not as large a proportion of persons above 60 years of age, it has a very much larger proportion of those under 15 years of age. Again, the smallest rate last year in any district of Tasmania was in that of Oatlands, which, in a population of 2,333, had only 17 deaths, being at the rate of only 7·58 per thousand, or less than half of the healthiest district in England. Oatlands is in the centre of the island, and 1,308 feet above the sea level. It is an axiom now, in sanitary science, that the rate of mortality in children, under five years of age, gives the most delicate and surest test of the salubriousness of any climate. In England, the death-rate under this age is 65·18 per 1,000; in Tasmania, not quite 38 per 100, or 37·93. Did my limits permit, I could for every disease in our mortuary records give the rate as compared with those in the English tables. In an elaborate article on the Vital Statistics of Tasmania, published in the April number, 1858, of the 'Australian Medical Journal,' I made such a contrast for 1855 between Hobart Town and London. The additional facts I have stored since that period have fully confirmed, and in many respects strengthened, the very favourable report I then made of the natural salubrity of this island. I by no means wish to convey the impression that the laws of hygiene may, in this auspicious climate, be trifled with with impunity, any more than in other countries; indeed, I have frequently published indubitable proofs to the contrary. In this picturesque island and genial climate, it must be man's own fault if the best health and highest "chances of long life" are not attained. The meteorological, statistical, and sanitary facts I have compiled in this paper, briefly condensed as they necessarily are, give convincing proof of the correctness of the statement which concluded a paper of mine to the London Statistical Society some years ago, that few countries in the world, whose medico-vital statistics have been published, can equal this beautiful isle of the south-sea—young Tasmania—as an abode where the human race may dwell comfortably, healthily, and to a ripe old age, without deteriorating, either physically or morally, from the elevated position their British progenitors hold among the nations of the earth.—E. S. Hall.

The Curragh Camp.—A writer in the *Times* says:—"It has been written '*Dulce et decorum est mori pro patria*,' but this does not refer to dying of consumption or rheumatism from the effects of a mock campaign on the Curragh of Kildare. Of what avail are soldiers' libraries, institutes, etc., if a man gets wet through before he can reach them, and is wet through again returning to his tent, where he has no means of drying himself? I may also mention another thing. A great deal has been written and spoken with regard to the improvement of the moral condition of the private soldier, and no doubt food for the mind in the shape of libraries, reading rooms, etc., is a very good thing; but I think the general opinion of the soldiers themselves is, that if the money laid out in food for their minds were expended in giving them an extra half-pound of meat, it would do them a great deal more good."

Nicotine—its presence in the Organs of a Snufftaker.—M. Morian, of Rouen, in the case of a man of seventy years of age, resolved to ascertain, after death, if nicotine could be detected. Having reduced the lungs and liver separately into pulpy masses, he treated the former with sulphuric acid, and the latter with oxalic acid, both much diluted. Subsequent manipulations proved the presence of nicotine in both instances.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 6.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 7.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

London Surgical Home.—*Operations:* 2 p.m. Ruptured Perinæum; Vesico-Vaginal Fistula.

Friday, August 8.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 9.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, August 11.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 12.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Hints for Clinical Clerks in Medical Cases. London: John Churchill, New Burlington street.

Thirty-second Annual Report of the Belfast District Hospital for the Insane.

Glasgow Medical Journal. No. XXXVIII.

Results of an Experimental Enquiry into the Homœopathic Treatment of Diseases. By Dr. G. Lade. London: H. Turner and Co., 77 Fleet street.

Patent Foul Air, Smoke, and Gas Expeller. By *Giachosa*. Leamington: J. Glover.

NOTICES TO CORRESPONDENTS.

A Subscriber.—The witness having been regularly subpœned was entitled to the fee. The Coroner may call a dozen witnesses if he please; but if he call them he must pay them.

Chirurgus.—1st. Glaucoma is commonly caused by arthritic inflammation;—at least, so think German authorities, and we have seen marked instances of it. The use of ardent spirits may also induce it.—2nd. Advanced cases are, we believe, incurable, notwitstanding all the ophthalmological novelties that have been introduced.

Dr. J. S.—1st. Yes.—2nd. Yes.

A Reader.—We must decline to give an opinion on the case.

Veterinarius.—The paper is unsuitable. We are obliged, however, by the compliment.

A. P. is thanked.

To the Editor of the Medical Circular.

Sir,—I observe that you are disposed to criticise the poliey, if not the right, of an Association instituted for Medical purposes, to publish a Medical journal on its own hook. Nothing could be more easy than to smash, at once and for ever, so needless and so expensive a luxury. Let the conductors of the legitimate Medical journals—the 'Lancet,' 'Medical Times,' and Medical Circular—refuse the contribution of any man who writes in the obnoxious print, or who in any way upholds it, and they at once put an extinguisher on its existence. Moreover, I feel sure that if the writers themselves were to consider the question fairly, they would be the last to assist in perpetrating an injustice, and would not require any such a negative as I have suggested. Dr. Latham—one of the present contributors to this spurious journal—is not even an associate. Follow up the subject, Mr. Editor, and, rely upon it, the guineas of the Association will soon be more profitably expended. Yours, &c.,

July 30, 1862. Fairplay.

Tyro.—1st. It is unnecessary.—2nd. We cannot give you the information.

W. H.—We have perused the artiele on "Force" alluded to; but it is too long for republication; we may however, give portions of it when an opportunity offers.

Dr. S. B.—Received, and letter forwarded.

An Old Member should make known his views at the meeting now being held in London.

Physicus.—1. Dr. Richardson's inference from his experiments that endo-carditis and acute rheumatism were produced by the injection of lactic acid, has not been confirmed by the observations of German physiologists. Having examined dogs that had died in a healthy state, they found the same condition of the valves of the heart which had been erroneously attributed exclusively to the operation of lactic acid. The foundation of your remarks is, therefore, shaken.—2. Not unlikely.

To the Editor of the Medical Circular.

Sir,—I have been in the habit of translating the words *urgenti dolore, when in pain*, but a former assistant would have it *when the pain is troublesome*, and he who is with me at present, maintains that it should be *when the pain is urgent*, which is right? I have a notion that pain is always troublesome or urgent, and to speak of it in these terms, is something like saying, when water is wet, or when fire is hot, &c., &c. I am, &c., Publius.

Tunbridge, Kent, July, 1862.

[The literal translation of the words is "pain being urgent," the meaning of which is too obvious to require explanation. Pain may be continuous, but also subject to exacerbations, and it may be desirable to give a full dose of the sedative, only at the time of an exacerbation.]

Nux.—The whole income of the Association goes to support the Journal. Your propositions should be brought before the members.

M. W. C.—Dr. Pavy's combination of almonds and eggs for diabetes is the most agreeable food of the kind that we have seen. The physiology of diabetes is yet so obscure, that we cannot predict with any certainty that this bread will be especially advantageous. Experience is the only guide. Some physicians have treated diabetes with large quantities of sugar, and have declared that they have cured their patients.

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JOHN CHORLEY, Clerk.

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JOURNAL

OF

Practical Medicine and Surgery.

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ART. 6260.

HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

Pleuritic Effusion in the Left Side.—Infantile Icterus.—Fresh Cases Illustrative of the Efficacy of Veratria in Articular Rheumatism.

Pleurisy is a disease not uncommonly met with in childhood, and amongst the signs of the effusion, we must note the absence of the vocal fremitus, or thrill, on application of the hand to the walls of the chest on the affected side. This sign, which several authors have pointed out, has on many occasions been observed by Mr. Bouchut, and derives additional value from the fact that, in pneumonia, the vibration of the thoracic parietes is considerably increased. Thus, in a case of acute pleurisy with effusion, in a little girl aged twelve, pneumonia was supposed to exist before her admission into hospital, and by mere palpation of the chest the true nature of the disease was discovered.

Other symptoms, characteristic of effusion in the pleura, were also present—such as unfrequent, dry cough, dulness on percussion, ægophony, bronchial respiration, displacement of the heart (the disease occupying the left side). The morbid secretion filled the lower part of the pleuritic cavity, and rose as high as the spine of the scapula. Mr. Bouchut opined that under these circumstances, aggravated by displacement of the heart, which might possibly occasion sudden death, thoracentesis would, perhaps, be the safest plan of treatment, and the best calculated to give speedy relief. Mr. Bouchut, especially in pleuritic effusion occupying the left side, guides himself, with respect to the expediency of the operation, entirely on the local changes, irrespectively of the general symptoms. The danger to life, in cases of this kind, cannot be measured by the amount of the dyspnœa. Instances are on record of pleurisy unattended by oppression, in which sudden death occurred consequent on copious effusion in the left side of the chest, although the patients were enabled to go about, and seemed pretty nearly in their usual state of health.

Before tapping the chest, however, the Professor determined on trying the effects of other remedial measures, and the issue of the case showed the propriety of this conduct. The disease was yet in its acute stage, the pulse 120; four leeches were applied to the posterior region of the left side of the thorax; the leech-bites were allowed to bleed for an hour, and were then touched with sesquichloride of iron, a powerful hæmostatic, which should be always at hand when children are leeched. Mr. Bouchut at the same time prescribed the following mixture, to be taken in the course of the day:

℞ Aq. lactucæ, ℥jss.;
Syrupi, ℥iv.;
Tinct. digitalis, ℿvj.

A blister was also resorted to, and, as usual, this counter-irritant induced at first a slight increase of the effusion, but this was mere sympathetic irritation, and was soon followed by improvement. The level of the effusion gradually descended, and in less than a fortnight a complete cure was effected without any necessity for thoracentesis.

— In the same ward, we also noticed a little girl, aged two years, afflicted with icterus. The jaundice was not merely a functional disease. Nervous icterus is very unusual in childhood; at this early period of life, fear may induce diarrhœa, chorea, epilepsy, but not jaundice. The disorder was symptomatic. On the 24th of May, after epileptiform convulsions, feverishness, and greenish diarrhœa had set in, and no yellowish discolouration of the skin existed when the child was admitted into hospital, but it appeared twenty-four hours after. On the 7th of June, its presence was distinctly ascertained; it increased on the following day, and the urine, tested with nitric acid, yielded a green precipitate, which became brown after a short time. The abdomen was tumid, and the hepatic region tender on pressure, the liver exceeding the margin of the ribs by about an inch. To these signs were superadded loss of appetite, heat of skin, and frequency of the pulse (110). In this instance, as it is commonly the case in children, convulsions had ushered in acute inflammation, which, originating in the intestine, extended to the liver, and inducing turgescence of the mucous lining of the choledochus, occasioned obstruction of that passage.

The secondary hepatitis being mild, required but little active treatment; feculent beverages and baths were prescribed; half a drachm of trisnitrate of bismuth was daily exhibited for the enteritis. On the 11th of June, the motions acquired greater consistency, the inflammatory action began to subside, and the yellow colour of the integument to fade. The child is at present in a convalescent state.

The green motions observed in this form of disease have been erroneously attributed by Billard to an alteration of the bile in the liver. Green diarrhœa is a symptom of enteritis; the bile acquires a green colour from its contact in the intestines with acid secretions, a phenomenon parallel to that observable in the test-glass, when nitric acid is dropped into a liquid containing the same substance. Thus, when a child at the breast passes water and fecal matter at the same time, after a short exposure to air, the motions become green, a change not referable to any morbid condition, but to the acidity of the urine with which the excrement has been in contact.

This case suggested to the Professor some remarks on the subject of the icterus of new-born infants. In his opinion, this phenomenon, which is so frequent as to be almost a physiological occurrence when it does not exceed certain limits, is also symptomatic of hepatitis consequent on umbilical phlebitis produced by ligature of the cord. Now, this phlebitis may vary considerably in intensity; in private practice it is usually of the mildest character, and often escapes undetected. In the hospitals, on the contrary, its consequences are occasionally serious, and it may give rise to small abscesses in the liver, and even, as Mr. Martin, of Lyons, has remarked, in distant and various organs, such as the scrotum, muscles, &c.

The benign jaundice, observable in about one infant in every three, requires no medical interference. Perhaps, in some few cases, simple or aromatic baths, of half an hour's duration, may be found incidentally useful, and also spirituous embrocations, and the application of flannel to the abdomen; but the more aggravated forms of icterus prove generally fatal in a few days, and very little can be done to save the child. In these fortunately unfrequent cases, protracted immersion in tepid water, oil-enemas, aperients, cold water, and blisters, are the chief resources of the practitioner.

— The exhibition of veratria in rheumatic fever is now no novelty; but, so great and special is its efficacy in the treatment of the disease in infancy, that too much stress can hardly be laid on the utility of this medicinal agent.

A little girl, aged twelve, was admitted on the 3rd of June into St. Margaret's ward, for acute rheumatic fever, the pains chiefly occupying the feet, knees, and hips. The feet were swelled, and presented a characteristic roseate hue. On auscultation of the heart, systolic souffle was detected; the pulse was irregular, intermitting, and frequent (120); the rheumatic affection involved, therefore, at the same time, the serous and the muscular structures of the heart.

Mr. Bouchut resorted in this instance to the exhibition of veratria.

This medicine may be administered alone, but is more readily accepted by the stomach when guarded by opium. The following is Mr. Bouchut's favourite formula:

℞ Veratriæ, Ext. opii. } ā gr. j.

Divide into ten pills, silvered over, and containing each one-tenth of a grain of the medicinal agent. One of these pills is exhibited, night and morning, on the first day, and the dose is increased every day by one pill, unless colics or vomiting supervene. The colics may in general be prevented

by emollient enemas; but, should any untoward accidents occur notwithstanding this precaution, the medicine should be provisionally discontinued, or the dose for a few days decreased.

The first effect of the medicine is to abate the quickness of the pulse, and, as an arterial sedative, veratria is certainly superior to digitalis. In the course of a week, in the case above referred to, the pulse fell from 120 to 60, 56, and 52. The pain at the same time subsided, and the swelling and redness disappeared. These results were effected in less than a week, and merely by the exhibition of twenty pills, or two grains of veratria.

So satisfactory a result is assuredly remarkable; and, as this is at least the thirtieth illustration of the efficacy of this remedy, which Mr. Bouchut has met with in his practice, we point it out as especially deserving of notice. Sulphate of quinine may be as efficacious as veratria in the treatment of rheumatic fever; but the latter drug is more inexpensive and less liable to induce complications—a consideration of some moment. Sulphate of quinine has a tendency to induce cerebral metastasis; but, were it only open to the objection of causing deafness, and, perhaps, amaurosis, this would be amply sufficient to justify a preference for veratria—a medicine easy of management, of insignificant pecuniary value, and any unfavourable action of which can be readily checked or averted.

Art. 6261.

HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S WARDS.—LECTURE DELIVERED BY MR. RICORD.)

Hereditary Transmission of Tertiary Syphilis.—Remarks suggested by a case of Diseased Palate of doubtful origin.

At Mr. Bouchut's request, Mr. Ricord examined one of his patients; the following is her history:

She is aged fourteen, and was admitted into hospital about three months since, for a disease of the mouth of recent origin. Her parents died eight years ago. She has one sister, aged nineteen, who enjoys perfect health. She is intelligent, and declares that she has never followed any medical treatment whatever. Her frame is small but wiry; the integument is perfectly free from any trace of scrofulous disease, or scars, denoting previous eruptions of ecthyma or rupia. The most minute investigation fails to detect any morbid appearances about her person, beyond a few small and indurated glands in the sub-maxillary region. There is neither running at the nose nor any symptom of ozena, and it is, to say the least, extremely improbable that she has ever been exposed to the contagion of glanders or farcy.

The first and most striking circumstance observable is the nasal resonance of the voice, which indicates some defect of the palate. On inspection of the cavity of the mouth, its condition is found to be as follows: The soft palate is destroyed, and also a portion of the osseous vault, which is divided by a longitudinal slit, situated a little to the left of the mesial line; the margins of the cleft are irregular, and covered with pale, roseate granulations, disseminated over an unhealthy-looking surface, presenting altogether some resemblance to a cancroid sore. The incisors are loose, and the incisor bone is also moveable, and affected with necrosis. But the disease does not extend beyond the eye-teeth, which distinctly form its outward limits.

Mr. Bouchut, conceiving the case to be of scrofulous origin, prescribed arseniate of soda, and tar-water injections, four times a day; the arseniate of soda was exhibited in $\frac{1}{17}$ gr. doses, four times in the twenty-four hours. This method stimulated the digestive powers, and, in some respects, the child seemed to improve. The amelioration, however, was but slow, and, as the diagnosis presented some obscurity, Mr. Bouchut felt desirous of obtaining Professor Ricord's opinion. This gentleman, therefore, examined the patient with the utmost care, and delivered in the theatre of the hospital a highly interesting lecture on the subject.

Mr. Ricord, after a minute description of the anatomical changes observable, invited attention to a satisfactory circumstance—viz., the circumscribed limits of the mischief, which induced a hope that the naso-palatine osteitis might make no further progress. This form of disease of the bone is extremely common in the adult, in whom, in the vast majority of cases, it points to syphilis. It is less frequent and of more obscure origin in childhood.

Let us, however, said Mr. Ricord, for the sake of argument, admit that, in the present instance, the symptoms are due to a syphilitic taint; in that case, here, as in the adult, they must belong to the class of tertiary manifestations. We will now inquire if this hypothesis presents any degree of probability. In the first place, the age of the patient cannot be alleged as a sufficient reason to set aside the idea of contamination. Mr. Ricord is acquainted with an instance in which an infant at the breast was thus infected by sexual contact with its nurse; the records of the tribunals abound in similar instances. But tertiaries do not immediately follow the primary sore. Between the two, a connecting-link exists, in the shape of secondary symptoms. Now, neither in the recollections of the patient—not altogether to be depended upon, it is true—nor in the inspection of her person, do we find the slightest evidence of any secondary eruptions. This does not, however, authorise us entirely to reject the idea of tertiary syphilis. It is not absolutely indispensable, in order to assert the existence of tertiary disease, to observe the traces of secondary symptoms. Unless these have previously broken out in the shape of ecthyma or rupia, they do not leave any recognisable scars on the integument. The eruption, moreover, may have been situated on the mucous and not on the cutaneous surface. But we may go further, said Mr. Ricord; conceding that in this case no secondary, intermediate manifestations ever took place; that no mercury was ever exhibited, we are not yet in a position to declare that the affection of the mouth is not due to tertiary syphilis; because the hereditary taint may be handed down to a child and assume at its first appearance tertiary characters, many years after birth.

In order to impress the foregoing remarks more fully on his hearers, Mr. Ricord alluded to the length of the interval which elapses in general, between the primary and constitutional symptoms of syphilitic disease.

When no mercury has been exhibited, six months seldom elapse without some outward sign of the poison becoming manifest. In general, secondaries appear within three months after contagion; they consist in a sense of general lassitude, neuralgic or rheumatic pains, enlargement of the lymphatics of the neck, falling off of the hair, and superficial eruptions on the skin and mucous membranes accessible to the eye (*a*). These symptoms open the scene. Tertiary manifestations do not break out a few weeks only after the primary ulcer; tubercular indurations, nodi, exostosis, deep-seated affections of the osseous, fibrous, or muscular structures, expressive of protracted fermentation of the poison lurking in the system, are seldom observable before an interval of six months, and under the agency of a host of circumstances which hasten or retard its evolution, tertiary syphilis makes its appearance more or less tardily. Mr. Ricord adduced in illustration the case of a man who contracted a chancre on the occasion of the coronation of the Emperor Napoleon I. in 1804, enjoyed perfect immunity for forty years, and in 1844 presented a tertiary abscess in the cheek, which promptly yielded to the exhibition of iodide of potassium. Professor Sigmund, of Vienna, relates a case in which the soft palate was destroyed by tertiary syphilis nineteen years after a chancre, and brings forward instances of disease of the periosteum, bones, and cartilages, after an incubation of forty-one years. Osteitis and affections of the fibrous and cartilaginous textures are among the latest manifestations of syphilis.

The laws which govern the evolutions of the syphilitic diathesis in the adult, are entirely applicable to children tainted before their birth. The infant may be born to all ap-

(*a*) Dr. MacCarthy, in his inaugural thesis *On the Diagnosis and Succession of Syphilitic Symptoms*, mentions seven weeks as the average interval between the appearance of infecting chancre and the eruption of roseola, the earliest of *syphilidæ*. Mr. Fournier (*Lectures on Chancre*) shows that this estimation agrees with that of Bassereau (from the 30th to the 60th day); of Professor Sigmund, of Vienna (six weeks in general); of Mr. Fournier (from the 40th to the 50th day); and of Mr. Diday (habitually 46th day).—THE EDITOR.

pearance healthy, but six weeks afterwards secondary symptoms break out—an untoward circumstance, which too often has led to litigation between the parents and nurses.

These laws, however, may be modified or suspended in their operation by the influence of mercurial treatment, which retards the morbid manifestations, disturbs the regularity of their succession, and may in hereditary syphilis altogether suppress the secondary connecting link, and cause the disease to make its first appearance in the tertiary form. According to Mr. Ricord, the child is in the same situation as its parents; if in the latter, mercury has checked the secondaries, ten, fifteen, twenty years may elapse with perfect immunity from any tertiary symptoms. The remark equally applies to the child who, now a branch detached from the tree, was originally nurtured on the same sap, and has derived from it similar tendencies. The treatment which cured secondaries in the parents likewise preserves the infant, but parents and infant remain liable, at a more or less distant period, to tertiary manifestations. This explanation satisfactorily accounts for certain tumours of obscure nature, which give rise to frequent errors of diagnosis, because, as nothing points distinctly to the concatenation of the symptoms, the Surgeon is reluctant to admit the existence of a syphilitic taint not clinically demonstrable, but indicated by the results of treatment.

Facts of this kind, whatever their interpretation, frequently recur in practice. Mr. Ricord adduced, in illustration, the case of a lad, aged seventeen, who presented symptoms closely resembling those existing in Mr. Bouchut's patient. He had never been affected with primary or secondary disease; but his mother suffered before her marriage from a severe syphilitic eruption, the traces of which were still visible; the mercury had succeeded in arresting its progress, but syphilis, though checked in the parent, had induced tertiary symptoms in the son.

Instances of this description are, as we have said, common, and often cause much perplexity to the Surgeon. In conclusion, in the patient who is the object of the present remarks, tertiary syphilis transmitted hereditarily is admissible.

Now, is it possible to assert that the case is not one of scrofula? Mr. Bouchut was inclined to believe that the symptoms were merely due to a scrofulous habit, and, doubtless, in its later periods syphilis is closely akin to scrofula. Indeed, Lugol was of opinion that it might positively originate in syphilis, and Mr. Ricord admits that both taints may be associated; in which case, it is important to discover which is the predominating element. In Mr. Bouchut's patient, Mr. Ricord does not consider that it is scrofula. With the exception of some insignificant glandular swellings of the neck, which may depend on the condition of the mouth, no signs of genuine scrofula are here observable.

But admitting the solitary existence of one or the other disease, no bad result can follow a diagnosis in either sense, because the same treatment is applicable to both. The precision of the diagnosis can here be of importance to prognosis only. Of the two affections, syphilis is not the most serious, and former experiments on the efficacy of iodide of potassium, have established beyond contradiction the fact, that wherever syphilis and scrofula are combined, a cure is effected with a degree of speed, and certainty proportionate to the predominance of the former over the latter element.

In the present case, Mr. Ricord recommended the adoption of the following measures of treatment:—

Locally, the incisors are loose, osteitis with suppuration, caries and necrosis are present: the incisor bone has become a foreign body, and keeps up the local irritation. Caries generates caries, mortification has a tendency to spread. It is expedient, therefore, to extract the teeth, and watch the detachment of the sequestrum, which should be removed at the earliest opportunity. After this, or even now, the diseased parts should be touched with diluted tincture of iodine, and the following lotion and gargle may be used with advantage:

℞ Tinct. iodini, gr. xv.—xxx.;
Potassii iodidi, gr. v.;
Aquæ destill, ℥vij. M.

Internally, it will be proper to exhibit cod-liver oil, bitters, iodide of iron, and generous food; the child should have healthy exercise in the open air. Under similar circumstances, the waters of Forges, and the Salins brine-baths, are highly beneficial.

In addition to this treatment, more especially appropriate to scrofula, iodide of potassium, the most efficient of all remedies in tertiary syphilis, should also be resorted to. Mr. Ricord generally administers this drug morning and evening with the cod-liver oil, and the syrup of iodide of iron can be taken in the intervals. The effects of the iodide of potassium require close watching. Eight grains only should be prescribed at first, and if no counter-indication arises, the dose may be increased to fifteen, twenty-five, forty grains, and even to a drachm or a drachm and a half daily.

This plan of treatment will doubtless be instituted in the present case, and we shall take an opportunity of recording its results.

Art. 6262.

HOSPITAL LARIBOISIERE.

(MR. CHASSAIGNAC'S WARDS.)

The Plaster Bandage in Fractures.

The introduction of anæsthetics into surgical practice has very materially modified the question of the reduction of fractures. As the surgeon can now suspend at will muscular contractility, which constitutes the principal resistance to his attempts, he may dispense with the numerous assistants hitherto employed, and disregard as unimportant the more or less complicated contrivances, recommended for the purpose of effecting extension and counter-extension.

The first and grand objects of treatment consist in restoring as promptly as possible the fragments to their natural position, in securing their natural coaptation, and obviating their undue mobility. As Mr. Chassaignac truly and frequently remarks, *the best antiphlogistic remedy, and the most efficacious antispasmodic after fractures, is the immediate reduction and subsequent immobility of the injured limb.*

We have stated that, with the assistance of anæsthetics, reduction—at least momentary,—can always be obtained. The duty of the surgeon is then to take immediate measures to secure the permanency of the coaptation. Plaster is the agent best calculated to answer this purpose, and Mr. Chassiagnac has recourse to it in many embarrassing cases, without, however, rejecting the other systems of bandaging which circumstances may call for.

In certain fractures, the Professor applies at once all those accessory parts of the dressing which may be adjusted beforehand, such as a boot, a gauntlet, a pelvis frame, &c. When these preliminary appliances have been established, and have acquired a degree of solidity which admits of the necessary tractive efforts, reduction is effected, and the apparatus, which promptly becomes solid, is completed. In a case of oblique fracture of the thigh, for instance, the Professor begins by enveloping the leg in a plastered bandage, which extends beyond the knee; the pelvis is likewise accurately surrounded with a similar covering, which, of course, does not include the natural orifices; and when these accessory portions, into which a sufficient number of loops or strings have been incorporated, are perfectly hardened, chloroform is exhibited, and, with a few tractions on the loops, the fragments are replaced in their natural position, and without loss of time confined in the prepared bandages, which promptly dry and become solid, the parts being thus maintained in the most perfect coaptation.

For a long time, Mr. Chassaignac experienced considerable difficulty in the arrangement of the dressing around the pelvis; indeed, when the subject reclines on his back, it is all but impossible to apply correctly the plastered roller around this part of the body, the weight of which deforms the fabric before it has had time to harden. Mr. Chassaignac now proceeds as follows: after applying the boot as far as the upper part of the thigh, if the neck of the bone is fractured, and allowing this part of the dressing to dry, he causes the patient to be supported by assistants in the standing attitude, and lays

over a common roller, previously applied around the pelvis, the plastered bandage, which in a few minutes becomes hard; the patient is then replaced in the horizontal attitude, reduction is proceeded with as we have stated, and the surgeon finds no difficulty in adjusting the remaining parts of the apparatus.

Mr. Chassaignac has treated in this manner with great success many injuries of the limbs, and several of the subjects have been exhibited before the Society of Surgery, when the shortening was found not to exceed eight or ten lines, and the almost entire absence of lameness caused much approbation.

This system is applicable in many recent fractures. At the meeting of July 11th, 1860, Mr. Chassaignac presented to the same scientific association a case, in which perfect coaptation and consolidation of the fractured patella had been effected, despite considerable separation between the fragments, by means of the inclined plane, and a plaster bandage, laid over a shell of diachylon, previously applied round the knee.

When this system, recommended by Messrs. Mathissen and Van de Loo, is adopted, a common roller, or some contrivance calculated to protect the integument from contact with the hard dressing, should always previously be applied. A great merit of the plaster-bandage is the facility with which it can be prepared. The common dry plaster used for moulding should be pressed in with the hand, on a table or in a basin, into both sides of a common linen, cotton, or flannel roller, about 15 or 18 lines in width; the band is then rolled up and applied as usual, an assistant at the same time moistening the surface with a wet sponge during the progress of the operation. The coils of the band should be imbricated, and each should cover three-fourths of the circle above it. A second and a third roller should thus be applied, and wet plaster laid over all to secure desirable solidity.

In order to fenestrate the apparatus when necessary, Mr. Chassaignac uses, besides Scutin's shears and the usual excision forceps, a thick rasp, with which any part may rapidly be thinned off, or moveable valves may be opened with shears, at the will of the surgeon. The dressing can easily be removed, by moistening its surface to prevent the dust from rising.

Lecture by a Deaf-Mute.—On Wednesday, the 2nd ult., an interesting lecture was delivered by Mr. Ernest Griolet, a deaf-mute, at the Polytechnic Institution. The subject was "The Mountain of Bella Iola in Switzerland," and his own personal adventures.

Appointments. — William Ebenezer Bletchly, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Almondbury District of the Thornbury Union, Gloucestershire, *vice* Charles Powell, M.R.C.S. Eng., L.S.A. Lond., deceased.—John Bubb, L.S.A. Lond., has been appointed Assistant-Surgeon (a newly-created office), to the Cheltenham and Gloucestershire Ophthalmic Infirmary.—Anthony William Close, F.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer and Public Vaccinator for the Ashton-on-Mersey District of the Altrincham Union, Cheshire, *vice* Jeremiah Renshaw, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond. deceased.—Joseph Thomas Forbes Firth, L.S.A. Lond., has been appointed Medical Officer and Public Vaccinator for the East District, Rotherhithe Union, Surrey.—Henry Goode, M.B. and Lic. Med. Cantab., M.R.C.S. Eng., L.S.A. Lond., has been elected President for 1863 of the Midland Branch of the Bristol Medical Association.—Joseph Mortimer Granville, L.R.C.P. Lond. (exam), M.R.C.S. Eng., has been elected Medical Officer for the Union Workhouse, Bristol, *vice* Emilius Scipio Mayor, M.R.C.S. Eng., L.S.A. Lond. resigned.—Mr. H. Stanley Gull, M.R.C.S. Eng. L.S.A. Lond., has been elected Assistant-Surgeon to the Stockport Infirmary.—Jonathan Hutchinson, M.R.C.S. Eng., L.S.A. Lond., has been elected Assistant-Surgeon to the Royal London Ophthalmic Hospital, Blomfield street, Moorfields.—George Lawson, F.R.C S. Eng., L.M. L.S.A. Lond., has been elected Assistant-Surgeon to the Royal London Ophthalmic Hospital.—Mr. Arthur Treberne Norton has been appointed Demonstrator of Anatomy at St. Mary's Hospital Medical School, *vice* George Green Gascoyen, F.R.C.S. Eng. exam.), resigned.—Charles Albany Wade, M.R.C.S. Eng., has been elected Surgeon to the Royal Kent Dispensary (for the District of Greenwich), *vice* Henry Rowland Palmer, M.R.C. S. Eng., resigned. —John Whipple, M.R.C.S. Eng., L.S.A. Lond., is President for 1862-3 of the Western Branch of the British Medical Association, in succession to Charles Barham, M.D. Cantab.—Lauriston Winterbotham, M.R.C.S. Eng., and L.M., L.S.A. Lond., has been appointed Surgeon to the Cheltenham Dispensary for Diseases of Women and Children, *vice* Walter Jessop, M.R.C.S., Eng., deceased.

THIRTIETH ANNUAL MEETING
OF THE
BRITISH MEDICAL ASSOCIATION.

The Meetings of the British Medical Association have been held during the week at the Royal College of Physicians, which body courteously resigned their rooms to the use of the Association The attendance was not equal to expectation, a much smaller number of provincial members having arrived than the peculiar circumstances of the year had led the Committee to anticipate. The London members attended in good numbers, especially at the opening meeting at the College of Physicians and the Conversazione given by the College of Surgeons, and on the whole the reunion has been animated and agreeable. The Journal is the drop of bitter in the Association's intoxicating cup of enjoyment. Congratulations on the success of the Association were timidly uttered, for in every mind, whenever a compliment was attempted—"surgit amari aliquid"—the Journal. The members who attended were between three and four hundred in number.

First Day—Tuesday, August 5.

The meeting commenced at 3 o'clock p.m., with an address from Dr. Lochée, the retiring President, who resigned the Chair to Dr. Burrows, the President of the year.

Dr. Burrows, on taking possession of the Chair, said that he was deeply sensible of his responsibilities. He congratulated them that, by the liberality and courtesy of the President and Fellows of the College of Physicians, they were assembled within the walls of this time-honoured institution. Without the co-operation of the Committee of the Metropolitan Branch, the honorary secretaries, and Dr. Stewart, it would have been entirely beyond his powers to have attempted the performance of the anxious duties of President. (Hear, hear.) In the name of the metropolitan members, he cordially welcomed their provincial brethren. (Hear, hear.) He then referred to the advantages of unity and to the elevating influences of the International Exhibition. adding:—If such benefits as these may arise from the intercourse of foreigners with each other, may we not fairly assume that the scattered members of a common profession, although usually kept apart by great distances of residence, and by the imperious calls of duty, may derive great moral improvement by being brought from time to time from their homes to a common centre of attraction, and that centre being the anniversary meeting of this the British Medical Association. Let us consider what are the chief objects of our Association. This Society has now existed exactly thirty years, and was founded, as you well know, by our much-respected friend Sir Charles Hastings. (Hear and applause.) By its original constitution, its operation and influence were confined to the provinces, and the two main objects to which the efforts of the Association were directed were the promotion and diffusion of medical science; and, secondly, the maintenance of the honour and interests of the medical profession. After a course of twenty years of great success and popularity, the Provincial Medical Association determined upon extending the area of its labours, and metropolitan practitioners were invited to unite with their country brethren. When this union was happily effected, the Association naturally assumed a title more expressive of its extended field of action, and it became the British Medical Association. This Society, both before and since the assumption of its present designation, has been a strictly catholic medical institution, embracing all grades in the profession, liberal in its constitution, and free from all class or corporate prejudices, so that every legally-qualified medical practitioner can become a member of this Association if he so desire. Such, then, are the objects and principles of our body briefly enunciated. Let us now inquire how far this Association is acting in accordance with its avowed principles, and whether it really tends to the promotion of medical science and the diffusion of medical information amongst the members. For a long series of years this Association published volumes of "Transactions," in which are to be found numerous original papers of peculiar interest, contributed principally by the members resident in the country, and which contain the observations and the local experience of provincial practitioners of great eminence. The *Journal* of the Association—the recognised organ for the diffusion of intelligence, for reporting the proceedings of our various branches, and for the reception of lectures, essays, and other contributions of more ephemeral interest, and which was formerly a provincial journal, has long since become a metropolitan publication. The annual meetings have stimulated researches of great value, the results of which have been made known to and discussed by our members, whilst most elaborate and carefully-prepared reports upon special subjects of Medicine and Surgery have from time to time

been presented to the Association, and subsequently published in various forms. After a few more remarks on this subject, Dr. Burrows passed on to the consideration of the second object of the Association. The British Medical Association has been, he observed, a most powerful instrument to promote and protect the social interests and to elevate the moral tone of the profession. It was founded in no narrow or sectarian spirit. Never was an institution free from class prejudices, and yet nobly exercising a moral control over its members, more required in our profession than at the present time, when "Men run to and fro and knowledge is increased." He would assert that an institution founded upon the principles of the British Medical Association is urgently required in the present day. It will be admitted as a truth by all reflecting persons that institutions which are advantageous and suitable to society in one stage of civilisation are not so in another. When society progresses and civilisation has advanced, primitive institutions require to be remodelled, or they fail in exercising their former wonted beneficial influence. In the infancy of trade certain laws may be essential to their growth and prosperity; whereas when trade has developed itself, has become firmly established and has arrived at maturity, the very same laws may act as shackles to the industry and enterprise of those who are engaged in such pursuits. Thus in the infancy of England's commerce we find kings and statesmen encouraging adventurers and merchants to make voyages to distant regions and open new fields for our trade, and offering premiums to such enterprises by granting monopolies. These monopolies were originally granted not only as marks of royal favour for supposed services, but were considered as essential to the development and well-being of commerce; whereas now, the very term "monopoly" has become odious, and such a restriction is deemed hurtful to the true interests of commerce. In like manner particular trades and callings were placed under the protection and regulation of certain bodies termed guilds or companies, and no man could follow his trade or calling unless he served his apprenticeship or became subject to his guild or company. We know what extensive powers and exclusive privileges were accorded to these corporations, and what political influence they formerly possessed. At length, however, a period arrived in our history when the stripling trade of the country had made such gigantic strides that it could no longer be compressed and controlled within the limits and narrow rules of these ancient corporations. In no country of the civilised world have we seen a more firm adherence to that which is sound in principle, and at the same time a more gradual and happy moulding of forms and institutions to the advancing knowledge and wants of the community than in our own. In the earliest epoch of our own Profession, when it was developing itself into its present forms, we find certain colleges or corporations were founded, and to them were assigned the government, improvement, and protection of the respective orders in the Profession. We could hardly recognise ourselves as a distinct profession, dissociated from the priesthood in one direction, and from the barbers and grocers in another direction, prior to the granting of the Charter to the Royal College of Physicians by King Henry VIII. That Charter was most liberal in its principle and comprehensive in its scope. To a certain number of learned men was granted, as the Charter runs, "all that was necessary for the good government of all men pursuing physic in all its branches." But shortly subsequent to, and for some generations after, the grant of this Charter came the day of religious intolerance and political exclusiveness; and a Charter which was originally framed for the good of all men of the faculty of physic, was perverted to political purposes, and to promote the selfish ends of a small section of the commonalty of physic. Let us not judge too harshly the conduct of by-gone generations, nor of those who have preceded us upon the stage of professional life. We may not approve the course they may have adopted at some critical period; but we all know that when events have passed, and produced their natural consequences, it is easy for those who come after to sit in judgment, and pronounce which would have been the wiser course to have adopted in a particular juncture. Whatever narrow or exclusive policy the College of Physicians may have pursued in earlier times, it must be confessed by all who take the trouble of studying its annals that the College has always upheld the learning and moral tone of its Fellows, and thereby sustained and elevated the social position of the whole Profession in England. (Applause.) Although the College of Physicians has recently modified its constitution, with the desire to satisfy a want, and to render the institution more useful to the mass of the practitioners in medicine, still it must be borne in mind that the Medical Act of 1815 has placed this College in a very different position from that which it occupied for three centuries previously. During that long period the College enjoyed almost a monopoly in the creation of physicians in England, and it was armed with stringent legal powers to enforce obedience to its regulations. Now this College no longer possesses that monopoly; but it performs its functions conjointly and on equal terms with the Colleges of Physicians of Ireland, and of Scotland, and the ten Universities of the United Kingdom, while the exercise of its legal authority has fallen into disuse. Hence, then, this College of Physicians has no longer power to regulate and control the practising physicians throughout England and Wales. The second public Medical corporation is the Royal College of Surgeons, and this is comparatively a modern institution, one of rapid growth and great power. It is only during the past century that we can recognise it as a separate body, and only through a more recent period that it has exercised such an extended influence over the character and position of a large portion of our Profession. The fame of John Hunter, based on his original and profound researches throughout animated nature—the custody of the great national treasure, the museum of that eminent man—the constellation of surgical talent which arose after Hunter's death, and which was composed of his pupils and immediate successors, Cline, Astley Cooper, Abernethy, Brodie, Travers, Lawrence, and others—the augmentation and illustration of the Hunterian Museum by the labours, talents, and eloquence of Professor Owen—all these circumstances conspired to place the College of Surgeons in a proud and commanding position, and have tended to raise British surgery to a high point of estimation both at home and abroad. But, granting to the College of Surgeons all these honourable claims to distinction and scientific reputation, it may be questioned whether the constitution and policy of the governing body of that College have been such as to conciliate the feelings of, and maintain a wholesome moral influence on, the members of the corporation. (Hear, hear.) The recent deplorable disregard which the College of Surgeons has manifested for the regulations of the General Medical Council respecting the best method of conducting the education of students entering the Profession, has again, in my opinion, placed that College in a false position. Should the Council of the College of Surgeons unfortunately persist in the course which it has lately adopted, and maintain its antagonism to the General Medical Council on the all-important question of Medical education, the result must be either that the regulations of the General Medical Council will be set at naught with impunity by the other educational bodies as well as by the Royal College of Surgeons, or this latter body will be ultimately brought into a most lamentable collision with the General Medical Council before her Majesty's Privy Council. The third Medical corporation or company which has had a powerful influence in bringing our Profession to its present condition is the Apothecaries' Society. This ancient body had a new and vivifying principle infused into it by the trusts confided to it by the celebrated Act of the year 1815, and the faithful manner in which that Society has for nearly half a century discharged the duties imposed upon it by that Act of Parliament, has not only redounded greatly to the credit of the Society, but has almost revolutionised the whole Profession throughout England. (Applause.) The Medical Profession as it was in the year 1815 is not to be recognised as it exists in the year 1862. It is but the natural consequence of the successful efforts of that Society in raising the education of its licentiates that a higher tone of feeling should have been created among them, and that many of those gentlemen should be animated with the desire of obtaining an acknowledged professional status different from that which was formerly held by the apothecary in this country. So long as lines of demarcation between the different grades of the Profession in England were sharply defined, and every man legally practising his Profession was more or less closely affiliated to one of these three corporations, the moral government of the Profession, although imperfect, was practicable. But when by the improvement of education throughout the mass of Medical practitioners the distinction between the different orders became less and less, and the lines of demarcation more and more indistinct,—and still further, when by recent legislation a perfect reciprocity of practice was universally established throughout the United Kingdom, numbers of men would necessarily be found practising their profession far beyond the control of their former *alma mater*, still not acknowledging allegiance to any particular Medical corporation. Then, the legal control and moral influence of these Colleges and Societies over the body of practitioners virtually ceased to exist. He could not refrain from the conclusion that both at the present time and for the future these corporations, like those which in olden times were instituted for certain commercial purposes, cannot and will not fulfil an important part of their original functions, and that either some new institution founded upon more comprehensive principles and incorporated by the Legislature, or some voluntary association, formed and based upon no exclusive principles, but embracing members of every grade in the Profession, is wanted to supply this inability in the older institutions to exercise a wholesome moral influence over the whole Medical community. (Hear, hear.) The British Medical Association, both in its principles and its formation, embodies this idea, he thought. The different Medical corporations may still rightly superintend the education and test the qualifications of those entering the three orders of the Profession, but it must be somebody having more general and acknowledged authority than they possess which can exercise a real moral influence over the Profession as a whole. He would, therefore, say in conclusion, *Floreat semper!*

Dr. Williams (the Secretary) then read the annual Report of the

Council, which stated that 130 new members had been enrolled during the past year; and since the last annual meeting there had been 75 resignations, 30 deaths, and 25 erasures, leaving a total number of members on the books of 2,120. The receipts for the year amounted to 2,820*l.* 15s. 9½d., and the expenditure to 2,713*l.* 10s. 7d., leaving a balance of 107*l.* 5s. 5½d. The assets, including 500*l.* unpaid subscriptions, were estimated at 907*l.* 5s. 2½d., and the liabilities at 666*l.* 17s. 2½d., leaving a balance in favour of the Association of 240*l.* 8s.

Sir CHARLES HASTINGS proposed the adoption of the Report, and congratulated the Society on its improving prospects. It was thirty years since a small but earnest band combined together to form the Society. Since that time it had gone on prospering, and he could not conceive now any circumstances more calculated to advance its onward progress than the present auspicious meeting in the Metropolis, under the presidency of Dr. Burrows. (Hear, hear.) There was one point mentioned in the Report to which he desired briefly to allude—namely, the representation of the Profession in Parliament. If the law passed last year with regard to the Universities turned out to work successfully, there was no reason why on some future occasion the claims of the Medical Profession to representation in Parliament should not be favourably received by the Minister of the day. A variety of questions would be brought before the members; they were not, perhaps, of the same intense interest as those which engaged them during the agitation of the Reform question in Parliament, when the labours of the Society were so eminently successful in obtaining the Medical Act. That act, no doubt, might be improved; but the effect had been that Medical men of all classes under the registration had become one body in every part of the British empire. (Hear, hear.)

Dr. WEBSTER seconded the resolution, and congratulated the President on his accession to office, especially as the son of an old friend who had done so much in former times to advance the interests of the Profession. He regarded the British Medical Association as the Parliament of the Profession and the exponent of public opinion.

Mr. WEBBER alluded to a paragraph in the Report urging the members to send contributions to the *Journal*, and complained that when papers were so forwarded and printed, the type was afterwards used for printing them in a separate form. He thought the *Journal* type ought not to be employed for private purposes. He also inquired if the *Journal* had a sub-editor and reporter; and complained that a garbled report of his observations at the Canterbury meeting had found its way into the pages of the Society's organ. The speaker was about to bring forward a motion of which he had given notice with reference to his dispute with Mr. Wells, but, at the suggestion of the President, the consideration of the subject was deferred to a later period of the meeting.

Mr. STEELE complained that in the Report of the Council the subject of Medical legislation had been passed over in silence. It is, we are told, to the Association that we are indebted for the Medical Act, and to this he agreed. Yet it was admitted that there were certain defects which gave rise to much dissatisfaction, and interfered with carrying out the spirit of the Act. He could not, then, understand how it was that the Council had not given the subject further consideration. It would be some satisfaction if the real working of the Medical Act were alluded to. Was it given up as a bad business. If not, why not persevere, and try to get Government to pass an Act to make things more satisfactory? Can we be told if there is any prospect of amendment, or are we to stay as we are,—if the Association intends to make any exertion in the matter? In reference to the arrears of 500*l.*, it was strange that it was precisely the same sum that was owing the previous year. It was not mentioned whether the arrears were the same. He thought that it would appear that arrears of 500*l.*—nearly one quarter of the Society's income—was not a satisfactory state of things, and scarcely creditable. It was but just that each member should not pay his share. The defaulters received the Journal, which was paid for by the subscriptions of the rest, and sometimes they had to put their hands in their pockets to pay the debts of the Society. He did not think them bad debts. The arrears were, in this case, due to the loose and irregular manner in which some medical men conducted their affairs. He thought that the subject having been brought before the general meeting, the Council would be better able to put on the screw. He did not think that by extra pressure a single subscriber would be lost.

The PRESIDENT said that, although not mentioned in the report, the subject of Medical Reform had been considered by the Council, and that a Committee had been appointed to draw up a Bill, which would be in due time laid before the members. He added that it was from no want of application that the arrears of subscription were not got in. They had a stringent rule that if a subscription was in arrear more than twelve months, the Journal should not be sent. It would be illegal, libellous, to publish the names of those who did not pay, as legally there was no claim, it being entirely a question of honour.

Dr. WOOD thought that the non-payment of arrears was owing to procrastination and carelessness, and suggested that a life-payment should be received instead of annual subscriptions.

It was then suggested that a collector should be appointed, who should receive a commission on the amount he got in.

Mr. W. D. HUSBAND, of York, said that if there was a stringent rule that the names of members six months in arrear should be expunged from the lists, it would probably tend to induce greater punctuality in payment.

Votes of thanks were then given to Dr. Lochée, to the Council, and to the Secretary, Dr. Williams.

The PRESIDENT then said that Mr. Webber might now bring forward the motion of which he had given notice. He would, however, first read a resolution of the Council recommending that the dispute alluded to (between Mr. Webber and Mr. Spencer Wells) should be referred to three referees.

Mr. WEBBER said that he should be glad to fall in with any suggestion of the Council, but first he would make some observations. He was sorry to adopt any course contrary to the wishes of the meeting. In regard to appointing one of the Committee, he respectfully declined to do so, and would leave his cause in the hands of any one. He thought that after having been a worker in the Profession for forty-five years, it was hard now to be branded as a criminal libeller and to be visited with ruin. He wished to bring before them the action for libel brought against him by Mr. Spencer Wells. One object of the Association was to look to the honour and respectability of the Profession. Character is always a great thing, and every one is glad to see that people are brought to account for their doings. Had the College of Surgeons in this case done their duty, he (Mr. Webber) would not have been in his present position, and have been brought to ruin. He felt sure that his case would elicit the sympathy of the members. He had never yet had his cause fairly stated, and hence the trial went against him, and the Judge would not stay execution. He would submit to the arbitration on condition that all the evidence be published.

Dr. STEWART said that it would be impossible for the Association to pledge itself that the whole, or indeed any of the evidence, should be published.

Mr. WEBBER then requested that the President would act for him.

The PRESIDENT declined, on the ground that Medical men in London were so closely connected one with another that it would not be well for any one in London to undertake it.

Mr. WEBBER said that he would leave his cause in the hands of the Committee appointed to investigate a Professional dispute at Canterbury.

Mr. SPENCER WELLS said that this case had been brought into a court of justice, and had been tried by a jury before the Lord Chief Justice. He (Mr. Wells) had been examined on oath before the court, and Mr. Webber might have been if he had thought fit. In a court of justice only could he meet Mr. Webber, when, if he spoke falsely, he could be punished for perjury.

Mr. WEBBER said that Mr. Wells knew well enough that he was now driven to poverty, but if he could sue *in forma pauperis* he would gladly meet him in a court of law.

Dr. WEBSTER suggested that a court of honour should be appointed by the Council, to investigate disputes whenever they unfortunately arose.

Mr. WEBBER said that at an early period he offered to submit the question to arbitration, and offered that the disputant in the wrong should buy a life governorship in the Medical Benevolent College, to be exercised by the one in whose favour the question was decided. He was anxious to defer to the wishes of the members, and would at least go before the Committee.

SECOND DAY, WEDNESDAY, AUGUST 6.

Dr. BURROWS, President, in the chair.

A short report from the Council was then read in reference to the dispute between between Mr. Webber and Mr. Wells. They decided not to entertain any question that had already been settled in a court of law, but would hear any further charges of unprofessional conduct that might be brought forward. A resolution to this effect was moved by Mr. W. D. Husband, of York; it was seconded and carried unanimously. The Council were of opinion that the refusal of one of the disputants to submit to the adjudication of the Society ought not to prevent the inquiry from being carried out. A resolution to this effect was also carried.

A paper, by Dr. B. W. RICHARDSON, was then read, entitled,

AN EXPERIMENTAL REPORT ON THE TREATMENT OF SUSPENDED ANIMATION.

Dr. RICHARDSON had conducted more than seven hundred experiments, extending over a period of many years. He wished first to state that he took into his inquiry those cases only in which in the otherwise healthy body, the oxidation of the blood was not accomplished, disregarding those in which there were organic changes from injury, disorganisation of the blood, &c. He would divide the cases into the following:—1st. Those in which the current of air was cut off from the lungs by occlusion of the wind-

pipe, as strangulation, drowning, &c. 2nd. Those in which the inhalation of certain vapours, as chloroform, prevented the oxidation of the blood. 3rd. Those in which poisons absorbed from the alimentary canal prevented the oxidation of the blood, as, for instance, chloroform. 4th. Shocks to the system generally interfering with the oxidation of the blood. 5th. Cases in which the blood is removed from the air, as in hæmorrhage. 6th. Cases of extreme cold. Time would, however, only permit him to dwell on the first two. He should in each describe the morbid appearances after death, and then in conclusion, speak generally of the treatment in cases of suspended animation. In cases of obstruction of the windpipe, the morbid phenomena are generally the same, but not quite alike in different cases. In all cases where death has occurred within eight minutes, the condition of the blood is the same, the corpuscles being normal and the fibrine not separated. In all, however, the process of coagulation, in the body, was very slow. In twenty-three examples the blood had been found fluid in twenty minutes after death. In one case of hanging in the human subject he had found the blood fluid three-qnarters of an hour after death. Yet this was not due to chemical changes, as the blood when exposed to the air coagulates, and is susceptible of oxidation, and is capable of restoring muscular irritability. If the death be very rapid, the right side of the heart will be found gorged with blood, and the left firmly contracted. The Author then showed an instrument by which he was able to regulate at pleasure the amount of air admitted into the windpipe. If, however, death be less sudden, the condition of the heart is different, the left side of the heart also contains some blood, and is somewhat relaxed. If, during death, the stethoscope be applied over the region of the heart, the heart's sounds will be heard for from three to nine seconds after the last respiration, then the diastole ceases, and for a few seconds the systole only is heard. The systole is the time during which death takes place. If, however, after it has ceased the thorax be opened and the heart exposed, the heart may again be seen to beat. From this it had been assumed that the heart continues to beat for some time after respiration ceases, and that if the latter can be re-established the heart will continue to beat. He felt sure, however, that the action of the heart on exposure was due to the stimulus from the air, and not to any real continuance of life. If a little chloroform vapour or a little cold air were blown over it, the pulsation ceased, and a little warm air would speedily recall it for a time. This contraction of the heart is not propulsive ; it does not distend the arteries, and is useless to start the circulation. The condition of the lungs also, like that of the heart, varied according to the speed of death ; if rapid, nothing unusual was found ; if prolonged, they were gorged with blood. If death had been very quick, they were bloodless ; if very prolonged, there was very great congestion. It was not difficult to explain this. In health there is always an accurate balance between respiration and circulation ; but when the supply of air is cut off, the oxygen in the lungs is gradually absorbed, and for a time the blood is kept in motion as in life, but as the heart receives no arterial blood, it ceases to propel the stream into the lungs. When the air is partially cut off, the diaphragm is fixed and the chest-walls firmly contracted, and the heart continues to force blood into the lungs until they are gorged. The brain is more or less congested as the death has been more or less rapid. It is rarely seriously injured so as to preclude recovery. The viscera of the abdominal cavity are generally congested. Cases of immersion in water varied in the morbid phenomena found at death. If an animal is drowned in a narrow vessel with its head downwards, the condition is pretty much the same as in stoppage of the windpipe. The same result is also obtained by immersing an animal in very cold water. If however, the animal is put into water at 96°, the result is the same as when air is slowly stopped—*i.e.*, there is blood on both sides of the heart. In cases of drowning at ordinary temperaetures, in the human subject the blood-corpuscles are unchanged, the blood is fluid, but it coagulates on exposure and is oxidisable. The heart is congested on the right side. The brain is congested, and sometimes there is effusion of serum, but no great organic change. The spleen and kidneys are congested. Different gases act differently ; some by preventing oxidation by their mere presence, as chloroform vapour : others as carbonic acid, by excluding air containing oxygen. The effect of chloroform vapour in preventing oxidation might be shown by putting a lighted taper into a jar containing oxygen. It would not burn in such a mixture. On the other hand, carbonic acid kills, as water does, by excluding air ; the animal is "drowned in the gas." Deaths from chloroform in the human subject give us no definite information as to the physiological action of this substance, as they generally take place in patients whose organs are diseased, and in which there have been attempts at resuscitation, and often loss of blood from operation. The author had made experiments on ninety-three animals, in order to ascertain the effects of chloroform in causing death, and as the results had been uniform, he felt justified in supposing that he had arrived at the true formula of morbid action. Apparently a paradox,—in these cases death took place from the heart, although the heart outlived the respiration. The heart, as the author had found by experiment, would beat some time after it was too weak to propel the blood into the aorta. The cardiac action was on the right side only ; so that really there was no paradox in saying that death began at the heart. After the action of the heart ceases, if the chest-wall be removed and the heart be exposed, the heart's action will begin again ; but the act is futile, and is unable to inject the lungs. When the air is removed, the action ceases. In all the experiments the lungs had been found free from congestion. The circulation gradually diminishes in power step by step ; at length the right side alone contracts, but enough only to show to the observer that the heart is acting not enough to propel the blood into the lungs. The Author then gave the details of his experiments with carbonic acid. He remarked on the general results to be deduced from the experiments, and afterwards proceeded to speak on the treatment of suspended animation. The following is a brief summary :—1. Artificial respiration is of avail in those cases only in which there is a stream of blood from the right to the left side of the heart. 2. That if this current of blood travels the arterial channels, the respiration will follow. 3. That warmth is of great value. 4. That galvanism is dangerous in all cases. 5. That after apparent death, but before the coagulation of the blood, restoration to life is possible.

A Paper, illustrated by many drawings and preparations, was then read by Dr. SIBSON, on *Aneurisms of the Arch of the Aorta*, which was of considerable interest, but was not finished for want of time.

ADDRESS IN MEDICINE, BY W. H. WALSHE, M.D., F.R.S.

We abstract the more salient points of this interesting address. After some introductory remarks, Dr. Walshe said : The existing advanced condition of Medicine, and its brilliant promise for the future as a means of positive knowledge, are, I think, primarily and essentially due to that spread of an improved observation among those working at clinical and subsidiary pursuits,—to that patience, precision, and minuteness with which facts are investigated and recorded. In days not very far from our own, or even by the most eminent in our ranks, the observation of medical facts was more or less openly contemned,—was disdained by pathologists of mark as a fitting task of the patient drudge rather than of the man endowed with intellect, capable of working out the alliances and repulsion of those facts, distinguishing their necessary probable contingent and purely accidental relationships, inducing therefrom general results, and co-ordinating these into a system. The correctness of the facts themselves, absurd as this may seem, was treated as matter of small importance ; the first comer, willing to undertake the work, was accepted on his own guarantee as an efficient and competent observer, while it was reserved for the intuitive aptitude of the systematiser to distinguish and separate the real from the unreal, arriving at an issue of pure truth from premises, confessedly containing variable quantities of jumbled truth and error. But two causes have been fatal to imperfect observation as a system, whether by proxy or otherwise. The first of these causes is the failure one after another of pathological doctrines founded upon it, a failure necessarily entailed by the abiding, inseparable influence of the original quantum of admixed error, by the impossibility of fashioning a total of truth out of elements partly true and partly false. It has at length been perceived that fundamental unfitness underlies the whole process. The second cause is, that observation is now undertaken by men fitted for the task, by men of large, natural, and trained endowment ; and the toil is undertaken by these because it is now generally conceded, and by them in particular has been intuitively felt, that the work of observation is alike difficult and exalted, that to make an observer requires a combination of faculties as high, though in some sort of a different order as to make a speculative thinker, that in the mass and main and as a rule, to observe facts is as lofty an expression of intellect as to conceive thoughts. True it must be admitted that in some men whom the *mens divinior* illumines, in whose brains a spark of divine essence scintillates, thought is grandest ; it goes before facts, it creates, it defines these, and leaves experience to drag its slow length along to the goal of truth itself has long since reached. But we speak of the ordinary type of intellectual men, not of those exceptional marvels of whom some two or three are vouchsafed to the world in the course of a century. The value of observation being granted, its true function in the establishment of Medical science being recognised, that the means of conducting it should be extended and improved followed as a necessary consequence. Hence that constant tendency to the employing of instruments of various kinds, characteristic of the clinical investigations of the day,—instruments which have enabled us in many cases to estimate the degrees of the objective phenomena of disease with an amount of accuracy, not figuratively, but literally mathematic. At last we have acknowledged that in Medicine there are no first principles within reach of human intellect at least, wherefrom we can descend to fact, *ad libitum ;* there are no axioms in our science wherefrom we may fashion theorems and deduce proportions that shall suggest physiological and pathological facts and establish a doctrine of

(Continued at page 118.)

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 13, 1862.

THE COLLEGE CONVERSAZIONE.

The Fifth of August must be recorded with white chalk as one of the happiest days in professional annals. The Council of the College of Surgeons did a wise and noble thing when they threw widely open the doors of the Institution and invited the Fellows and Members to walk in. Spacious as is the building, it was filled; and probably not fewer than a thousand Surgeons were assembled at the *Conversazione*. Tables were provided with microscopes, stethoscopes, drawings, and specimens. Instruments for exhibiting the marvels of spectral analysis were in one place, and crackling electrical machines in another. The walls were covered with drawings by the late John Martin, paintings by Millais, Landseer, and Cooke, and marbles of grace and beauty by Foley, Marochetti, Macdowell, Weekes, and other eminent sculptors. The preparations in the Museum were robbed of their mysterious awe by the brilliant gas-light, and Giant O'Brien seemed very much disposed to come down from his pedestal and make a bowing acquaintance with the fair Bosjesman in the opposite corner. There, too, was the statue—not yet chiselled in marble—of the great John Hunter, the presiding *genius loci*, looking earnestly into the future, and weaving with his profound philosophical speculations, pleasant thoughts of the reconciliation of the members with the Council, and the emancipation of genius from the restraints of conventionalism and class prejudices. It was all very pleasant—the greetings of old friends, the smiles, the bows, the buzz of talk, the crush in the library, the getting up stairs and the squeezing down, the bright light all around, the unaccustomed cheerfulness of the "funking-room," the gloomy gaiety of the Museum, the good-cheer at the refreshment-stalls, the ice, the wine, the "nods and becks and wreathed smiles" thereto belonging, the courteous dignity of President Luke, and the general coming and going, animation and delight.

This is too successful an attempt at hospitality not to be repeated. We beg to inform the Council that we can bear it once in a year. We do not want a formal invitation, but will come without asking if the tables be spread and the gas laid on. Our contemporaries do not like these social gatherings, and prefer big square cards and no company. Too much happiness makes them uncomfortable; they, can, therefore, stay away. For our own part we can endure a heavy down-shower of gladsome hospitalities without saturation. For ourselves, therefore, and in the name and behalf of every man—not having in him the conceit of journalism—who accepted the Council's invitation on the 5th inst., we beg a repetition of the opportunity of exchanging kindly talk and brightening up old reminiscences, at least once in a year.

The request is not unreasonable. Looking at the income of the College, the Council need not grudge the expenditure of one or two hundred pounds for gas and refreshments on such an occasion. The members have long eagerly desired some kind of recognition in their own College; and it would be an act of good policy on the part of the Council if, at the present crisis, they associated themselves more intimately with the members. Access to the reading-room and museum are only cold comfort which not one in a hundred of the members cares to avail himself of in the course of his life; but a single bidding to a social reunion brings within the portals of the College half of those who live within a radius of five miles, and a considerable number from all parts of England. Let not the Council despise the signs of the times. They have had ample evidence of what would be agreeable to the members; and they may, without the exercise of much penetration, predict the influence upon the prosperity of the College that will result from a liberal execution of the proposed reforms as regards an examination in surgery at the College of Physicians.

Unless a wise and liberal policy towards the members should be now inaugurated, the Council may be assured that the College has attained the climax of its influence and power. From this time the descent to a lower stage may begin, and that pre-eminence which the Council have been so sedulously building up upon a policy of exclusion may be lost, because they were unable to see that the time had arrived when new ideas made it necessary to adopt an opposite policy in order to maintain it.

THE BRITISH MEDICAL ASSOCIATION.

The Association has had a round of gaieties during the week, and our provincial brethren have, we hope, dissipated to their entire satisfaction. The College of Surgeons has entertained them nobly, and the College of Physicians has given them the free use of its halls for their meetings. All has gone "merry as a marriage bell;" but are there no misgivings of future strife? Is it not odd that a society with an income amounting 2,820*l.* 15s. 9½d. is compelled to accept gratuitous hospitality, and cannot give a sup of tea and cake to its members? The least we could have expected is that the Council would have had the means of providing a *soirée* for its own members, and not have been so exclusively dependent upon the bounty of other bodies. All the money is, however, cast into the bottomless pit of journalism, and the Association is left helpless for everything good, useful, or generous.

We have adverted to the income of the Association; it is sad to see how this large sum is appropriated. The entire executive expenditure, including the salaries of secretary and clerk, is only 180*l.* 16s. 9d. All the rest, with the exception of a balance in hand of 107*l.* 5s. 2½d., is absorbed by the Journal! *Two thousand five hundred and thirty-two pounds thirteen shillings and tenpence* are cast annually into its open throat. It seems, however, that the members are beginning to feel dissatisfied with this misappropriation of their subscription; for we understand that last year there were more than *five hundred* defaulters! This fact is blinked in the Financial Report, but during the meetings a discussion arose as to the best method of dealing with these gentlemen. Numerous propositions were admitted; but the Council fear to bring their house of cards to the ground. As an evidence of the deceptiveness of the Financial Report, we will put two or three facts in connection. They say they have a total number of 2,120 members, the actual defaulters being more than 500. Then, also, they say they have enrolled 130 new members during the year; and have lost by resignations 75, by deaths 30, by erasures 25, making an aggregate by losses of 130, exactly the number that have enrolled! Clever conjurors! This is what is called "cooking accounts" to make things pleasant. In order to appear at their London meeting with undiminished strength, they erased only a sufficient number of members to balance their losses against their gains. This is a poor trick. Let the committee honestly strike off the 500 names of mem-

bers whom they admit have not paid their subscriptions, will not pay, and cannot be made to pay. The Association owes 666*l.*, so that if their defaulters do not send their subscriptions—and we are quite sure they will not—the time is not distant when the Association will be insolvent once more, and must clear off its debts by a private subscription. Could mismanagement and improvidence be more clearly manifested?

SUMMARY OF THE WEEK.

THE HARTLEY INSTITUTION.

There has been a contest at Southampton for the office of Curator and Chief Librarian of the Hartley Institution. There was a large number of candidates, but the choice of the Council ultimately settled upon Dr. Bond, who was formerly Dean of the Faculty and Professor of Chemistry in Queen's College, Birmingham. This Institution promises to be a great advantage as well as attraction to the inhabitants of Southampton.

THE ROYAL COLLEGE OF PHYSICIANS.

The Fellows have adopted the new bye-laws, and henceforth the College resumes its original power of including *Surgery* in its examinations for its licence. It will now require attendance on a six months' Course of the Principles and Practice of Surgery and a six months' Course of Clinical Surgery. Examiners in Surgery, Midwifery, and the Diseases of Women will be appointed. Neither the College of Surgeons nor the Apothecaries' Society will like this improvement; indeed, we have noticed unpleasant signs of perturbation on the part of the Apothecary interest. The deed is done, however, and the friends of the other corporations must be content to suggest doubts, if they cannot applaud.

THE LATE DR. M'WILLIAM.

A committee has been recently formed to raise a fund in behalf of the bereaved family of the late Dr. M'William, a man of great talent and many useful services. His labours on behalf of the Navy Surgeons will be long remembered with gratitude. He has left, it appears, a large family of daughters. This fact alone will quicken the sympathies of our readers and prompt them to aid the fund according to their means.

THE ASSOCIATION'S JOURNAL ONCE MORE.

This unfortunate bit of property causes uncommon anxiety to the Association. The President is very desirous of improving it, and, to effect this object, attempted last Wednesday, after the delivery of Dr. Walshe's Address, to prevent its publication in the regular Medical journals. He publicly called upon Dr. Walshe to retract a promise which he had given, on the ground that the addresses read at the meeting were the *property* of the Association, and could be published in its own journal alone. A clever attempt, no doubt, to monopolise the interest of the meeting in behalf of the Association's jejune and ricketty organ. It is clear enough that if the independent journals publish a complete report of the Association's proceedings, and publish it, too, in anticipation of its own journal, there is really no good reason in maintaining a journal at all! It can only publish the intelligence of its own Society at second-hand! Thus we see how the false position in which the Association is placed leads to an exclusive, jealous, wrangling spirit, which makes it the enemy of a free press, and of the rapid and unrestricted diffusion of truth. How long shall this continue? The 'Journal' is already extinguished by the more decisive and intelligent action of the independent Medical periodicals.

THE HEALTH OF THE CITY.

We learn from Dr. Letheby's quarterly report just issued that there has been a large increase of typhus fever in certain parts of the city; and what is remarkable that it has been more fatal among the better classes than the poor. The mortality from fever has advanced from 25 to 53 deaths during the quarter, and the sickness from fever has increased from 1 to 10 per cent. The epidemic which has prevailed in the Metropolis this year is said to have been traced to the immigration of mendicants labouring under the disease. If this be so, we shall be asked to reconsider the notions now popular as to the etiology of fever. On the other hand, it must be remembered that the atmosphere has been, during the past quarter, saturated with moisture, the average being 87 per cent., and on some occasions for a week together, cent. per cent. The rain-fall has also been heavy, there having been 52 wet days; and nearly eight inches of rain have fallen. So we must take both causes, and perhaps some others, not yet detected, into account.

A NEW WAY TO PAY OLD DEBTS.

The address of the new President of the British Medical Association, Dr. Burrows, was eminently significant of the changes of opinion now in progress and afforded great encouragement to all sincere reformers. It was nothing less than a plea for unity,—for a one Faculty Board—for the Profession! The College of Physicians is rapidly casting its old imbricated covering, and coming out in the purity and beauty of a new life and creed. Years ago we implored the College to take the general practitioners under its sheltering wing, convinced that it would be to its own interest and the well-being of the profession. The College has accepted the advice, and seems resolved to carry out the idea freely and fully. The more liberal it becomes, the more it will prosper.

SMALL-POX AMONG SHEEP.

This malignant disease has appeared among a flock of sheep, in the upper parts of Wiltshire and Hampshire, belonging to Mr. Parry, of Allington, and has caused the death of a considerable number. It is characterised by the ordinary small-pox pustules, which are abundant over the body, and especially on the inner side of the legs. Where the pustules have broken, ulcers have, in some instances, formed, which secrete a most offensive matter. There is also a loathsome and sanious discharge from the eyes and nose. Mr. Simonds, the Veterinary surgeon, was consulted, and he advised the inoculation of the entire flock, 1,700 in number; which has been done. This epidemic has excited the greatest consternation among sheep-breeders, as it is, when once established, of a most contagious nature. It does not appear that this particular form of disease is communicable to other animals or human beings, but is confined exclusively to sheep. The first epidemic of the kind appeared in this country in the year 1847, having been imported by some Spanish sheep which were received into Smithfield market. From thence it spread among some flocks in Berkshire, Wiltshire, and Norfolk, but was soon extirpated. No evidence as to its origination by contagion is discoverable in the present instance, and it is supposed, therefore, that it has broken out spontaneously. Many of the ewes are already convalescent.

PRESENTATION TO DR. ALEXANDER GUTHRIE, OF BRECHIN.—on Thursday last, in name of about 400 subscribers, the Earl of Dalhousie presented Dr. Guthrie, Brechin, with his portrait (painted by Mr. Colvin Smith), a handsome silver centrepiece, a tea and coffee service, also in silver, and an elegant clock in bronze. The presentation took place in the East Free Church, Brechin, in presence of a very large audience (including Sir James Campbell of Stracathro, Professor M'Cosh, Belfast; Rev. Dr. Guthrie, Edinburgh; Sheriff Currie, &c.), and was on the occasion of the Doctor completing his fiftieth year as a medical practitioner, the whole of the time having been spent in Brechin and neighbourhood. The Earl of Dalhousie, in making the presentation alluded to what was comprised in fifty years' practice as a country doctor; and Dr. A. Guthrie, in replying, mentioned some of the incidents that had occurred in his own experience. Dr. Thomas Guthrie who is a brother of Dr. Guthrie of Brechin, then moved a vote of thanks to the committee.

THIRTIETH ANNUAL MEETING
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disease prior to experience. We have even recognised the cardinal principle, that whereas in certain other branches of human knowledge the deductive and inductive methods of obtaining truth are both applicable, in fact reciprocally sustaining the one, often supplying what the other is unable to give. In our sphere of mental work the smallest step cannot be made by the light of deduction. We begin from individual facts, rise to those general inferences which are our most comprehensive expressions of attainable truth. Dr. Walshe then dilated on the errors of the deductive writers and teachers, as Broussais, Cullen, Hume, and commented on their intolerance. Note the dogmatism of Broussais. See him denounce all theorists but himself, and revile searchers after facts, just as certain speculative theologians proclaim that tolerance for any creed but that fostered by themselves is positive impiety. Do I exaggerate in affirming that a few years past it was a work of danger, a sort of chivalry in the field of science to oppose a prevalent dogma of the so-called physiological school; that a man who failed to comprehend was simply regarded as a dolt, while he who ventured to question took his place among the crazy ones of his day? But if we may fairly assume that the deductive method is banished as an acknowledged scientific instrument from the domain of pathology, it is equally certain that indications of an unfortunate disposition to return to it every now and then make their appearance; and yet there can be no reasonable apprehension that any *à priori* systems of pathology will again take serious hold of the Professional mind. If men will for once, and once only, accept the warning offered by the history of the past, that history not only teaches us the absolute failure of all such systems, but shows that so long as deductive methods prevail, all progress must, if not solely, at least essentially, consist in the destruction of something that has gone before; the energies of genius must be wasted in negativing the errors of the past. It is noteworthy enough that the story of Medical progress in this aspect gives feeble support to—nay, almost clashes with—the opinion held by some speculative historians, who regard the dominancy of inductive reasoning as especially characteristic of the Anglo-Saxon mind. The general proposition may be true, or it may be false. I rather think the former; but unquestionably the Celtic mind of France has taken a very large if not the largest, part in establishing the supremacy of induction as a real instrument for discovering Medical truth. Nor, Mr. President, must we forget, as an element of modern progress, that the true function of hypothesis has been fixed; on the one hand, escaping the grave fallacy of the deductive system which first assumes the hypothesis, then assumes its absolute truth, and next reasons down to facts; on the other, we have learned to steer clear of the almost equally serious error of rejecting hypothetical propositions altogether. Hypothesis is now valued at its worth; it is accepted as an instrument of suggestion; it is welcomed as a clue which guides the senses in the observation of facts, and so saves frequent waste of time and energy in the search after, and registration of, particulars that bear little or no relationship to each other, and must *pro tanto* prove unsusceptible of furnishing general conclusions. We pass on to the next cause of existing progress,—the recognition of the true significance of so-called pathological laws. When Louis first promulgated a series of general propositions on which this title was bestowed, the word was accepted in a more absolute sense than it can fairly command. It was supposed by some ardent persons that these laws were as stable as laws of the growth, decay, and death of the organism, nay, as the physical laws of the universe. It came to be held that it would be well-nigh as positive an infringement of the order of nature, were a tubercle found in any other organ than an adult whose lungs were free from that product, as if the movement of bodies were detected in infraction of the law of gravitation. But the day of these delusions has passed away, we now know that those general results which we take for the expressions of pathological laws in the sense of fixed force,—pre-ordained and immutable relationships of antecedence and consequence without reference to those deeper metaphysical meanings that underlie the idea of law, have nothing of this scope, of this absolution, of this grandeur. A larger experience than that which originally worked out these presumed laws has shown that they are not laws at all. In the higher significance of the term, a law of nature knows no exceptions; the so-called pathological laws, on the contrary, are subject to perpetual exceptions; in point of fact they are, at best, the generalised expressions of degrees of frequency. When we say, for example, it is the law of such and such a disease that such a combination of circumstances occurs in it, we really mean no more than that in a certain calculable majority of instances of that disease, that combination will occur. Now, in thus relinquishing the ambition of establishing laws of pathology assimilable to, and co-ordinate with, laws of nature, we appear, instead of advancing, to have receded. The progress here savours somewhat of a negative quality it is true, but the ultimate value of surrendering vain pretensions has in all sciences been positive. Closely linked to its improvement, allied to it in nature stands the corrected estimate of the men of to-day concerning the true import and value of the numerical method, especially in its application to clinical medicine. So long as any one mode of combination of certain clinical facts and conditions can only be spoken of as more or less frequent than another or other possible combinations, the want of definiteness in the idea, and in its expression, only deprives both of either scientific or practical significance. But the case is changed by the aid of the simple process of counting, a distinct numerical value is substituted for the vague words "more or less;" for concede, as we have already done, that the numerical expressions of precise degrees of frequency do not carry with them, either strictly or inferentially, a revelation of laws in pathology, still they most certainly present average combinations of phenomena of disease in the mass, and so oftentimes furnish most valuable peeps through the obscurity surrounding the natural affinities and repulsions of morbid processes. Now these numerical expressions are of course perfectly sound, so far as the particular mass of facts from which they were derived is concerned, and they will continue to be sound if applied to a fresh mass of cases of the same nature, arising under similar conditions. But a function of more practical importance than this was at one time assumed for it; it was supposed that numerical expressions signifying majorities of variable strength, might be subsequently applied in individual cases with almost unfailing surety. Is this the fact? I fear not. It may, for instance, be perfectly true, is perfectly true—that in the great majority of instances, chronic peritonitis in the youthful adult is not only diathetic, but especially attached to a certain diathesis. The tuberculous, if not a law, which certainly it is not, this is, at least, a rule; but if we apply this rule to individual instances, and attempt by its aid alone to found the diagnosis of tuberculous peritonitis, possibly in the very first instance that comes before us of a character to test the point, our faith in averages as applied to individuals may be destined to be rudely shaken through the discovery that the chronic peritonitis before us sprang from cancerous and not from tuberculous seed. Now, in the recognition of the practical danger of a too absolute application of averages to individual instances there is progress. Some years past there existed much too great readiness to trust to these averages as sure elements of diagnosis. Let us not, however, run into the opposite extreme of undervaluing them. Even in this clinical sense they are of great subsidiary importance, and should never in the balance of *pros* and *cons* in a difficult diagnosis be omitted as more or less serious items of evidence. The lecturer then expatiated on the prevalence of the spirit of philosophic incredulity, and the overthrow of the reverence for authority. And so, he said, the day is gone when honest Medical men could be found the active or passive supporters of flagrant absurdities; absurdities made decent and becoming by high-placed assurance of their wisdom. When that remarkable sovereign, William III., in so many aspects advanced beyond the spirit of the age he lived in, strove to discountenance the superstition of touching for the evil, he was almost the solitary man of mark in his dominions who at once felt the stupid inanity of the practice, and dared run counter to the popular tide of folly. On one single occasion he is reported to have yielded to importunity, and to have laid his hand on a patient; but on that occasion, he at least soothed his moral and intellectual conscience by uttering the remarkable words, "God give you better health and more sense." "Theologians of eminent ability and virtue," says Macaulay, "gave the sanction of their authority to this mummery,"—a fact at which the distinguished historian does not appear to profess any particular marvel, but he does signify his wonderment that Medical men of high note were to be found among the supporters of the delusion; and yet as long as the system of authority in matters of opinion prevailed, how could it have been otherwise? While certain sections of the Church consigned even William himself to perdition, by stigmatising him as an infidel because he refused to believe that the touch of a particular finger could destroy a constitutional disease, it seems well conceivable that the struggling disciple of Esculapius might not, simply and alone, have felt it inconvenient and dangerous to expose the imposture, but that his intellect might have been at length mastered by his fears, and that he actually ended by believing in the folly at which his common sense and experience originally revolted; and if things are now changed, if the Medical Profession as a body stands as the practical bulwark of the present day against superstition of all kinds, the reason is, because they have shaken off the tyranny of authority, because they have learned to think for themselves, because they have recognised and utilised the elevating lesson conveyed in the sagacious and eloquent words of one of the greatest English prelates, Bishop Hoadley:—"Authority is the greatest and most irreconcileable enemy to truth and argument that this world ever furnished forth. All the sophistry, all the colour of plausibility, all the argument and the cunning of the subtlest disputer in the world may be laid open and turned to advantage of that very truth

which they designed to hide or depress, but against authority there is no defence. It was authority which would have prevented all reformation where it is, and which has just put a barrier against it where it is not." Such it appears to me, Mr. President, are some of the essential causes of modern progress. The greatness of Medicine appears to be indicated in the very character of the conditions that make the groundwork of that progress felt and acknowledged by the world without. To the consideration very briefly of this question I propose to devote the remainder of the time that we shall be together to-day. Dr. Walshe at great length and with much eloquence, combated the notions of those who said that Medicine was not a science, and defined the nature of Medical investigation. Comparing our Profession with the Law, he observed: See the difference in the problems with which we have severally to deal. We are called upon to penetrate the obscurest mysteries in the creation, the most entangled complications in the most elaborate of God's works,—the diseased actions and conditions of the bodily and mental man. Painfully toiling step by step a phenomena which to our limited ken are perpetually clashing with and veiling each other, assuming new forms. Chemistry, physics, and special dynamism associated in the most subtle combinations; they deal in the main with what they themselves manufacture, the laws of the statute book and formal precedents, things that are marked on the surface and deep into their substance with all the relative pettiness of human productions, and yet they are perpetually warring in their interpretation of those very small matters. We have to discover the hidden, the unknown, the uncontrollable; they to interpret the obvious, the known, the conventional; and yet to their own deficiency in the performance of this comparatively easy task they are proverbially purblind, while to the least trick on the part of those who deal professionally with the obscurities of physic they are lynx-eyed. And there is a third contradiction to which the forensic logic that would exclude Medical opinion, in the case of alleged lunatics, directly leads. Inasmuch as a conclusion must be drawn by the Medical untrained jury from the facts, and without any aid in the interpretation of those facts from persons whose previous business in life is to study such facts, the Bar become partizans of the general doctrine that the man who knows least about any given subject is best able to form a sound opinion concerning it. How this *reductio ad absurdam* is to be evaded, even by legal sharpness, I confess appears to me impossible to imagine. If it be urged that in many instance of alleged lunacy where the legal question of competency to manage affairs is an essential question, the case is often a complex one, other matters besides psychial peculiarity being mixed up with the inquiry; if it be pleaded that there may be and often are circumstances lying without the pale of purely technical interpretation, which may be as clear to ordinary men as to those specially trained in cerebral pathology, and which furnish their contingent to the total judgment; if this be urged, as it is known to be urged in the very highest quarters, the answer is easy; for obviously any argument to be found here simply amounts to this, that one important element to a verdict is to be neglected because other evidence besides itself exists and may be utilised. Another objection made to the admission of skilled opinion in cases of lunacy is that Medical observers having arrived at certain crude disjointed theories concerning insanity, must perforce take certain views in individual cases accordant with those theories, and that, consequently, their argument is assured in the form of actual advocacy before the facts. But, in the first place, this objection, if well founded, would be equally fatal to the evidence of professional experts of every class, and, consequently, one of two things, either the facts are clear, self-evident, well-defined, when theory would not be wanting, or the facts are obscure and entangled, imperfectly defined, when the theory, if wrongly obtruded by the Medical witness, will prove totally without influence on the minds of the jury. To this fragmentary notice of the subject of skilled testimony in cases of lunacy, I must limit myself on the present occasion. I have merely glanced at some without even remotely pretending to have exhausted the consideration of any one of the numerous fallacies of the opponents of such testimony; but I think I have said enough to make it at least strongly probable that the commonly paraded objections would not have taken the form of practical and active opposition had they not been sustained and encouraged by some form of support in the background, and that support I believe to be furnished by the prevalent notion, probably specially prevalent in the legal profession, of the non-scientific or feebly scientific character of our pursuits. In its general relationships to the march of civilisation, how is medicine regarded by the lay world? First, let us ask ourselves what are likely to be the claims of medicin (in regard to the civilising process, and what in general terms may be set down among its actual civilising achievements? It cannot apparently be questioned that civilisation has been the highest where intellectual development has obtained its maximum. This seems to be predicable, not only of different countries compared with each other, but of the same country at different periods of its own social evolution. The history of the world points to a direct ratio between vigour and buoyancy of national intellect and activity of material advancement; but the vigour of intellect could only be practically useful in so far as it is used for the discovery of the truth of things. Truth, then, is the real factor of civilisation. In proportion as it is worked out, so has advanced or will continue to thrive civilisation. Now, medicine has, except in the rarest instances, exhibited itself in the van-ground in the honest search after the truth of Nature as she is. To the Medical philosopher truth, irrespective of the consequences to which its discovery may seemingly or really lead, has ever been the ultimate object. In this aspect the calling he exercises, as also the method and manner of knowledge on which that calling rests, stands at the absolute head of human pursuits. Contrast him with professional theologians, ever dreading lest some new revelation of Nature's ways may falsify some cherished dogma, and consequently oftentimes exercising his fullest influence to thwart the demonstration of those laws the Creator has designed for the regulation of the universe. Remember Galileo! See of what dignified honest life Medical work is composed in comparison with the professional advocate, who starts on his career with the fact staring him in the face that on the doctrine of chances one-half of his future years must be passed in advocating error and making the worst appear the better reason. What intellectual training is that of the Medical observer compared with that of the diplomatist, the quality of whose aspirations after truth may be gathered from the well-known apothegm of one of the most successful of his class, that the use of language was to conceal our thoughts. Compare the Medical thinker again with some self-elected teachers of psychical philosophy, who, revelling in the wantonness of undenied intellectual power themselves, write "Strange Stories," well fitted to shake the foundations of belief, to destroy all perception of the differences between the real and the unreal in persons of feebler organisations than themselves. It seems impossible, then, that in intellectual guidance and in civilising influence the medical philosopher could do otherwise than hold a high place to take other rank than amid those bands of inquirers who search for primal truth, fearless of consequences, among mathematicians, moralists, political economists, statisticians, amid the foremost, though often unseen movers in the march of progress. The civilising influence exercised by the medical profession in maintaining the bodily vigour of the individual citizen, in suggesting and perfecting the means to his physical development, in securing a healthy mind in a healthy body, in promoting measures of state utility wherever considerations of public health justify his interference, occasionally modifying the penal code in the sense of mercy, have ever been seen by all. Less obvious, but not less real, is the truth that medical inquirers have been pioneers and leading to the general adoption on the numerical, moral, social and political inquirers, the utility, nay, the necessity of which appears to have been first seriously felt through the proofs given by Louis that pathological facts which from their nature seemed to be unsusceptible of the process might be made the subjects of numeration and so forced to furnish inferences of deep practical significance unattainable by any other means. But I believe the unseen, intangible, underlying influence of the earnest truth-seeking quality of medicine plays a yet loftier part than any of its overt achievements of promoting the great cause of civilisation. Still, gentlemen, all this has been little recognised. Within our own ranks there have been few to receive it. Occupied with effecting a progress rather than estimating its mechanism, we have said little of our own claims as human civilisers. Lay notices, especially in this country, of the part we have played have been, as might be expected, from much that has been already said, to the last degree scanty and unsatisfactory, but a lay historian has at last appeared upon the field, who has not only himself felt, but has endeavoured to make others feel, that medicine *quoad* civilising influence has not existed in vain, has not been cultivated by some of the greatest among ancient and modern observers, of thinkers, without, in some measure, embracing contemporary civilisation. Henry Thomas Buckle, in the introduction to his vast proposed survey of the influence of human knowledge on the material progress of man, has assigned its place to medical philosophy in contributing to the civilisation that we glory in to-day. Dr. Walshe then enters in a warm and generous eulogy, not unmixed with criticism, of Buckle's historical labours. We must pass it over, however. Finally, he said, I have endeavoured thus to show to what causes the evident progress of modern Medicine is substantially and in ultimate analysis due, and it appears from the limited survey undertaken that these causes are of the most promising kind for the future of our Science. Medicine has, in truth, not advanced of late years from the exceptional achievements of any single individual gifted with extraordinary powers. Were it so, the continuance of progressive movement could not legitimately be looked for, as Providence but rarely sees fit to create specimens of the highest attainable power. No; our advancement has sprung from the substitution of one true for many false systems of duty, of one true system which is capable of being efficiently wielded by that multitude of men, no doubt with well-marked intellectual aptitude, honesty of purpose, zeal of character, and vigour of will, who are day by day added to the ranks of Physic, earnest workmen for humanity's good. And I have also produced some evidence that the importance of Medi-

cine as a portion of the vast edifice of human knowledge is beginning, not only to be vaguely guessed at, to be lightly and passingly touched upon, but to be seriously and systematically stated by laymen of the deepest read and most brilliant quality of thought. By this recognition of the nobleness of our studies, we are raised in the social aspect, and a worthy, kindlier reciprocity of scientific interest, between ourselves and the world of other professions for ever ensured. Our civilising mission is acknowledged and proclaimed, and so when we look around on other pursuits, and watch the men engaged in them, while we admire the toil and sympathise with the toilers, we need feel no discontent with our own. [illegible] We begin from individual facts, revelation of Nature's ways may [illegible] the most careful handlings,—more than these ferences which are our most comprehensive ex[illegible]d consequently oftentimes exercising his fulles[illegible]s work. To carry out fully cleanliness, baths, le truth. Dr. Walshe then dilated on the erro[illegible]he demonstration of those laws the Creator has[illegible]nt change of dressing and not of bed-linen, but iters and teachers, as Broussais, Cullen, Hum[illegible]lation of the universe. Remember Galileo [illegible] wards in Hospitals or rooms in houses. Mr. [illegible]t over the achievements of our years, "And I, [illegible]s comp[illegible] Paget next spoke of shock and reaction. Death from shock was too, tread the paths of Physic."

Professor Bennett (Edinburgh) rose to move a vote of thanks to Dr. Walshe for his able and eloquent address, which he eulogised in the strongest terms. He adverted, however, to the lecturer's expressions in respect to observers and the deductive method, and thought that justice had scarcely been done to the great men by whom the principles had been developed. What, after all, was the faculty of observation, the power of collecting facts, compared to insight of genius and the perception of law? He appealed to Harvey, to the *genius loci*, if he might so speak—the preparations relating to whose discovery were now before his sight—and asked, had not the deductions of this one man done incomparably more for Medicine than all the laborious efforts of those who had preceded him? With the exception that he could scarcely go with Dr. Walshe in his high estimate of mere fact collectors, he very warmly applauded his address. After alluding to several other instances in which the discovery of new laws had been followed by splendid results in the application of those laws to practical subjects, he expressed very confident hopes that Medicine would, before long, be able to take its place amongst the exact sciences. In eloquent terms he exhorted all to strive towards this result. In concluding, he adverted to the position at present occupied by the Council of Medical Education, and expressed much disappointment that more had not been done towards the adoption of some more uniform system. He begged the Council, in the name of the Association, to remember their responsibilities in this matter, and at once address itself to its most important duty.

The vote of thanks to Dr. Walshe having been carried by acclamation as Walshe said a few words in reply. He hoped Professor [illegible]sident, and the meeting would do him the justice to believe, that tion, Dr. [illegible] function of hypothesis has been [illegible]xed; on the [illegible]ncing, he did Bennett and the grave fa[illegible] of the deductive system which [illegible]erence for authority. And [illegible] in speaking highly of observation as a means of advance not mean unskilled observation. It was, of course, only when the facts collected were brought into contact with mind that any results could be looked for. He was reminded of what had once taken place in the ward of a Paris Hospital. M. Velpeau had occasion to reprimand a nurse for having disobeyed his directions, and she replied to the effect that having been twenty years nurse in that Hospital she ought to know something. "It is true, madam, that you have been twenty years in this ward, so has that stove, but it has not learnt much."

The meeting then adjourned for refreshments, after which

Mr. Ernest Hart gave a summary of his paper *On the Successful Treatment of Aneurism by the Flexion Method.*

The Twenty-Seventh Report of the Medical Benevolent Fund was then read. The balance sheet showed that during the year a sum amounting to 1,304*l.* had been received, and with the exception of 192*l.* in the banker's hands, expended. This was for the "donation account" alone. For the annuity account a sum of more than 4,000*l.* had been received, the greater part of which had been devoted to the purchase of Bank stock.

The adoption of the report and balance-sheet was moved by Mr. Heckstall Smith, who adverted to the simplicity of the means employed by the Society as one of its greatest recommendations. He had known instances in which a single letter of application and one of inquiry had been all that was needed to obtain efficient relief.

Mr. Propert seconded the resolution, and in warm terms commended the fund to the liberal support of the Profession. There was no rivalry between it and the Medical Benevolent College. Both were working in a common cause of charity and benevolence.

On the evening of this day a soirée was held at the College of Physicians. Dr. Watson presided.

Third Day, Thursday, August 7.

Papers were read by Mr. Solomon, Dr. Farr, and Dr. Budd, of Bristol.

The Address in Surgery.

Mr. Paget said that he had chosen, as one of the most important Surgical subjects, the treatment of patients after operation. He would, in the first place, lay down as a law, that recovery after injuries is generally a natural process. We are so constituted, that injuries bring about their own amendment. We are fitted, not only for the calm, but for the storm of life,—in fact, for all probable injuries; and amongst these are the injuries of Surgical operations. Yet, whatever may be our faith in natural recovery, there are many things left to do. One great object is to obtain as speedily as possible rapid union; for, when wounds are unhealed, pyæmia, erysipelas, and many other sore plagues of Surgery are apt to follow. In this process to healing, what we can do to help may be summed up in two words—repose and cleanliness. Quiet, not only of the parts injured, but of the patient, in every circumstance and detail; and cleanliness of air, water, and everything around him. The Surgeon's necessary interference should be of the gentlest kind, the [illegible] and consequently oftentimes exercising his fullest work. To carry out fully cleanliness, baths, [illegible] change of dressing and not of bed-linen, but [illegible] wards in Hospitals or rooms in houses. Mr. [illegible] of shock and reaction. Death from shock was rare, and he believed that reaction was never fatal, for reaction was not a disease. It was rather an example of the peculiar power of our bodies to return to health. Reaction in inorganic substance was always equal to the original force applied, but in the living organism it was greater. If the heart were depressed it tended to beat more strongly in reaction. Where muscle became depressed below a healthy standard, it tended not to return to healthy vigour only, but to become hypertrophied. However much, he said, reaction may simulate disease, we must consider it as really representing health. Although there is thus a natural process to recovery, there are yet many things left for us to do. Questions often arise for the relief of this and that difficulty. By cleanliness we shut out many a danger from without, and, also, by careful regulation of diet. Mr. Paget ventured to think that public opinion, which, many years ago, was inclined in one extreme, and which, three or four years ago, was in the other, was now in moderation in respect to the dietetic management of patients after operation. He then related one case showing a good and speedy recovery after severe operation, attended with loss of blood, upon a most sparing diet. The operator ascribed the good results to abstinence, and said that the diet could not be too low. Lately he had seen wine and brandy given in large quantities, and he had little doubt that these cases recovered just as quickly. This he did not think due to any change of type in disease, or any special circumstances, but to the natural tendency to recovery, a tendency generally so certain that neither surfeit nor starvation could avert it. He made these remarks, not believing that diet had nothing to do with the patient's recovery, but as strong tests of the natural process of recovery. Having made this clear, we could now try to treat our patients on rational principles, without unwise interference. Here Surgery has made a contribution to the natural history of disease. [illegible] the natural course of cases The question is often asked, what is the [illegible] left to themselves? Surgery has answered this question to some extent in cases of injury. By doing little we do not diminish the patient's chances, but rather help them. Midwifery in former times was meddlesome, but now the Accoucheur never interfered unless obliged, and yet the practice now-a-days is as successful as ever. It is half-informed ignorance, that from audacity or fright attempts to interrupt the course of nature. It would be very desirable, Mr. Paget said, most minutely to note the symptoms arising in the course of recovery after Surgical operations; and not only in severe cases, but also where there was any mischief, however small. Much and excellent work has been done in tabulating mortality after operation, but now we ought to know not so much the whole amount of mortality as its particular cause, and not only the causes of death but also the hindrances to speedy recovery. In cases of operation for hernia, tracheotomy, trephining, &c., the operation itself does not cause death; at the most the fault is that it does not more frequently save life. Mr. Paget said that in all his experience not one had died from the operation for hernia, yet nearly half of them had died after it. These cases should not be allowed to swell the amount. In another class of cases there were, as it were, casual causes of death, the patient dying of typhus, or typhoid fever, or of scarlet fever. There ought to be great care, however, in admitting such causes of death. Mr. Paget then related an anecdote of a French surgeon who said that he had never had a case of death after amputation of the shoulder-joint. One of his patients died, however, after this operation, but as he said, it was of pneumonia, or as we should now say, of pyæmia, and not of the operation. Mr. Paget said that he had scarcely ever seen a pure case of death from shock. They are extremely rare, and rarer than they were, partly from chloroform, and better treatment after operation. The loss of blood, the alarm and terror, and in spite of anæsthetics the violence to the nervous centres, each require separate consideration. But when all concur it is difficult to assign its share to each, and yet it is necessary to study them and their individual effects. Since the introduction of chloroform it has, he thought, been the habit to attach too much importance to the loss of blood in producing shock, and too little to the shock of the nervous system, which shock is felt although masked by anæsthetics. In the treatment it is enough to maintain life at the lowest level, and desirable to do it with the smallest amount of stimulants, and wait for reaction. The recovery

from shock is not steady, but vibratory,—the patient is now better, now worse, although, on the whole, tending to recovery. He doubted whether death from reaction ever occurred, and he doubted even whether acute traumatic fever is ever fatal. The greater evil is when reaction is not complete, when it is faulty or too long delayed. Then the patient cannot be left alone, reaction must be accelerated by stimulants. Then again, hurried reaction with disorder and delirium,—action without power,—is a perilous condition. This condition is found in the intemperate, in the anæmic, whose constitutions are more liable. The great remedy here is opium, which acts probably by restraining waste of tissue, and thus preventing the development of purposeless force. Shock falls on the whole body as well as on the part injured, and so does reaction, but they especially affect the part injured. Sometimes the part even dies, or, on the other hand, when reaction sets in, passes into acute inflammation, with no more than local harm. In case of very extensive operation, or in operation on parts essential to life, such as ovariotomy, sudden death would occur, just as death follows on perforation of the intestinal canal. Deaths from a similar cause used often to occur after lithotomy; but such deaths are now rare, and this is due to improved treatment, and because there is less active bleeding. Really the thing in these cases to be met is shock, and not the inflammation, and the treatment should be stimulants and opium. He felt that he could scarcely speak too well of chloroform in diminishing mortality from shock; and yet it had one great defect—in producing sickness. This is a most unfavourable complication: it complicates the severity of the shock, and is not controllable by medicines. Deaths often occurred previous to the introduction of chloroform after trivial operations; and probably death is now often put down to chloroform when it is really due to the shock of the operation, however trivial. Mr. Paget then spoke of tetanus, erysipelas, and pyæmia as causes of death. These complications should, he said, be studied from the general condition of the system, just as the eruptive fevers. Mr. Paget related a case in which a child after lithotomy was attacked by measles. An eruption at first appeared about the wound; but that this and the accompanying constitutional disturbance was due to measles was soon proved by the eruption extending all over the body. Just as this case was considered from the general constitutional condition, so ought cases of erysipelas and other affections following operations, although the most prominent symptoms are local. The slight local inflammatory symptoms which appear very soon after operation ought not to be mistaken for those which are more serious, and come on several days afterwards, passing into erysipelas, pyæmia, &c. The time at which these constitutional and local symptoms present themselves is a point worthy of the most careful record. Mr. Paget then spoke of the origin of pyæmia. He dwelt at some length on the phenomena of rigors, and proposed this subject as worthy of greater study than had yet been bestowed on it. He suggested that rigors should be considered in their relation to convulsions, and related several cases in point. He then passed in review the various influences affecting pyæmia and erysipelas. They were more likely to occur in the anæmic, the intemperate, and those who had lived on an excess of animal food, and especially those whe suffered from granular degeneration of the kidney. Yet pyæmia would occur in those previously healthy. It would sometimes occur in its worst form in the best homes of the wealthy as well as in Hospitals. There was still great obscurity as to the cause of pyæmia. It was a subject well worthy of the most minute attention, and not only in cases in which the disease was acute and fatal, but also in simple and less acute cases. There had been lately, Mr. Paget said, great decrease in mortality, but still further reduction was to be earnestly sought. After surgical operation by the knife there were still great risks to life, and consequently we hear now and then from abroad of such barbarous substitutes as amputation of limbs by caustics or by the écraseur. Mr. Paget then referred to the small mortality after amputation in the Radcliffe Infirmary, Addenbrooke's Hospital, and the Hospital at Exeter. He hoped that by great care and further study the general mortality would be still further reduced.

Mr. Hey proposed and Mr. Hodgson seconded a vote of thanks to Mr. Paget for his able address. It was carried unanimously.

The late Professor Traill.—Died, at 29 Rutland square, on July 30, aged eighty, Dr. Thomas Stewart Traill, Professor of Medical Jurisprudence in the University of Edinburgh. Another link between the scientific generation of Sir Humphrey Davy and Cuvier and our own, is thus removed. Dr. Traill did not long survive his old colleague, Dr. Alison, and by his death the University has lost its oldest Medical celebrity. Dr. Traill was a native of Kirkwall, in which parish his father was a minister. Having studied at Edinburgh, he took his degree in 1801, and in 1832 he was appointed to the chair of Forsenic Medicine. He lectured to within a few days of his death. He was a man of extensive acquirement and considerable versatility. If a gap were created by the illness or resignation of any lecturer, Dr. Traill was always ready to fill it, and we believe, in turn, lectured on nearly every branch of Medical Science taught in the University.

REVIEW OF THE PERIODICALS.

The 'American Medical Times,' July 19. This number opens with a continuation of Dr. A. Jacobi's lectures on *Dentition and its Derangements*. There are several interesting points in this lecture bearing upon the relation between dentition and rickets. Virchow's observations on this subject are adverted to: we think Dr. Jacobi right when he considers that bad dentition does not produce rhachitis, though rhachitis may induce a protracted dentition as a part of the general defect in the formation of bone. Rhachitic bones contain an undue quantity of water, causing a "sort of serous mollification," which, perhaps, prevents them from assimilating as many phosphates as under normal circumstances. The deficiency of phosphates in rhachitic bones seems to be owing to the imperfect assimilation of Protean substances with which they are combined. We extract the following observations upon this subject:—

"To what extent Virchow is right in directing our attention to the connection between rhachitis, which is very common among the poorer class of society, and the absence of proteinous substances from the food, either breast-milk or artificial, is shown by every body's and every day's experience. Böcker found in the milk of a mother, who nursed a rhachitical child until it died at the age of fifty-three days, in 1,000 parts, but 13·111 of caseine, 23·31 of butter, 60·358 of sugar, and only traces of phosphates to the amount of 0·089. Friedleben has, in his 'Contributions to the Knowledge of the Physical and Chemical Contributions of Growing and Rhachitical Bones, in Early Infancy,' the following remarks:—I examined the milk of two women, whose children were brought up with breast-milk exclusively. The skeletons of both were rhachitical in their totality; both recovered, but only after their diet had been changed. One was a turgid, pale woman, of forty-six years, who had been bled several times during her pregnancy. Two specimens of her milk were examined, the first in the fifth, the other in the sixth month after the birth of her child. The analysis yielded, in 100 parts, in

No. 1.	No. 2.
Water, 87·829.	Water, 87·830.
Butter, 4·390.	Butter, 4·390.
Caseine and sugar, 7·542.	Caseine and sugar, 7·542.
Inorganic matter, 0·239.	Phosphate of lime, 0·069.
	Alkaline salts, 0·169.

The milk of the other woman, four months-and-a-half after the birth of her child, looked thin and serous like that above. Since her confinement, being at work and without medical attendance, she had been suffering from uterine hæmorrhages. She was tall and slender, and nearly forty years old. The analysis of her milk resulted in the following figures. In 100 parts of milk there were—

Water	91·307
Caseine, butter, sugar	8·509
Phosphate of lime	0·099
Carbonate of lime	0·010
Alkalies	0·073
Oxide of iron and silicium	0·002

The normal proportions in the healthy milk, not to speak of constitutional and other oscillations, differ considerably from the above, as is proved by the following figures of the several percentages of normal milk:—

Water	86·60
Caseine	3·50
Sugar	6·20
Butter	3·50
Soluble salts	0·06
Insoluble salts	0·14

From these statements it follows, that the milk of both women was below the average rate of proteine and hydrates of carbon. The earthy salts were also diminished, but they were fewer in the first case than in the second, while the rhachitis of the second was more decidedly developed than that of the first. Nothing else is required to prove that the diminished import of phosphates is neither the only nor the principal cause of rhachitis.

At all events, then, this much is understood now, that there are other important elements in what we have been used to call rhachitis besides the diminished amount of phosphates; and that want of phosphates and rhachitis, are by no means identical. Nor is the very nature of rhachitis explained by, or comprehended in, the process of resorption. This is best shown by those physiological experiments which allow a free absorption, but less access of earthy salts and phosphoric acid. Chossat has made the first series of such experiments. Friedleben made similar ones, allowing a number of pigeons no other food but vetches and distilled water.

Through five or six months they appeared to be well; then diarrhœa would set in, emaciation take place, and death from exhaustion ensue in the tenth month. The chemical analysis of their bones, compared with those of healthy pigeons, resulted in the following figures:—

Pigeon.	Bone.	Anorganic matter.	Organic matter.	Fat.	Carbonic Acid	Spec. gravity dried at	Spec. gravity dried in
Healthy.....	diaph. humer.	64·603	35·397	7·2			
Diseased.....	diaph. ulnæ, et radii.	87					

[illegible] (Edinburgh) rose to move [illegible] for his able and eloquent address, [illegible] strongest terms. He adverted, however, [illegible] bones [illegible] sions in respect to observers and the deduc[illegible] minu[illegible]ght that justice had scarcely been done to th[illegible] [illegible]om the principles had been developed. What, a[illegible] [illegible]aculty of observation, the power of collecting fact[illegible] [illegible]achitical [illegible]nsight of genius and the perception of law? He ap[illegible]early one-half [illegible]ey, to the *genius loci*, if he might so [illegible] specific gravity less. Car[illegible]elating to whose discovery were less than in the bones of the healthy [illegible]d not the deductions [illegible] of epiphyses or periosteum. These results depend on diminished assimilation, which, moreover, is distinctly proved by anatomical examination of the diseased bones. They are thin, fragile, not flexible; they are anæmic, and their medullary canals very wide indeed; the surface is uneven; there are intervals, interruptions, between the remnants of the bone and the dispersed osseous corpuscles, which are much less numerous and less regular than normal, to such a degree that Haversian canals between them are not recognisable. There was nowhere a trace of recent formation, only the proofs of normal absorption.

"Now, after having sifted to some extent whatever is known to this very moment on the anatomical and chemical nature of rhachitis, the most recent results included, and alluded to the usual alleged causes of this disease, I need hardly return to my former assertion, that dentition as such, and rhachitis, are in no causal relation to each other; at all events, there is no such connection between the two that the process of the protrusion of teeth could produce rhachitis. Not to speak again of the want of phosphates alone not constituting rhachitis, the amount of these salts slowly assimilated, for the formation of some teeth is very small in proportion to what is contained in the food. But surely the largely-diminished amount of phosphates introduced into the system (not only into the stomach), as being the result of the rhachitical process, well explains the slowness with which the teeth form and protrude in rhachitical children, and the simultaneous retardation of walking, and the slow ossification of bones generally. At another place, and in a former lecture also, I have spoken at some length of these matters. Thus we need not wonder that a rhachitical child who has no tooth at a year or later, cannot walk at the normal period, nor that its cranial sutures and fontanelles are not closed before the second or third year. But these latter anomalies do not depend on the retardation of the appearance of teeth, but all of them—retardation of the closure of the cranial bones, retardation of walking, and retardation of the protrusion of teeth—all of them are to be considered as the contemporaneous and co-ordinate results of the same fundamental morbid process."

We extract from the same journal notices of cases reported to the New York Pathological Society:—

"*Ante-Mortem Clot.*—Dr. Austin Flint exhibited a heart, in the left ventricle of which was found an ante-mortem clot, white and dense, arranged so as to form a coil partly around the columns of the mitral valve, tying it together. The liver and kidneys were fatty, the former weighing nine pounds. The symptoms immediately preceding death were, a feeble pulse and dyspnœa. The patient was in a semi-erect posture at the time death occurred. Dr. F. called the attention of the society to the accidental formation of clots in various diseases, and related two cases of pneumonia in which the patients of a sudden became afflicted with increased dyspnœa, the action of the heart at the same time becoming much enfeebled, and death following soon after."

"*Extirpation of Eye, etc.*—Dr. Noyes exhibited an eye which he had removed two weeks before from the person of a Medical man from the country, 36 years of age. The eye was lost in childhood by an injury which produced rupture of the globe, and for a period of many years it gave him no trouble, vision of the remaining eye continuing good. During the last three years, however, he began to have dimness in the sound eye, accompanied by muscæ volitantes. There was only occasional pain over the eyebrow of the lost eye. He came to New York in February last, and sought advice at the Eye Infirmary. There was posterior synochia present, and the pupil was reduced to two lines in extent. He was told that all the trouble was due to the injured eye, and that the remedy was extirpation. He returned home, not satisfied with the decision; but his eyesight deteriorated so rapidly, that at the end of a fortnight he again presented himself ready for any operation that might be deemed necessary. The injured eye was then tender on pressure, and he had suffered considerably from supra-orbital neuralgia. The vision of [illegible] eye was then so much disturbed, that he could [illegible]ading of a newspaper. The operation of ex[illegible], but he was soon afterwards seized with [illegible]r tissue in the orbit, which gave rise to [illegible]nptoms. A puncture was made deep in [illegible]sion, when the urgent symptoms subsided. [illegible]e remaining eye was chemotic, and dis[illegible]. Subsequently when this eye was examined, [illegible]ound so extensive as to leave very little hope of [illegible]erfect vision short of the formation of an artificial [illegible] examination of the eye that was removed showed that [illegible]d had undergone calcification, and the microscopic ex[illegible]nation disclosed the presence of bony matter already developed."

'British Medical Journal.' Dr. James Russell contributes some observations on the pain caused to the ligaments of the tarsus and other parts by unnatural stretching or fatigue. This pain is often felt where there is any abnormity of the foot, as flat foot. Speaking of one case, Dr. Russell says:

"He is a well-made young man, but looks delicate. His feet are large and well formed, excepting that the plantar arch is very defective, and yields readily to slight pressure with the hand, permitting the sole of the foot to be reduced to a perfectly flat surface. The internal lateral ligament of the ankle is very lax, and allows the foot to be readily twisted outwards (the outer edge upwards); and, in walking or standing, the foot is very visibly twisted in this manner, thereby occasioning the tarsal bones to project unnaturally beneath the inner malleolus, occasioning a prominence very sensible to the eye. The patient states that he has long been in the habit of wearing out the inner half of the sole of his boot before the outer. His gait is laborious, and destitute of the usual spring; and it is to be added, that his tibiæ are somewhat bowed —a circumstance probably much concerned in the production of his disease. The muscles of the leg are equally and well nourished. There is no abnormal tension of any of the tendons beneath the malleoli.

"The treatment adopted consisted of tonics; shower-bath; cold douche to the feet, with friction; rest; and two half-hours walk in the day, at separate periods. But the most successful remedy was constructed by the patient himself, after the nature of his disorder had been fully explained to him. It consisted of a pad inside his boot, so adjusted as to throw the bearing of his body at once upon the inner side of the foot, and upon the under surface of the tarsal arch. The plan succeeded admirably."

Other cases are recited.

Dr. Greenhow contributes *Clinical Illustrations of Diphtheria*, and Dr. Thomas Skinner, a paper on *Anæsthesia in Midwifery* He remarks:

"I do not believe that we are at present in the possession of any facts which will enable us to determine before-hand whether or not chloroform is likely to disagree with any one inhaling it. The only true and reliable test is to watch its *effects* on the patient's *respiration*, pulse, colour, and general appearance; the *quantity* and the *exact* proportions of chloroform and air being no guides whatever. We may examine the chest as carefully as we like for contraindicative symptoms, but we shall grievously err, if, in the seeming absence of them, we grant a certificate, verbal or otherwise, that the party is a fit subject to inhale chloroform. I would not wish it to be thought that I consider organic diseases of the chest in no degree to contraindicate the use of chloroform—a diseased organism can never compete with a healthy one—but I simply hold that organic disease is not nearly so great a contraindication as many of us are still inclined to think.

"The question is often put to me at what stage of labour ought chloroform to be administered?

"I am in the custom of giving it at all stages, whatever the state of dilatation of the os uteri; and I am of opinion that when an anæsthetic is resolved on it should be given *in toto*, or not at all, and having once commenced the administration, it should never be altogether withdrawn, except under pressing circumstances.

"I am frequently informed that it delays labour, encourages hæmorrhage, retards convalescence, and is otherwise followed by a multitude of evils. In short, it would appear that everything which happens of a sinister kind or out of the common run, during and for the next six weeks after the administration of chloroform in labour, is put down to the debit of the anæsthetic; even puerperal fever, mania, convulsions and pelvic inflammations.

"To such objections as these I have no hesitation in giving a direct negative. With the exception of a questionable tendency to the occurrence of hæmorrhage in some rare cases, chloroform may

be said to be perfectly innocent of all and every medical objection that has ever been raised against it in the practice of midwifery; and with little care and good management this accident may be avoided or easily remedied. An eminent authority, namely, the late Dr. Snow, has said that in his experience 'there has hardly ever been uterine hæmorrhage of any amount, except in patients who had suffered from it in previous labours.' I would further observe, that these and many other conditions have occurred and will ever occur in the practice of midwifery whether chloroform is administered or not.'"

Dr. SKINNER has invented a new apparatus for inhalation.

"1. The inhaler is a mask, the framework of which is of tinned iron or German silver wire. It somewhat resembles a fencing mask, excepting that it is covered with thin coarse domette instead of wire gauze, and that it covers only the lower half of the face. For convenience, it has a movable handle, and is otherwise made to fold up so that it may be carried in the pocket, hat, or case.

"The drop-tube is a tube of glass about two inches long, sealed at one extremity, so that a silver wire ligature only can pass; it is then thrust through a perforated cork which is inserted into a three or four ounce phial, and it is ready for use. The cork is more durable if covered with white kid leather. (Messrs. Maw and Son, have greatly improved this drop-tube by making it entirely of glass.)

"On inverting the bottle and drop-tube with chloroform in it, at no single inversion can more than thirty nor less than ten minims escape until it is reinverted. The advantages of such an arrangement will at once suggest themselves. The principle of this simple little invention is, that no more liquid can flow at one inversion, than is sufficient to allow the atmospheric pressure to balance the elastic force of the vapour of chloroform and air within the bottle. It might be called a pneumato-hydraulic regulator of chloroform. I will just add, that this drop-tube will serve for many other equally useful purposes, namely, for dropping collyria, for the administration of medicines in the form of drops, and as a 'poison cork.' For such purposes it is only necessary to incline the bottle until it begins to drop, when a child may almost be entrusted to drop laudanum with it. The leather covering over the cork is only requisite with chloroform.'"

The 'Lancet' opens with a continuation of Dr. PEACOCK'S lectures on *Fever*. Mr. HANCOCK contributes some further observations on *Division of the Ciliary Muscle*, and Mr. DANIEL GIBSON reports a *Case of Paralysis, with Loss of Speech*, from intestinal irritation in a child six years old.

The 'Medical Times and Gazette.' Mr. JOHN ADAMS reports a case of *Puncture in the Neck, with a Wound of the Internal Jugular Vein*. He adds some comments of a practical nature, which are highly interesting. We extract the case:—

"Mary Ann R., aged thirteen, servant, while cleaning the window of an upper room, was suddenly seized with giddiness (to which she was subject), and at once fell, passing through a skylight. She was picked up insensible, and remained so until she was brought to the hospital on June 9, half an hour after the accident. Upon admission, she was pale and exsanguine, evidently suffering from the effects of loss of blood. Upon examination by the house-surgeon (Mr. Gwynn), there was found a large, deep, irregular wound, situated in the right submaxillary space. No hæmorrhage was apparent at this time. The patient was then removed to the ward, and wet lint was applied to the wound. Mr. Adams's attention was shortly afterwards directed to the case; when, upon examination and removal of the clot, a gush of blood ensued, which was pronounced to come from the internal jugular vein. Mr. Curling, being in the hospital at the time, his assistance was promptly obtained. He divided the skin upon Mr. Adam's finger, so that the bleeding vein might be secured, but the withdrawal of the finger was attended with an immense gush of blood. Temporary pressure was, therefore, applied with the finger. As the amount of hæmorrhage was so great, and as it appeared impossible to reach the vein, Mr. Adams plugged the wound with pieces of sponge, and applied a compress. The patient was kept in the recumbent posture, with the head extended. Beef-tea and milk diet were prescribed, and a constant and careful watch was kept over the patient, in case of hæmorrhage.

"June 10.—No further hæmorrhage has occurred. The patient complains of some pain in swallowing; an enema containing tinct. opii. ℥xx., and two ounces of beef-tea, were administered every four hours. Passed a good night; was fretful and uneasy during the day.

"11th.—Seen by Mr. Adams. The bandage was removed, and spirit lotion was applied. The head is now able to be raised.

"12th.—Strapping removed by Mr. Gwynn. Sponge is still left in the wound, from which there is some sanious discharge. The adjacent parts do not appear inflamed.

"13th.—Improving. Extremely fretful. Linseed poultice to be applied to the wound.

"14th.—Progressing favourably. Seen by Mr. Adams, who removed one piece of sponge. Pulse 80. Sleep natural.

"18th.—Mr. Adams removed one piece of sponge, replacing another. Patient is now able to take solid food.

"30th.—Patient has gone on without an unfavourable symptom, is now up, and is able to take the ordinary diet of the hospital. The wound has healed, with the exception of a small, healthy, granulating surface, about the size of a shilling, which requires only simple dressing."

We will now reproduce the salient points in the commentary:—

"In the case before us, I acted according to the rule laid down, and, although the bleeding had ceased entirely, from the pallid aspect and almost pulseless state of the patient, I was certain a large quantity of blood had been lost. In this idea I was confirmed by Mr. Gwynn, the house-surgeon. I therefore introduced my fore-finger into the wound, which I found extended upwards, as far as the base of the skull, and on withdrawing it a large quantity of venous blood gushed out. I immediately re-introduced my finger and stopped the hæmorrhage. Of course, I could not safely remove my finger, and was very glad to avail myself of the assistance of Mr. Curling, who, with a bistoury, enlarged the wound on my finger, so that I might, if possible, reach the vessel and tie it; but the wound was so high up that this was impossible—and, as I was convinced that the internal jugular vein was the vessel wounded, I felt that no time was to be lost in seeking it. I therefore applied small pieces of sponge well pressed into the wound, and the hæmorrhage was arrested not to return; the sponge was confined by strapping and bandage. Now, you may say, is it right to put a ligature on the internal jugular vein? Certainly it is, unless you can stop the bleeding by any other means; and I candidly tell you, notwithstanding the fortunate issue of this case, if I could have found the wound in a convenient situation, I should have tied the vein. Perhaps it is better that I did not, as all hæmorrhage was arrested by pressure; but there is nothing so satisfactory in hæmorrhage as the ligature. I must tell you that the case was materially aided by position, for the head was made dependent backwards over a pillow, or, as the report says, completely extended, the patient being in a position as you may often see calves placed in as they are being brought to market in carts. The risk of phlebitis, which often attends ligatures on veins, is avoided by the employment of pressure. As the case before us illustrates the subject of wounded veins, and hæmorrhage resulting from such wounds, I may be excused from dwelling somewhat on this subject generally, and on this case in particular. Serious and fatal hæmorrhage from veins is not of very frequent occurrence, and perhaps that is one reason why no great deal of attention is given to it. When a patient dies from hæmorrhage, the blood usually comes from some large artery; but it happens now and then that fatal bleeding arises from wounded or divided veins; thus in the operation of lithotomy in persons advanced in years, I have seen such serious bleeding from the plexus of veins which surrounds the prostate and neck of the bladder as almost to destroy the patient; so also in amputation of the thigh, if the vein is cut obliquely most inconvenient hæmorrhage happens occasionally, and this more often occurs if no valves are near the divided end of the vein; when this happens it is better to dissect the vein upwards and cut it across at once, or if the bleeding still goes on, either a compress of lint must be applied with a ligature attached so as to facilitate its removal, or the vein must be tied.

"You will occasionally read in the public papers that a person has died suddenly in the street, or in a cab, or in a railway carriage, from the *bursting*, as it is termed, of a vein in the leg; this is no very uncommon occurrence. Frequently in the course of your experience at this hospital you will have cases brought in in consequence of hæmorrhage from an ulcer on the inside of the leg above the inner ankle. These are varicose ulcers, and I often take the liberty to ask the junior students what is to be done in a case of this nature? and the answer usually is, 'put a bandage on it, of course;' whilst the experienced surgeon says, place the patient on the back, and raise the heel, and the bleeding will cease. Now this is the plan you are to pursue, and many lives will be saved by this simple process. It is a very great pity that the public, or, at any rate, that the police do not understand this, for, by these simple means, death may be frequently averted. Instead of putting on a bandage just clap your finger on the ulcerated vein, place the patient on the back, raise the heel, and remove the garter. Position in Surgery is a great point, and in no case is its importance better exemplified than in this. In operations about the lower limbs, it is important to attend to this. In opening abscesses, or rather in dilating openings in the skin, you sometimes divide rather large veins, and they pour out a large quantity of blood which the patient cannot afford to lose; raise the heel, and it ceases immediately. So also in the bleeding which comes from the prostatic plexus of veins; you had better try what elevating the pelvis will do, before you resort to the unpleasant proceeding of plugging the wound."

Mr. GEORGE LAWSON contributes an article on *Photoplobia*, and Mr. KEITH MACDONALD a case of *Gangrenous Abscess of the Lung* supervening upon typhoid fever, which ended favourably.

GENERAL CORRESPONDENCE.

SPONTANEOUS RUPTURE OF SPLEEN.

To the Editor of the Medical Circular.

Sir,—Rupture of the spleen without violence being uncommon, I beg to forward you notes of a case in which I was called in by the coroner to discover the cause of death.

I am, &c.,

J. T. Holt Dunn, L.R.C.P. Edin., and M.R.C.S. Eng.

7 Carton place, Westbournia.

August 2nd, 1862.

Mary Ann Bloomfield, æt. twenty-nine, laundress, residing at 8 Chapel side, Bayswater, married nine years; has had four children and three miscarriages. General health good, except when pregnant; for many years past has been in the habit of carrying heavy baskets of clothes; is about four months advanced in pregnancy, and during the whole period has complained of pain inside the abdomen, but has not had advice or been under medical care.

Sunday, November 17, 1861.—Got up in her average state of health, went to a christening party in good spirits, and sang a song, but was hastily summoned to her sister, who was in a fit. On her return to the party, she complained of feeling cold and faintness, for which she took a glass of gin. Then she eat a good supper of bread and bacon, had another glass of gin, walked home a distance of nearly two miles, and went to bed between 12 and 1, feeling very cold. Her husband says her feet, which were habitually cold, felt like ice. She slept until 6.30 a.m. Monday, when she was awoke by one of her children crying. She then said to her husband "I have got the cramp in my belly," took 3d. of brandy in hot tea, and applied hot fomentations. A neighbouring surgeon sent her an anodyne mixture (without seeing her), and she took one dose, but continued sick, cold, and faint until noon, when she became more easy, and was being assisted out of bed to stool, when she fell back into her husband's arms a corpse.

Sectiv Cadaveris, Friday, November 22, 1861, four days after death. No marks whatever of any violence. Upon opening the cavity of the abdomen, a very large dark clot of venous blood was discovered extending over and covering nearly the whole superficial space; there was immense effusion, the abdominal cavity containing not less than five pints of fluid blood mixed with clots.

The *Spleen* was noticed as being somewhat enlarged, and its outer side ruptured to the extent of an inch and a half with a clot the size of a large walnut protruding through the orifice. The liver and other organs were quite healthy, as were also those in the thorax; the right side of the heart was perfectly empty, while the left was full. Upon dissection the *spleen* was found to contain a large clot divided into cysts by bands of lymph passing round their several parts and separating the clot into segments. In this case I think the splenic vein in the first instance gave way, why or when it is quite impossible to say; then adhesive inflammation was set up, and the increase of the clot for a time retarded by its acting as a plug, and sealing up the open vessel, and thus arresting the hæmorrhage; at last the pressure of the clot having thinned the wall, some exertion or probably the mental emotion consequent upon the sudden illness of the sister caused a slight rupture of the spleen. The hæmorrhage being again controlled by the presence of the clot in the orifice, which was no doubt much increased by the movements attending getting out of bed to stool, when I expect it gave way and severe bleeding took place. I, therefore, conclude that she died from internal hæmorrhage caused by rupture of the spleen induced by the primary rupture of the splenic vein.

SUBSCRIPTION FOR THE FAMILY OF THE LATE DR. McWILLIAM.

[The following letter has been forwarded to us with a request for its insertion. It gives us pleasure to comply with this request, and we trust that the object the Committee have in view will be realised to their satisfaction and to the comfort and consolation of the bereaved family.]

Sir,—We, the undersigned, have formed ourselves into a Sub-Committee to co-operate with a Committee already existing of Medical Officers of the Navy, in raising a fund among the Profession generally, for the Widow and Orphan Children of the late Dr. McWilliam, C.B., F.R.S.

Dr. McWilliam was so well known as to render it almost superfluous to state that in him were combined in a pre-eminent degree all the most estimable qualities of the medical character—professional knowledge and sound judgment, high moral courage, great benevolence and generosity, with indefatigable zeal and industry; and these qualities shone forth during the whole course of a public life marked by many memorable and trying events. Witness his active services, intermitted only by severe attacks of fever, in various ships on the West Coast of Africa, his most heroic exertions in the ill-fated expedition to the Niger, and, subsequently, his volunteer labours in investigating with such self-sacrificing zeal the yellow fever at the Cape de Verde Islands, which followed upon the fatal outbreak of that pestilence in H.M.S. 'Eclair.'

As Medical Inspector of the Customs during the latter years of his life, he displayed the same energy of purpose and devotedness to duty, and won the esteem and gratitude of all with whom he was associated. For his many valuable services he received in 1858 the distinguished honour of being made Companion of the Bath.

His leisure time was unceasingly given up to the advancement of professional science. From the formation of the Epidemiological Society he discharged with unflagging zeal the duties of Honorary Secretary, and his many contributions to its transactions, as well as his recent researches on the Health of our Merchant Seamen, brought before the National Association for the Promotion of Social Science, must be well known to all.

When we find that a man, who thus so honourably and so usefully spent his life, has left his widow and family without anything like adequate provision, we feel that this is no ordinary case, and that in contributing to a fund for the due support, education, and respectable introduction into life of eight young daughters prematurely bereaved of a father's care, the profession are but doing justice to their feelings of benevolence in a righteous cause.

We beg to subscribe ourselves,

B. G. Babington, M.D., F.R.S., Chairman, 31 George street, Hanover square.
J. Copland, M.D., F.R.S., Old Burlington street.
H. Mapleton, M.D., Deputy-Inspector of Hospitals, 6 Whitehall yard.
J. Simon, F.R.S., Privy Council Office, Whitehall.
Waller Lewis, M.D., General Post-Office.
R. D. Grainger, F.R.S., Highgate.
Ranald Martin, C.B., F.R.S., Mount street, Grosvenor square.
J. Propert, 6 New Cavendish street.
William Farr, M.D., F.R.S., Somerset House.
William Cooke, M.D., Trinity square.
Gavin Milroy, M.D., Hon. Sec., 149 Strand, or 8 St. John's Villas, Richmond.

*** Subscriptions by Cheque or otherwise will be received by all the Members of the Committee, or may be paid to the "McWilliam Fund," at the London and Westminster Bank, St. James's Square, S.W.

Births, Marriages, and Deaths.

DEATHS.

Edwards.—August 1, suddenly, Conway Thomas Edwards, M.R.C.S. Eng., L.S.A. Lond., of No. 21 Brompton row, formerly of Batheaston, Somersetshire, aged 52.

Keane.—July 25, George Keane, M.R.C.S. Eng., L.S.A. Lond., of Chipping Ongar, Essex, aged 51.

Lawrence.—July 18, Henry Lawrence, M.D. Univ. St. And., Consulting-Physician to the Carmarthenshire Infirmary, Justice of the Peace for the Counties of Carmarthen and Pembroke, and for the Borough of Carmarthen, of Chepstow, Monmouthshire, aged 77.

Macintosh.—On the 2nd inst., Richard Duncan Macintosh, M.D., of Dix's field, Exeter, aged 88.

Marshall.—On the 2nd inst., Thomas Marshall, M.D. Univ. Glasg., L.F.P.S. Glasg., of Barwood lodge, Helensburgh, Dumbartonshire, formerly of Glasgow.

Mitchell.—On the 1st inst., Edward Dawson Welbank Mitchell, Surgeon, of Lloyd street, Greenheys, Manchester, formerly of Newcastle-on-Tyne, aged 64.

Powell.—Recently, Charles Powell, M.R.C.S. Eng., L.S.A. Lond., of Haw house, Olveston, Bristol.

Traill.—July 30, Thomas Stewart Traill, M.D. Univ. Edin., F.R.C.P. Edin., Professor of Medical Jurisprudence in the University of Edinburgh, of Rutland square, Edinburgh, aged 80.

Wagstaffe.—July 13, Matthew French Wagstaffe, M.R.C.S. Eng., L.S.A. Lond., at Braunston house, Rugby, Warwickshire, of Walcot place, West, Kennington, aged 59.

Williams.—July 23, Rowland Williams, Surgeon, at Kentish town, aged 61.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 31st ult., viz.:—Edwin Hodgson Roe, Eccles, near Manchester; James Murray, Belfast; Henry Owens, Croydon; George Robert Morris, Charmouth, Dorsetshire; John Pooley, Huntingdon; Henry Seekamp Ward, Horncastle, Lincolnshire; Henry Charles Bury, Whitstone, Middlesex; Lewis La Mert, Bedford square; Alfred Woodforde, Plaistow; Henry Cheesman, Brighton; Howell Charles Phillips, Trinity square, Tower hill;

John Gregory White, Ampthill, Bedfordshire; George John Blasson, Billingborough; Charles Rhodes, Addison road, Kensington; John Sebastian Wesley, The Close, Winchester; Thomas Simpson, Boston, Lincolnshire; John Forrest, Blackburn, Lancashire; Lewis James May, West Putford, near Bideford; John Frederic Cobb, Norwich; Conrad Christopher Wimberley, Poplar Hospital; Henry Mortimer Hawkins, St. Mary's road, Peckham; and Henry John Sharp, Cornhill road, Islington.

Admitted on the 1st instant:—Charles Augustus Prater, Woolwich; Theodore D'Orville Partridge, York place; Charles Eugene Nelson, New York; Joseph Connolly, Belfast; Alfred Henry Brereton, Bow; William Rayner, Stockport; Melchior John Frederick Kranz, Melbourne, Australia; and George William Noad, Wokingham.

At the same meeting of the Court, Mr. John Keville Smallhorn, of H.M.S. 'Supply,' Woolwich, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date October 29, 1858.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Thursday, July 31, 1862:—William Warrener, Woburn, Beds; George Henry Maskelyne, Farringdon Berks; Henry Nanton Murray Sedgwick, Antigua, West Indies; Charles Henry Biddle, Newcastle-on-Tyne; Charles Albert Waterworth, Newport, Isle of Wight; Frederick W. Wright, Launceston; Walter Barker, Wantage, Berks; Edward Charles Bury, Wisbeach; Philip Candler Shepheard, Erpingham, Norfolk; Frederick Scott La Trobe, St. Mary's Hospital; F. W. E. Reinhold Goédicke, 4 Albert terrace, Notting hill; Lionel Booth, Greenwich; Albert McDiarmid, 5 Newton terrace, Rochester; Robert Richards Hawkins, Martintown, Dorset; Robert Hicks Beauclerc Nicholson, Hull.

The following gentlemen also on the same day passed their first examination:—Horace Cooper, Anthony C. Colborne, and William L. Barker, St. George's Hospital; Herman B. Holman, London Hospital; Anthony J. Newman, Middlesex Hospital; George Hurst Orton and Adolphus B. Great-Rex, St. Bartholomew's Hospital; John Henry Salter and F. C. P. Howes, King's College; Edward Thomas Blake and William F. Butt, University College.

The Rev. Mr. Livesey, Incumbent of St. Philips's Church Sheffield, has been let off with a nominal punishment, for the offence of certifying to the burial of the corpse of a man who had been dissected at the Anatomical School at Sheffield, whereas the remains of the man had not been buried at all. The trial took place at York, on July 24th, before Mr. Justice Mellor. It was stated, on the part of the prosecution, that an arrangement had been made by the sexton, Isaac Howard, with Mr. Barber, the Curator of the Sheffield School of Anatomy, by which the bodies taken for dissection by the Anatomical School should afterwards be taken to the burial-ground of St. Philips's, and be there buried in the cemetery, for which a fee of 13s. 6d., was paid, including the shell or coffin which was to be provided. Under the Anatomy Act, passed to prevent the disinterring of dead bodies, the law allowed only two classes of persons to be received in the Medical Schools for dissection—those who died in the workhouse unclaimed by their friends, and the bodies of persons who by will desired themselves to be dissected. This statute provided that any such bodies taken for the purposes of dissection should be placed afterwards in proper coffins, and be decently interred in consecrated ground, and that a certificate of the interment of the body should be then transmitted to the Registrar. The statute took every care that the remains of persons so dissected should be interred with all due respect. The body of the deceased man, the cause of the present inquiry, had been removed in a box, in a wheelbarrow, from the Medical School to the cemetery. It had been represented to the prisoner by the sexton that the body of a man had been received from the Medical School, and the prisoner had on that representation entered in the register the name of "Joseph Greatorex, Medical-hall, buried the 3rd of April—the ceremony performed by John Livesey." This was a false entry; the body was never buried at all, and the prisoner read no burial service and performed no ceremony over it. Mr. Livesey, in exculpation of himself, had written an explanation to the 'Sheffield Daily Telegraph' newspaper, stating in effect that the box had been placed in the coach-house, and that it contained a mass of decomposed matter over which he had not thought it right to read the burial service, and that it had been placed in the catacombs with the bodies of still-born children and other relics of humanity, over which the burial service could not regularly be read. It was stated, in evidence, that five bodies only per annum were dissected in Sheffield. The learned Judge affirmed distinctly the intention of the legislature that the bodies of dissected persons should be regularly interred with a funeral service, but summed up in favour of the prisoner. He was found guilty, and sentenced to a short imprisonment. We feel convinced that unless the public believe that the remains of dissected persons are treated with common respect, great difficulties will from time to time arise.—'Medical Times and Gazette.'

APPOINTMENTS FOR THE WEEK.

Wednesday, August 13.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 14.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m. London Surgical Home, 2 p.m.—Ruptured Perinæum; Vesico-Vaginal Fistula.

Friday, August 15.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 16.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, August 18.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 19.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

A Chart of the Principal Constituents of the Urine in Health and Disease. By Dr. W. Stranger. London: H. Renshaw, 356 Strand.

The Spas of Europe. By Dr. J. Althaus. London: Trubner and Co., 60 Paternoster row.

Our Domestic Animals in Health and Disease. By J. Gamgee, Esq., Principal of the New Veterinary College, Edinburgh, &c. London: Hamilton, Adams, and Co.

NOTICES TO CORRESPONDENTS.

R. J. B.—1st. Certainly.—2nd. We cannot say.

A Member of the College.—We do not know whether the subscription for Hunter's monument is yet complete. We have no doubt that the Council will gladly receive your quota, if you should forward it. Mr. Weekes' model is full of animation, and characterises the keen searching genius of the man.

Dr. Scott.—We are obliged by the compliment.

Censor.—Received; but the article is too lengthy for publication.

A Reader.—Dr. Brown the author of 'Horæ *Subsecivæ*,' is still alive, and resides in Rutland street, Edinburgh. The extent of his practice we do not know; we hope that it is both large and profitable.

Delta.—Areometer is the name of an instrument for measuring the specific gravity of liquids.

F.R.C.S. Eng. writes "I cordially approve of your proposition for an annual Conversazione at the College of Surgeons. Don't let the subject drop. These things are the rage now; and the Council should not be permitted to go on in their old exclusive ways. If they don't do it, the College of Physicians will, and then it will be all up with the College of Surgeons." F.R.C.S. must not forget the subject at the next Fellows' dinner.

S. H. T.—1st. There is only one circumstance that justifies the opinion, viz., the occurrence of discharge after suspected conception; but that sign is delusive.—2nd. Yes.—3rd. It may be done as suggested.

A Member of the British Medical Association observes "I never thought our case so bad, until I read your article. It really is a shame that our large funds should be expended upon the Journal; but I think you put the figures too high. Our members are not numerous enough to produce such an annual subscription. We advise our correspondent to refer to his balance-sheet. All we can say is that if the members be not numerous enough to produce the amount, so much the worse, for we are correct as to the expenditure.

XX.—Our correspondent should attend Mr. Gulliver's lectures: we cannot promise. With reference to the point raised, we may say that the white corpuscles do not bear a definite proportion, even in health, to the red corpuscles; but vary, according to the experiments upon himself of Dr. Hart, of Zittau, from 1 in 400 to 1 in 1,800. After digestion the white corpuscles increase in number, decreasing again while fasting. It is absolutely necessary to know the conditions of the system in health, before any conjectures as to the influence of disease can be safely formed.

Mr. Franklin.—No.

Mr. Rogers.—Attended to.

Dr. Robinson.—Note received. The request shall be complied with.

Dr. Milroy.—Received, and attended to with pleasure.

Dr. Paterssen.—Letter received, a private note shall be sent.

A Correspondent asks: "Can you confer the obligation of stating the works or articles on Intermarriage of Relatives, for the information of yours, &c."

Vaccine Lymph.

To the Editor of the Medical Circular.

Sir,—Would you kindly inform me how I can obtain Vaccine Lymph as taken from the cow direct, notice of which appeared in the Medical Circular sometime ago, but I cannot find the number.

Friday, Aug. 8th. I am, &c., E. F. C.

St. Bartholomew's Hospital

and MEDICAL COLLEGE.—The WINTER SESSION will commence OCTOBER 1, with an Introductory Address by Dr. MARTIN, at Four o'clock p.m.

LECTURES.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey, and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chymistry—Dr. Frankland.
Demonstrators of Anatomy—Mr. Callender & Mr. Smith.
Demonstrator of Morbid Anatomy—Dr Andrew.

SUMMER SESSION, COMMENCING MAY 1, 1863.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chymistry—Dr. Frankland.

The Hospital contains 650 Beds, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Skey and Mr. Paget; and on Diseases of Women, by Dr. Greenhalgh.

Collegiate Establishment—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the Teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.*, are awarded annually. Further information respecting these and other details may be obtained from Mr. Paget, Dr. Martin, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Society for Relief of Widows

and ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788.—EXTENSION of LIMITS.—All legally-qualified Medical Practitioners residing in the county of Middlesex, or within the limits of the London District Post, are now eligible as members of this Society.

Half-yearly relief is given to the Widows and Children under fifteen years of age of Members of at least two years' standing, if in diatressed circumstances.

The election is by ballot, at the four quarterly meetings of the Court of Directors, on the first Wednesday in March, June, September, and December; the proposal having been read at the previous Quarterly Court. Forms of proposal, &c., may be obtained from the Secretary, who attends at the office of the Society every Wednesday and Friday from Four to Five p.m.

S. W. J. MERRIMAN, M.D., Secretary.
53 Berners street, W.

Society for Relief of Widows

and ORPHANS of MEDICAL MEN in LONDON and its VICINITY. Instituted 1788.—The Members are reminded that a QUARTERLY COURT OF DIRECTORS will be held on the 3rd September next, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the meeting. The form of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the office every Wednesday and Friday from 4 to 5 o'clock. S. W. J. MERRIMAN, M.D.,
53 Berners street, W. Secretary.

To Medical Men. — The

PROPRIETOR of a SANATORIUM and TURKISH BATH at one of our Fashionable Watering Places, from advanced age and failing health, wishes to meet with a Gentleman to assist him in conducting it with a view to Partnership, or the relinquishment of the whole to him. The net income is large, and daily increasing.—Address, M. D., 116 Camberwell New road, S.

Epilepsy. — Private Home

for YOUNG SUBJECTS of EPILEPSY.—The Advertiser, having for several years received a limited number of Epileptics of the middle and upper classes to reside under his superintendance, is enabled by experience to afford a highly desirable home for the physical and moral improvement of such Patients, and supplying an important auxiliary to Medical treatment.—For particulars, address J. R. Carter's News Office, Hampstead, N.W.

Medical Officers wanted.

THE LONDON EQUITABLE MUTUAL LIFE INSURANCE SOCIETY,
64 CHANCERY LANE, LONDON, W.C.

Trustees:—Right Honourable T. E. HEADLAM, Q.C., M.P.; Colonel CLIFFORD, M.P., and H. F. JADIS, Esq., Board of Trade.

The Directors continue to pay the following highly liberal Fees, in addition to the usual commission, in all cases where Assurances are introduced directly by Medical Gentlemen—viz., 3*l.* 3*s.* where the Policy is for 500*l.*, 2*l.* 2*s.* for 200*l.* to 400*l.* and 1*l.* 1*s.* for 100*l.*

MEDICAL REFEREES REQUIRED where the Society is not represented, — remunerative terms allowed. Apply to Dr. GEORGE ROSE, 24 Farringdon street, London, or to

JOHN LESLIE PILKINGTON, F.S.S.,
Manager and Secretary.

TO THE MEDICAL PROFESSION.

Charcoal Biscuits for In-

DIGESTION, HEARTBURN, &c. &c., manufactured from the purest Vegetable Carbon. Sold only in tins, at 1*s.*, 2*s.*, 4*s.*, and 8*s.* each, by J. L. BRAGG, Sole Manufacturer, 2 Wigmore street, Cavendish square, London.

Chemists and others allowed a liberal discount.
Post-office Orders made payable at the Old Cavendish-street Branch.

Guy's Hospital. — The

MEDICAL SESSION commences in OCTOBER. The Introductory Address will be given by J. COOPER FORSTER, Esq., on Wednesday, the 1st of October, at two o'clock.

MEDICAL OFFICERS.

Physicians—G. H. Barlow, M.D.; Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Assistant-Physicians—S. O. Habershon, M.D.; S. Wilks, M.D.; F. W. Pavy, M.D.
Surgeons—Edward Cock, Esq.; John Hilton, Esq., F.R.S.; John Berkett, Esq.; Alfred Poland Esq.
Assistant-Surgeons—J. Cooper Forster, Esq.; T. Bryant, Esq.; Arthur Durham, Esq.
Obstetric Physician—Henry Oldham, M.D.
Assistant Obstetric Physician—J. Braxton Hicks, M.D., F.R.S.
Surgeon-Dentist—J. Salter, Esq.
Eye Infirmary—John F. France, Esq., Consulting Surgon; Alfred Poland, Esq., Surgeon; Charles Badder, Esq., Assistant-Surgeon.

LECTURERS—WINTER SESSION.

Medicine—Owen Rees, M.D., F.R.S.; W. W. Gull, M.D.
Surgery—John Hilton, Esq., F.R.S.; John Birkett, Esq.
Anatomy—Alfred Poland, Esq.; J. Cooper Forster, Esq.
Physiology—F. W. Pavy, M.D.
Chemistry—Alfred Taylor, M.D., F.R.S.
Experimental Philosophy—C. Hilton Fagge, M.B.
Demonstrations on Anatomy—Walter Moxon, M.B.—Assistant-Demonstrators—J. Bankart, Esq.; C. Hilton Fagge, M.B.
Demonstrations on Morbid Anatomy—S. Wilks, M.D.

LECTURERS—SUMMER SESSION.

Demonstrations on Cutaneous Diseases—W. W. Gull, M.D.
Medical Jurisprudence—Alfred Taylor, M.D., F.R.S.
Materia Medica—S. O. Habershon, M.D.
Midwifery—H. Oldham, M.D.
Ophthalmic Surgery—A. Poland, Esq., and C. Bader, Esq.
Pathology—S. Wilks, M.D.
Comparative Anatomy—F. W. Pavy, M.D.; W. Moxon, M.B.
Practical Use of the Microscope—Mr. Durham.
Dental Surgery—Mr. Salter.
Botany—C. Johnson, Esq.
Practical Chemistry—W. Odling, M.B., F.R.S.
Demonstration on Manipulative and Operative Surgery—T. Bryant, Esq.
Vaccination—J. Braxton Hicks, M.D., F.R.S.

The Hospital contains 600 Beds. Special Clinical Instruction given by the Physicians in Wards set apart for the most interesting cases.

Clinical Lectures—Medicine, Surgery, and Midwifery—Weekly.

Lying-in-Charity—Number of cases attended annually about 2,000.

Twenty-six Beds for Diseases of Women. Thirty Beds for Ophthalmic Cases.

Museum of Anatomy, Pathology, and Comparative Anatomy, Curator—S. Wilks, M.D., contains 10,000 specimens, 4,000 drawings and diagrams, a unique collection of Anatomical Models, and a series of 400 Models of Skin Diseases.

Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second, and 10*l.* for every succeeding year of attendance, or 100*l.* in one payment entitles a Student to a perpetual ticket.

Dressers, Clinical Clerks, Ward Clerks, Obstetric Residents and Dressers in the Eye Wards, are selected according to merit, from those Students who have attended a second year. A Resident House-Surgeon is appointed every six months from those Students who have obtained the College Diploma.

Six Scholarships, varying in value from 25*l.* to 40*l.* each, will be awarded at the close of each Summer Session, for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine and one for Surgery.

A Voluntary Examination will take place at Entrance in Elementary Classics and Mathematics. The three fire Candidates will receive respectively 25*l.*, 20*l.*, and 15*l.*

Several of the Lecturers have vacancies for Resident Private Pupils.

Mr. Stocker, Apothecary to Guy's Hospital, will enter Students, and give any further information required.

Guy's Hospital, July, 1862.

To Students, Surgeons, Dentists, and others.

The best House for Second-

HAND INSTRUMENTS, where there is the largest Stock in London, is Mr. WM. LAWLEY'S, 78 Farringdon street, City. Army and Navy Regulation Cases, Pocket Cases, from 14*s.* each; Dissecting Cases, at 8*s.* 6*d.* and 10*s.* 6*d.* each. And, if you require NEW INSTRUMENTS, the well-known House of MILLIKIN & LAWLEY, 161 Strand, adjoining King's College, is the best in London, where every description of Instrument or Surgical Appliance may be had on the most recent principle and the shortest notice.

N.B.—A large Stock of first-class Instruments always on Sale, at the lowest cash prices. Instruments Bought, Sold, or Exchanged.

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now perfect in purity and strength.

"Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.

This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used for DISPENSING. In the stone jars (half-gallon, 5*s.* 6*d.*; gallon, 9*s.* 6*d.*,) specially adapted for the use of Medical Men and Chemists. To be had from the Manufacturers.

DINNEFORD and CO., Chemists, 172 Bond street, London; all Wholesale Druggists and Patent Medicine House.

St. Mary's Hospital Medical

SCHOOL.—The WINTER SESSION will commence WEDNESDAY, OCTOBER, 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr. SIEVEKING, after which a CONVERSAZIONE will be held.

As an incentive to Clinical Study, the Medical Appointments in this Hospital, including FIVE HOUSE-SURGEONCIES, have always been open to its Pupils without additional Fee or expense of any kind: thus offering advantages, both professional and pecuniary, of far more value to the Student than any system of Scholarships or Prizes.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Comlson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. J. Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee.
Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Medicine: Dr. Chambers, and Dr. Sibson. Surgery—Mr. Lane and Mr. Spencer Smith.—Physiology: Dr. Broadbent.—Anatomy: Mr. Gascoyen.—Operations on the Dead Body: Mr. James Lane. — Dissections: Mr Norton and Mr. Coombs.—Chemistry—Mr. Field.

SUMMER SESSION.—Midwifery: Dr. Tyler Smith and Dr. Gruilly Hewitt.—Materia Medica: Dr. Sieveking.—Botany: Dr. Dresser. — Medical Jurisprudence: Dr. Sanderson.—Practical Chemistry: Mr. Field.—Ophthalmic Surgery: Mr. White Cooper.—Aural Surgery: Mr. Toynbee. Dental Surgery: Mr. Sercomb.—Comparative Anatomy: Mr. Mivart.—Natural Philosophy: Mr. Smalley.

Clinical Lectures on Medicine and Surgery are delivered twice a week, throughout each Session by the Physicians and Surgeons.—A Maternity Department is attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers in each Session during the last two years of their curriculum.

PRIZES, &c.—A Scholarship in Anatomy of the annual value of 25*l.*—A Prize of 20*l.* for Students of the First Year.—Prizes in the several Classes, at the end of each Session, of the average value of Five Guineas.—Two Prosectors, who each receive 5*l.* and a Certificate.

The Fee for the Hospital Practice and Lectures required by the Colleges of Physicians and Surgeons, and the Society of Apothecaries, is 89*l.* 5*s.*, which may be paid by instalments.

A detailed Prospectus will be sent and further information obtained on application to

GEO. G. GASCOYEN, Dean of the School.
St. Mary's Hospital, August, 1862.

Taunton Union.—The Board

of GUARDIANS of this Union are desirous of receiving applications for the appointment of Medical Officer, (duly qualified), for the West Monkton District, comprising the parishes of Cheddon, Fitzpaine, Creech, St. Michael, Durston, and Monkton West.

Area, 7,222 acres, Population, 2,885; Salary, £75 per annum.

In addition to the salary, the officer will be entitled to the Fees specified in the order of the Poor-Law Commissioners of 24th July, 1847. He will be appointed under the Act for Vaccination, with a fee of 1*s.* 6*d.*, or 2*s.* 6*d.* for every successful operation by him, according to distance, and 2*s.* 6*d.* per case for each quarterly visit to lunatic paupers resident in the district.

Information as to the duties, &c., may be known on application to me.

Testimonials of qualification, &c., to be left at my office on or before the 15th August next, and personal attendance at the Taunton Union Workhouse at Noon on the following day (Saturday, the 16th), when the election will be proceeded with, is indispensable.

JOHN CHORLEY, Clerk.
July 19th, 1862, Registry place, Taunton.

MERIT ACKNOWLEDGED!

INTERNATIONAL EXHIBITION, 1862.

The Jurors of Class III have, after a searching series of analysis, awarded a

PRIZE MEDAL

for the "Purity and Excellence of Quality" of

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VICTORIA LOZENGES,

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GENERAL PRINTERS, ENGRAVERS, &c., GEORGE STREET, MANSION HOUSE, LONDON, E.C.—Surgeons, Hospitals, and Dispensaries supplied with Gummed Labels and every description of Printing on highly advantageous terms, and of the most finished style and workmanship.

Dispensing Labels—Plain, 2d. per 100; Engraved, 4d. per 100. Blanks, 2d., 2½d., and 3d. per 100 Retail, 2d. per 100. Catalogues on application

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JOURNAL

OF

Practical Medicine and Surgery.

MEDICAL CORRESPONDENCE.

ART. 6263. TREBLE PREGNANCY; RETENTION OF THE THIRD FŒTUS BY HOUR-GLASS CONTRACTION OF THE WOMB.—The retention of a fœtus in multiplex pregnancy being of rare occurrence, I forward an account of a case of the kind which may, perhaps, present some interest to the readers of your valuable periodical.

Mrs. D——, at Aressy, near Pau, aged thirty, had given birth in three successive labours, to three healthy children, when she again became pregnant. The abdomen acquired unusual size, and parturition set in at the beginning of the ninth month. Labour-pains were experienced in the morning of April 8th, and at two p.m. the patient was delivered of a puny infant of the female sex, which lived but a few hours. The midwife in attendance having then ascertained that the hand of a second fœtus was presenting, summoned me at once. Slight hæmorrhage was present, and at the back of a loose portion of the placenta engaged in the uterine orifice, I detected, through a membranous envelope, the hand which the midwife had felt. The contractions were feeble and unfrequent, but the woman being well formed and the flooding unimportant, I deemed that the expulsion of the second fœtus might be trusted to the unaided efforts of nature.

I, therefore, merely prescribed a dose of ergot, but as the uterine action remained inefficient, in order to obviate exhaustion from loss of blood, I inserted my hand, lacerated the membranes, and extracted by the feet a living boy.

The difficulties of the case were not, however, at an end. The abdomen was still voluminous, and it was evident that the distention of the womb was not merely caused by the presence of the placenta. On examination, I was not a little surprised to find a well-marked, narrow passage, leading into a cavity in which a third fœtus was included. The shoulder presented, and turning was not effected with the same ease as in the former instance; it was difficult to reach the cyst-like cavity, its orifice was powerfully contracted, and I should have been unable to bring matters to a satisfactory conclusion had I not secured one of the feet in a ligature.

One placenta only existed; its length was about fourteen inches, its width five or six inches, and the three cords were inserted at equal distances from each other.

I cannot doubt that the hour-glass contraction, in every respect similar to that which occasionally causes retention of the after-birth, was induced, in the present instance, immediately after the extrication of the second child. When I first examined the patient, the abdomen presented no irregularity, which might lead me to suppose that partial spasmodic action existed. The circular constriction here described, therefore, occurred most probably after the turning, and rapid extraction of the second fœtus.

— CAZABAN, O. S.,
Bordes (Hautes Pyrénées.)

ART. 6264. SERIOUS SYMPTOMS INDUCED BY A SMALL DOSE OF SULPHATE OF QUININE.—It is a well-known fact, that under the influence of peculiar idiosyncrasies, poisonous effects may be induced by drugs habitually innocuous. A nearly fatal occurrence which I witnessed on the 14th of May last, illustrates the remark, and is, doubtless, referable to some such predisposition.

A single woman, aged thirty-two, of highly nervous constitution, and delicate health, took in one dose, without medical advice, eight grains of sulphate of quinine, for the purpose of arresting irregular paroxysms of intermittent fever. It was then half-past five o'clock in the morning: the patient awoke at seven with most intense colic and pains in the bowels, refrigeration of the surface, rigor and difficulty of breathing; a cold perspiration broke out, she fainted away, and was carried back to her bed, the hyposthenic condition increasing every instant. The face was livid, the eyes sunk and convulsed; the pupils were dilated, the teeth clinched, the limbs inert, and she took no notice of any questions addressed to her.

I was summoned in all haste to her assistance, and was informed on my arrival, that some very slight amendment had taken place. The sufferer evidently heard my questions, and stammered an answer; respiration was accomplished without impediment, and the pulse was low (60). I prescribed the application of cold vinegar and water compresses to the head, of warmth to the extremities, an aperient draught, and an enema containing valerian and assafœtida, to be injected as soon as the heat of the body was restored.

In the course of an hour, marked improvement was visible; the pulse rose to 80, and the singing of the ears and tinnitus set in. The menses made their appearance a fortnight before their usual time, and on the following day naught remained beyond a sense of general fatigue and some headache.

I may, in this instance of sudden cinchonism, point out as especially noticeable, that colics preceded the nervous disturbances of the organs of hearing; also the slow manifestation of the latter, the dilatation of the pupils, and the sudden and premature occurrence of the catamenia.

— GELINEAU, M.D.
Ruelle-sur-Touvre (Charente).

SCIENTIFIC MISCELLANEA.

ART. 6265. RULES FOR SEA-BATHING.—It may not be inappropriate, at the approach of the warm season, to reproduce for the benefit of our readers a brief summary of a paper, published in the 'Gazette Hebdomadaire,' by Dr. Dutrouleau, inspector of the sea-bathing establishment at Dieppe.

The object of the memoir is to indicate with precision the rules for sea-bathing with the greatest possible benefit.

The first question that arises is that of the bathing dress. Mr. Dutrouleau observes that it would be desirable, if possible, to dispense with it altogether, and that it should consist of a loose garment of light texture, in order that the water should, during the entire bath, be in direct contact with the skin. The author also recommends that the head be uncovered, and that for ladies the hair should be confined in a net, which is far preferable to the oil-cloth cap adopted by French ladies in general. When not prevented by any peculiar circumstances, the patient should bathe in the morning, before the heat of the day. Should this not be practicable, the more favourable hour will be between three and five in the afternoon, which is likewise the proper time for a second bath, if the subject bathes twice in the day. This matter is further subservient to the meal-hours. In general, it is best to alter these as little as possible, even at the sea-side; but the peculiar susceptibility of the stomach must be consulted. Persons accustomed to take luncheon should continue to do so, if the digestive functions are regular; debilitated subjects, women and children especially, should make it a rule to eat between breakfast and dinner, and will find the habit conducive to more powerful reaction. The bath should be taken an hour and a half, or two hours after a light breakfast. Persons unaccustomed to eat in the middle of the day, or who digest their food slowly, must bathe fasting. But if debilitated, they will find it safer to postpone the bath to the afternoon, four hours after the morning repast. Another point is the expediency of bathing when the body is heated by exercise, or whether it should be allowed to cool before entering the water. A moment's reflection on the conditions most favourable to reaction, will lead to the conclusion that the twofold mechanism by which it is induced, will work with greater energy if the body is warm at the time of the bath. It is, therefore, proper to take moderate exercise before bathing, and to allow the excitement to subside in part only before venturing into the sea.

The mode of entering into the water is a detail, which, despite all prudential considerations, often leads to evil consequences, from apprehension or unconquerable antipathy to the

first sensations of cold. As a principle, the entire body, including the head, should be as much as possible simultaneously immersed, in order that the concentration of vital power be at once general, prompt, and regular. The methods employed for the attainment of this object are various, but do not admit of all the measures too often indulged in to diminish the severity of the first unpleasant impression. To plunge boldly into the water and to crouch in it, is no hardship to a practised bather, but it is a more severe ordeal to nervous, delicate, or timorous individuals. Such persons should trust themselves entirely to the accompanying guide, and adopt one or other of the following procedures:—The first consists in standing in the water while several pailfuls are poured over the head; the bather should then rapidly enter the sea and squat down so as to be completely immersed. Certain forms of disease are especially benefited by this system, but it is repugnant to many persons. The other plan consists in being carried in by the guide, and horizontally plunged head foremost beneath the wave. Mourgué denounces this as a cruel operation, and it would be open to the objection were it compulsorily enforced; but when it is performed with the full consent of the party concerned, and promptly and dexterously managed, it is far from unpleasant, and proves beneficial. These methods may be tempered so as to be made acceptable to the most nervous subjects; but slow and progressive immersion is contrary to every principle of the bath, may be productive of unpleasant symptoms, and must on no account be tolerated. Compulsion, on the other hand, should never be resorted to, and if, after several attempts, the subject cannot be induced to bathe in a safe and rational manner, it is best for him to give up all idea of sea-bathing.

It is of extreme importance not to stand motionless in the water with one-half of the body in contact with the air. Persons who cannot swim should grasp the hands of the guide, or the ropes provided in some bathing establishments for the purpose; they should exercise, and periodically allow the waves to break upon the sides or shoulders, and occasionally lie on their back, horizontally supported by the guide, and, best of all, learn to swim, carefully avoiding to exceed the proper duration of the bath. The latter is, perhaps, the most momentous of all the questions involved in the subject, and has the utmost influence on the results of each bath, and on the ultimate consequences of the treatment. The duration of the bath must depend upon the object to be attained, and should receive some modifications according to age, sex, constitution, and the nature of the disease of the patient. When powerful reaction is required, the bath should be short, last one or two minutes only, and at first consist merely in one or two immersions; its duration may be gradually extended to five and even ten minutes, when the system has become accustomed to the procedure, but under peculiar circumstances, and in warm latitudes only can fifteen minutes be allowed. The mechanism of reaction fully explains the precept. Seasoned, healthy bathers may remain longer in the water: in the Mediterranean and at Arcachon, an hour is sometimes spent in the sea. Bathers are, moreover, warned by a sensation of chill that it is time to dress; a repetition of the shivering would entail nervous depression. All the bad effects of sea-bathing are attributable to the immersion being too protracted for the power of reaction of the body. We may further remark that the weather, the sea, and the health of the patients are liable to diurnal changes which may require corresponding modifications in the practice of bathing, and that it would, therefore, be highly injudicious to lay down beforehand unyielding rules for the guidance of persons who repair to the sea-side.

On leaving the water, the usual precautions consist in promptly returning to the tent or bathing machine, the body being at the same time covered with a loose flannel wrapper. Some persons derive benefit from affusion of sea-water over the head, at the conclusion of the bath. The body should be promptly dried and well rubbed with a rough towel, the clothes be rapidly resumed, and a walk of a mile or two taken at once to promote reaction. When the refrigeration has been very considerable, and that warmth does not readily return, auxiliary measures may be resorted to with advantage—the warm foot-bath, for instance, which is very generally adopted at the various bathing towns on the Channel Coast. This appliance has been the object of much censure, and should not, perhaps, be resorted to as a rule; but when the feet are very cold, and shivering is present—a frequent occurrence after sea-bathing—it is, in Mr. Dutrouleau's opinion, the most efficacious method of restoring heat, and one of the best promoters of reaction. Persons who can dispense with it will do well to do so, but those who require the foot-bath may take it without fear. When general debility retards reaction, a glass of generous wine, or a warm cup of some aromatic infusion, are excellent auxiliaries; but pedestrian exercise is indispensable, and if the patient is debarred by general weakness from walking, he should be conveyed home and go to bed, or lie on a couch with wrappers for an hour. Whatever means are adopted, reaction is the object which must be obtained.

Art. 6266. Destruction of Nasal Polypi with the Bichromate of Potash.—Bichromate of potash is a moderately powerful escharotic, the peculiarity of the action of which is to cause atrophy of the textures it is placed in contact with. A wart touched with a solution of this salt becomes hard, and dies away. In this instance the mass is dried up, and for the same reason, Mr. Nélaton had recently recourse to the bichromate in a case of framboesia of the scalp; it has also been applied for the cure of hæmorrhoids, condyloma, vegetations, &c. The *Annales de la Société de Médecine de Gand*, inform us that Mr. Frédéricq having satisfied himself of the efficacy of this caustic for the destruction of venereal excrescences, resorted to a saturated solution of bichromate of potash in water, for the treatment of polypi of the nose.

From a favourable report on these experiments by Dr. Dumoulin, we gather that Mr. Frédéricq had thus effected a cure in about twenty cases of polypus.

That surgeon applies every day with a small brush, the solution over the portion of the growth accessible to the eye, avoiding as far as possible touching the adjacent parts. At first neither pain nor irritation of any kind is complained of; but in the course of three or four days generally, inflammatory action sets in which sometimes extends to the nose; that organ swells, and a watery and sometimes acrid secretion is induced. These symptoms should however occasion no uneasiness, they never last beyond forty-eight hours, during which active absorption takes place, and when the local irritation subsides, the polypus is found to have partly or altogether disappeared.

Sometimes a dry, brown coloured eschar forms, but the result of the treatment is the same.

When the first signs of inflammation are observed, pain being the most prominent, Mr. Frédéricq at once discontinues the application of bichromate, which he resumes, if necessary, when the symptoms have yielded. A cure has been frequently effected in five or six days after a single cauterisation. Here as in venereal excrescences, a relapse is unfrequent.

The cases of polypus in which this treatment was instituted varied as to the number, size, and form of the growths. The patients were women, several of whom were more than fifty years of age. The tumours were all mucous polypi, with the exception of one, which was fibrous, and does not appear to have been radically cured.

Mr. Frédéricq states that this remedy causes the prompt absorption of syphilitic vegetations and of mucous papulæ, but that warts are much more slowly cured by the same process. In the former, inflammatory action frequently sets in, and mortification followed, affording satisfactory evidence that genuine cauterisation had been effected. But the general tendency of Mr. Frédéricq's cases implies that the action of the bichromate chiefly consists in powerfully stimulating the absorbents: "It would seem," says he, "to check the formation and increase the destructive processes in the living structures of the system."

Art. 6267. Case Illustrative of the Efficacy of Fucus Vesiculosus for the Cure of Obesity.—In a recent number (Art. 6227), we noticed Mr. DuchesneDuparc's interesting pamphlet on the use of *Quercus Marina, or Fucus Vesiculosus* for the cure of obesity. The author's own observations abundantly demonstrated the innocuousness and efficacy of the

remedy, and the following letter, addressed by Dr. Godefroy to the *Revue de Thérapeutique Médico-Chirurgicale*, further confirms the results mentioned by Dr. Dupare:

"A perusal of Dr. D. Dupare's contribution in your last number, on the subject of the efficacy of fucus vesiculosus for the cure of obesity, suggested to me the idea of trying the remedy in my own case.

"I therefore procured a supply of the fucus from Saint-Malo, where it grows in abundance, and caused a hydro-alcoholic extract to be prepared; this extract is very hygrometric, and for this reason, a small number of pills only should be compounded at a time; they should be silvered over, and preserved in a large quantity of absorbing powder.

"I am fifty-seven years of age, 1 metre, 74 c. (5 feet 9 inches) in height, my bones are small, and the abdomen is in my case, the principal seat of obesity. On the 6th of March, before attempting any treatment, I weighed 76½ kilogrammes (rather more than 12 stone). From the 6th of March, I took every day, three pills, each of which contained five grains of the extract of fucus vesiculosus, the first at six in the morning, the second at ten, and the third at five in the afternoon, at the beginning of every meal, without in any other respect changing my habits.

"Under the influence of the remedy, the urinary secretion became more abundant, more highly coloured, and more odoriferous than usual.

"I again weighed myself on the 10th of April, after taking ninety pills; I had lost one kilogramme and a half, (more than three pounds) in the course of the month.

"From the 10th to the 20th of April, I took only two pills a day, one at six in the morning, the other at five in the afternoon, and then returned to three pills daily, up to May 18, when having taken a second series of ninety pills, I again weighed, (at the same hour of the day, and with the same clothes as on the former occasions), and found a further decrease of one kilogramme; from the 6th of March to the 18th of May, I therefore lost upwards of five pounds weight, without any change in my habits or diet, or having experienced any inconvenience from the use of the remedy."

ART. 6268. REMOVAL OF FOREIGN BODIES FROM THE SURFACE OF THE EYE.—The same periodical alludes to a procedure we have often seen Bérard employ with success at La Pitié, and which we have ourselves several times resorted to with advantage for the removal of foreign bodies from the surface of the eye.

Seizing the margin of the upper eye-lid at both extremities, with the finger and thumb of each hand, Bérard brought it down so as to cause it to overlap the lower lid, and thus brought the skin of the latter into contact with the mucous lining of the former. He then with one forefinger kept the eye closed, and exercised gentle friction with the other. After half a minute or a minute, the patient was allowed to open his eye, and in general the distressing sensation caused by the presence of the foreign body had entirely disappeared.

Bérard satisfied with the result, left the interpretation to others. An eminent oculist, whose death we recently recorded, Dr. Deval, remarked that he had described this procedure in his earliest publications, and explained the displacement of the foreign body, by the movements imparted to the lid, and its adhesion to the skin of the lower palpebra, to which it would remain attached while the upper lid returns to its place. Mr. Wharton Jones, whose *Practical Treatise on Diseases of the Eye* Mr. Foucher has recently translated, conceives that the lashes of the lower eye-lid act in this instance as a kind of rake.

The author of the paper inserted in the *Revue de Thérapeutique Médico-Chirurgicale* explains otherwise the dislodgment of the foreign body, and opines that the tears which accumulate in the artificially closed cavity formed between the upper lid, the eye-ball and the integument of the lower lid, detach the offending substance and carry it away, when permitted to escape.

This may happen in many instances; but we must say that in others—and we witnessed this day a case in point—the foreign body is displaced and expelled without any tears whatever escaping at the same time.

PRESCRIPTIONS AND FORMULAS.

ART. 6269. INJECTIONS APPLICABLE IN NERVOUS DEAFNESS.—Mr. Triquet cannot concede to Kramer that douches with the vapour of ether are the only remedy applicable in cases of nervous deafness. Each of the varieties of disease would, on the contrary, require a method of treatment appropriate to the known or presumed cause of cophosis.

Some forms of deafness are almost utterly incurable. For instance, the deafness consequent on convulsions, on cerebral concussion, &c.; and others either yield spontaneously, or to rational treatment directed in view of the removal of their cause. To this class belongs the deafness occasionally consequent on intermittent fever, the deafness induced by gastric disturbances, worms, rheumatism, syphilis, &c. It is not inexpedient to add, that the cophosis resulting from ague disappears spontaneously during convalescence, and that it is unnecessary to resort to the often dangerous application of electricity.

Mr. Triquet, moreover, shows by the comparison of cases borrowed from Itard, Kramer, his own experience, and hospital practice, that anatomical changes in the middle ear are by far the most common cause of what is termed nervous deafness, and that medicinal injections into the Eustachian passages are in many instances beneficial. This is the point of aural surgery which it is our present intention to allude to.

Injections of Caustic Potash.

When there is reason to believe in a granular condition of the mucous lining of the tubes or tympanum, and more especially in cases of deafness consequent on typhoid, Mr. Triquet agrees with Marc d'Espine in the propriety of injections of a solution of potash. This liquid is prepared by the addition of water to a concentrated solution of caustic potash, until it produces on the tongue only a slight sensation of tingling. With a small tube or syringe, he then takes up about fifteen drops of the diluted solution, and, after inserting into the catheter, previously placed in the Eustachian passage, the number of drops he thinks proper, forces them into the middle ear with the india-rubber blower. At first, four or five drops only are injected every other day, but the dose may be gradually increased to eight or ten. Mr. Triquet discontinues the operation as soon as mucous rhonchi become audible in the ear during insufflation. When the operation has been successful, a slight but transitory sensation of heat and tingling is experienced in the ear. If it amounts to actual pain, the injection should be performed on one ear only. When the rhonchi above alluded to are observable at once, Mr. Triquet confines himself for a week to injections of air, rendered slightly stimulating by the addition of a few drops of ether or chloroform. The number of injections required to effect a cure may vary from one to seven or eight, and more. They are entirely without danger.

Injections of Ether and Chloroform Vapour.

We have stated that injections of air, containing ether or chloroform vapour, are sometimes resorted to at the same time as the alkaline solution, for the purpose of modifying the vitality of the organs of hearing. They are also applicable to cases in which idiopathic paralysis of the auditory nerve is suspected to exist. It is especially when deafness is accompanied by tinnitus, that Mr. Triquet has found chloroform truly serviceable. Whether ether or chloroform be selected, a small quantity (from 15 drops to a teaspoonful) should be poured into an india-rubber ball supplied with a tube and cock. The heat of the hand alone is sufficient to cause volatilisation of the fluid, and by slight pressure, the vapour is readily propelled into the middle ear, through a catheter previously inserted into the Eustachian passage.

Injections of Strychnia.

If these remedies prove unavailing, strychnia, nux vomica, or veratria may be resorted to. In refractory or desperate cases, all innocuous methods may legitimately be adopted.

The following are Mr. Triquet's formulas for injections of strychnia:

No. 1. ℞ Strychniæ, gr. iij.;
Etheris acet. } ā ℥ ss.
Aq. destill. }
M. Shake the phial.

No. 2. ℞ Strychniæ, gr. v.;
Acid. acetici, ℥ vij.;
Aq. destill. ℥ss.

The solution must be perfectly transparent, and three or four drops should be injected into each Eustachian tube. With the first mixture $\frac{1}{15}$ of a grain will thus be thrown into each ear, and about $\frac{1}{7}$ of a grain with the second.

In one out of twelve cases this remedy was of eminent service.

Mr. Triquet has also tested, with negative results, the utility of the tincture and extract of nux vomica. But no bad effects were ever induced by these, or by the solution of strychnia.

Injections of Veratria.

No. 1. Aquæ, ℥iv.;
Veratriæ, gr. xij.;
Acid. acet., ℥ xij.

This preparation must always be diluted with four, five, or six times its volume of water. It is a painful local irritant.

No. 2. ℞ Alcohol, ℥j.;
Veratriæ, gr. iij.

This solution, before being used, should be diluted with from 2 to 24 volumes of water.

Veratria is excessively irritant, and it is necessary to begin with very diluted solutions. The smallest dose ever used by Mr. Triquet was $\frac{1}{1\,1\,7}$ part of a grain dissolved in two drops of water. A trifling sensation of pain followed this very minute quantity.

The largest amount injected was $\frac{1}{7}$ of a grain in three drops of alcohol and water. The effect was extremely violent, and the pain in the ear excruciating. It was allayed by injections of water; but, after the seventh insufflation, sufficient relief was experienced to justify further experiment with this medicinal agent.

Art. 6270. Pomade with the Extract of Logwood, for the Disinfection of Gangrenous, or Putrid Sores.—Dr. T. P. Desmartis recently communicated to the Academy of Sciences a short account of the antiseptic properties of the extract of logwood (hæmatoxylum toxicodendron), an inexpensive substance, chiefly used by dyers.

The author states, that in several cases of most offensive cancerous sores of considerable extent, it occurred to him to use as an astringent the following pomade:

℞ Extracti hæmatoxyli; } āā ℥ij.
Adipis, }

The effect of this application was at once to purify the ulcers and to check the discharge. Having discontinued the ointment for a few hours only, the offensive emanations and puriform secretions almost immediately reappeared.

According to Dr. Desmartis, hospital gangrene and other forms of mortification receive astonishing benefit from applications of hæmatoxylum, and he believes that it will also be found efficacious in the formidable erysipelas consequent on surgical operations.

This extract, which, it is true, is soluble only in hot water, can easily be mixed with hæmostatic substances—such, for instance, as infusion of fir-buds, ergotine, sesqui-chloride of iron, &c. It may also, according to Mr. Desmartis, be used in powder or lotions, according to the requirements of each case.

Art. 6271. Decayed Teeth. Creosote and Collodion Filling.—The *Répertoire de Pharmacie* recommends the following as an appropriate filling for the excavations of decayed teeth:

℞ Creosotæ, ℥ ss.;
Collodion, ℥ij.

This mixture is of the consistency of jelly, and can be inserted readily into the teeth. It presents none of the disadvantages reproached with some truth to undiluted creosote.

The Medical Circular.

REVIEW OF THE PERIODICALS.

The 'Medical Times and Gazette.' Professor Gulliver's Lectures on the *Blood of the Vertebrata* are continued in this number. The form, size, and specific gravity of the red corpuscles constitute the subject of the Lecture.

The 'Lancet.' Dr. Thomas K. Chambers contributes a Clinical Lecture on the *Treatment of Pneumonia*. The remarks are applicable to three cases.

"No. 1. Frank, uncomplicated, double pneumonia, in a temperate, robust man; excessive dyspnœa. Cured by venesection, jacket poultice, food every two hours, and wine.—No. 2. Pneumonia of upper and lower lobes of right lung, very slight in left lung, in a broken-down old man. Cured by cupping in front, jacket poultice, food every two hours, and wine.—No. 3. Congestive pneumonia of one lower lobe in typh fever. Cured by half-jacket poultice, cupping below scapula, food every two hours, wine and bark."

We extract the following remarks on bloodletting:

"The beneficial action of bloodletting in pneumonia is mechanical. It is more a question of hydrostatics than of physiology. The pathology of pneumonia is as follows:—By the temporary death of a portion of the lungs, the blood cannot be quickly enough passed onwards through their tissue; it can run freely as far as the right side of the heart, but there it is stopped; the throng pressing onwards from behind makes matters worse, and thus the balance between the venous and arterial heart is destroyed. You can feel the apex of the organ beating strongly against the ribs, the muscular action being excited by the presence of an unusual amount of venous blood; yet the artery at the wrist is at the same time striking your finger with an imperfect, weakened force.

"Take away some of the blood from the veins, and the balance is restored—the pulse becomes 'freer,' as the technical phrase is; that is to say, the heart being relieved of the undue crowd in the right side, is not arrested in its contraction, but is able to close upon its contents, and supply them steadily to the arteries.

"The advantage of general and local bloodletting is of identically the same nature, though they differ somewhat in degree, and are diversely applicable. Where the patient was, previous to his current illness, in vigorous health, actively digesting his food, and actively renewing his tissues, he will bear, and easily repair, the detraction of a good large quantity of blood; and a good large quantity of blood is most conveniently drawn from the arm. To get, therefore, the full advantage of the remedy, and be on the safe side, you should practice venesection. But if the pneumonia has come on a person previously an invalid, or in weak health, you fear for the possible bad consequences of your treatment, and you cast about for some means of getting the greatest advantage out of the least loss of blood. This is obtained by cupping the region of the heart. Your six or seven ounces taken from thence, in a delicate invalid, seem to produce a corresponding effect to twelve or fourteen let from a vigorous man's arm. But there are practical inconveniences in cupping to a large amount in this situation. You are obliged to cut deep to obtain a good flow, and deep cuts cannot be stopped easily, but go on oozing unperceived into the poultice which, as I will instruct you presently, is to be put round the chest.

"Remember that in letting blood you are wielding a dangerous weapon. While from a mechanical point of view nothing can equal the aid it gives, at the same time its more remote or physiological action is hurtful. The shrewd comedian tells us, 'necesse est facere sumptum, si quæris lucrum;" so that if you have gained the inestimable boon of a restoration of balance in the circulation, and a consequent relief of dyspnœa and an arrest of the progress of death in the lungs, you must not complain if some evils attend the process. The mere loss of so much 'liquid flesh' is in itself an evil, but a minor one; of greater import is the increased proportion of effete fibrin and water which it induces, the diminution of red globules, and the consequently diminished power to bear up against the destruction, however temporary, of so much pulmonary substance.

"Judge, therefore, of the necessity for this treatment by the balance between the heart and the arteries. If the apex of the former organ strikes strong while the pulse at the wrist is defective, act freely and confidently. If, on the contrary, the ventricles are weak while the pulse is full, large, and rapping, be cautious in what you do, and if you draw blood at all, let it be by cupping the chest."

Again, with respect to the jacket poultices:

"I now come to a direct restorative, about the use of which at all

times you need have no manner of hesitation. You can always, without any exception of age, sex, condition, cause, or complication, follow a treatment to which I attribute more power of saving the lives of pneumonic patients than to any other, and which you see me apply in all cases; I mean, the enveloping the chest in a large bath-like poultice. The action of warmth and moisture on animal tissues tends directly to increase their vitality. You may *see* with the naked eye a healthy surface of skin under their application renew its life; it empties itself quicker of its pale, livid, venous blood, and glows with a fresh access of the bright arterial stream; it swells up elastically with fresh juices; it is more delicately sensitive when used for the purposes of touch; at the same time it feels no pain, but, on the contrary, an exquisitely pleasurable calm. You cannot see this renewal of life in internal organs; but you may infer that what takes place in one tissue takes place also in another with modifications dependent on distance and other difficulties of application. And you may infer it also from the results; for you find the dyspnœa diminished, the breath being easier drawn in spite of the weight of the poultice; the hot, fevered skin becomes moist and active, and soon the ribs begin to move again, and air is re-admitted into the previously paralysed lung-tissue. These effects are the most strikingly shown in the case of infants, whose thin chest-walls are rapidly and efficiently permeated by the influences of the poultice, and in whom also this remedy is the only one really safe and invariably necessary. I cannot speak too strongly of the importance of your adopting it, and letting all other treatment be rather rejected than this directly restorative agent.

"The poultice is best made of bruised meal, because that keeps moistest. It should be spread half-an-inch thick at least, on a cloth or flannel, as broad as the circumference of the thorax. If any portion of the upper lobes is inflamed it is essential, and even if only the lower lobes are inflamed it is prudent, that it should be deep enough to cover the whole chest from the collar bones to the hypochondria. Lay the patient on it on his back, and fold it across the front until it meets. In adults it will usually keep in its place of its own accord; but in children it is useful to have a tape stitched on in front and a tape behind, which you tie over each shoulded in the manner of a shoulder-strap, otherwise the little prisoners wriggle out of their soft breastplates. When once you have got it *in situ*, keep it there, and desire the nurse, on pain of dismissal, never to take it off till another hot one is ready to go on."

Dr. Chambers recommends a moderate use of alcohol—negus, for example—and objects to purgatives, and to antimony and mercury, as destructive agents. Mr. HUGMAN'S article on the *Mechanical Treatment of Disease* shows the importance of extension in hip-joint disease. He says:

"Examination of the hip-joint showed, by measurement from anterior superior spine of the ilium to the upper margin of the patella, a shortening of an inch and a half; the nates being much flattened, and the whole limb smaller than the unaffected one. There was no indication of abscess around the joint. On attempting to flex the thigh, the pelvis rotated with it to some extent; but there was evidently motion, although very restricted, at the hip-joint, notwithstanding the long duration of the disease.

"I entertained but very slight hopes of benefiting such a case, and gave my opinion accordingly; but as she was to remain in London two or three months, I was desirous of making the attempt. She was placed on the apparatus known as the prone couch, and soon became accustomed to the change of position, experiencing comfort from the removal of all pressure upon the affected hip. I commenced making extension by means of a strap round the ankle, to which a weight of seven pounds was attached. At the end of a week no appreciable effect was produced beyond a slight appearance of elongation, owing to the removal of the pelvic obliquity. The measurement from the ileum to the patella showed no alteration. The weight was increased to fifteen pounds, and afterwards to twenty pounds. No inconvenience was experienced from this treatment beyond a slight continued pain at the hip-joint, and stiffness of the limb caused by the traction made upon it. She lay amusing herself with reading and embroidery work, which is the great advantage the prone couch affords, allowing as it does the free use of the arms. When I visited her on the twenty-eighth day of this treatment, I found that about an hour before my arrival the limb had suddenly elongated to the full extent; the ankles were perfectly parallel to each other. She was suffering much pain, and had of her own accord removed the weight. When she touched the ground with her toe it produced exquisite pain of the hip. A gutta-percha shield was then moulded to the part, and kept closely applied by means of straps. The prone position was maintained almost constantly for two months, after which she was allowed to walk with the support of her crutches; but for six months a very moderate amount of walking exercise was permitted. She has now perfectly recovered the use of her limb, and no subsequent contraction has taken place. A slight halt in the walk is all that remains.

"I am perfectly at a loss to account for the *sudden* lengthening of the affected limb in this case. The measurements, as given above, would imply either that the head of the femur had actually escaped from the acetabulum, or that the upper margin of the cavity had become so much absorbed that, together with the loss by ulceration of the inter-articular cartilages, the shortening was the result of muscular contraction. Had no measurements been taken, one would have been disposed to consider it an hysterical affection; but, under any circumstances, I think it a case well worthy of record."

THE NEW LICENCE OF THE COLLEGE OF PHYSICIANS OF LONDON.

The following are the regulations for the new class of Licentiates of the College of Physicians, according to the bye-laws passed this week:—

"The College will, under its charter, grant licenses (which are not to extend to make the Licentiates Members of the Corporation) to persons who shall conform to the following bye-laws:—

"1. Every candidate for the College licence (except in cases specially exempted) is required to produce satisfactory evidence to the following effect:—Of having attained the age of twenty-one years. Of moral character. Of having passed a preliminary examination in the subjects of general education. Of having been registered as a medical student by one of the bodies named in Schedule A of the Medical Act. Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised medical school or schools, and of having attended the medical practice at a recognised hospital or hospitals, during two years of that period; *and the surgical practice during twelve months;* and of having been engaged during six months in the clinical study of diseases peculiar to women. (The last of the four years of professional study must he passed at a medical school, hospital, infirmary, or dispensary recognised by the College.) Of having studied the following subjects:—Anatomy, with dissections, two winter sessions of six months each. Physiology, two winter sessions of six months each. Chemistry, six months. Practical Chemistry, three months. Materia Medica, three months. Practical Pharmacy, three months. (By Practical Pharmacy is meant instruction in the laboratory of a registered medical practitioner, or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by the College on special application, or of a public hospital or dispensary recognised by the College.) Botany, three months. *Morbid Anatomy, six months;* (or certified attendance in the post-mortem room during the period of clinical study.) Principles and Practice of Medicine, two winter sessions of six months each. (It is desired that the study of the Principles and Practice of Medicine should comprise the study of the Principles of Public Health.) *Principles and Practice of Surgery, six months.* Clinical Medicine, one winter session and one summer session, or nine months. *Clinical Surgery, six months.* (By Clinical Medicine and Clinical Surgery are intended lectures on cases under observation, or special instruction at the bedside, certified by the teacher.) Midwifery and the Diseases peculiar to Women, three months. (A certificate must also be produced of having attended not less than twenty labours.) Forensic Medicine, three months. Of having passed the professional examinations.

"2. Any candidate who shall fail to pass either of these examinations shall not be re-admitted to examination until after the lapse of six months.

3. "Any candidate being a 'registered medical practitioner,' whose qualification or qualifications shall have been obtained before January 1st, 1861, having been, with the consent of the College, admitted a candidate for the licence, will be examined on the Principles and practice of Medicine, Surgery, and Midwifery, but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the Examiners to render in his case unnecessary.

"4. Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a Universfty, approved and recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from the first part of the professional examination for the licence.

"5. Any candidate who has already obtained the licence of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, after a course of study and an examination satisfactory to the Examiners appointed by the College, shall be exempt from the first part of the professional examination for the licence.

"6. Each Licentiate shall have the following form of licence given to him, under the seal of the Corporation, signed by the President and by the Examiners:—'I, A. B., President of the Royal College of Physicians of London, with the consent of the

Fellows of the same College, have under the authority given to us by Royal Charter and Act of Parliament, granted to C. D., who has satisfied the College of his proficiency in the science and practice of Medicine, Surgery, and Midwifery, our licence under the said Charter, to practise Physic, so long as he shall continue to obey the statutes, bye-laws, and regulations of the College relating to Licentiates: in witness whereof we have this day set our seal and signatures. Dated at the College, the day in the year of our Lord .'

Signed _____ *President.*

_____ } *Examiners.*

"N.B.—This document shall be signed by the Licentiate with his usual signature, and by the Registrar, with the following words: 'I certify that C. D., to whom this licence has been granted by the College, and whose signature is subjoined, has been duly admitted to practise Physic as a Licentiate of the College.'

_____ *Registrar.*

_____ *Licentiate.*

"7. Licentiates of this College shall not compound or dispense medicines except for patients under their own care."

THIRTIETH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

(Continued from page 121.)

FRIDAY, AUGUST 8.

The members having assembled, the following report of the committee appointed to consider the matters in dispute between Mr. Webber and Mr. Spencer Wells was read:—

"At a meeting of the committee, consisting of Dr. Westall, Mr. Bottomley, and Mr. [illegible] committee, charge made by Mr. Heckstall Smith, appointed to inquire into a professional misconduct by Mr. Webber against Mr. Spencer Wells, of professional misconduct, the notice required by Law 17 having been read, together with the resolutions by which the committee was constituted and its duties were defined, it was agreed, after careful investigation, and a personal interview with Mr. Webber,

"'That this committee is of opinion that no evidence has been laid before them of any professional misconduct on the part of Mr. Wells.'

"Signed on behalf of the committee,

"EDWARD WESTALL, Chairman."

REPORT OF THE COMMITTEE ON THE ACTION OF MEDICINES.

Dr. HUGHES BENNETT read the following report:—

"A meeting of the committee appointed to consider Dr. Handfield Jones's proposal for an inquiry into the action of medicines, was held August 7, 1862.

"Present:—Dr. Hughes Bennett (chairman), Dr. Harley, Dr. Fleming, Dr. Handfield Jones, Dr. Farr, Mr. Crompton, Mr. Hodson, Dr. Webster.

"The committee, after careful consideration, have agreed to propose to the Association the following plan for carrying out investigations as to the action of remedies. They recommend that six separate subjects be proposed to the members or other practitioners for inquiry during the first year, viz.:—

"1. The effects of antimony, moderate blood-letting, supporting diet, or stimulants, in pneumonia.

"2. The effect of the oil of the male fern, or of kousso, in tænia.

"3. That of arsenic, moist weak alkaline applications, or pitch ointment, in psoriasis.

"4. That of mercurials, benzoic acid, and podophyllon, in jaundice.

"5. That of chlorine mixture, carbonate of ammonia, quinine, and the wet sheet, in scarlatina.

"6. That of atropia in epilepsy.

"7. As it is admitted that much of the uncertainty of the action of remedies is dependant on our ignorance of the progress of disease, it is proposed that a schedule for each subject should be drawn up, containing the age, sex, and other points requiring attention, so that the information given may be presented in a convenient form. These will be prepared, each by a different member of the committee, who will take charge of a single subject; viz., prepare a schedule, arrange for its distribution to all the Associates along the Journal, write an article in the accompanying number, directing attention to certain important points, receive the returns, and draw up a report to be presented to the next meeting of the Association. These labours have been undertaken by the following gentlemen:—Dr. Bennet for pneumonia, Dr. Harley for jaundice, Dr. H. Jones for psoriasis, Dr. Fleming for tænia, Mr. Crompton for atropia in epilepsy, Mr. Hodson for scarlatina, and Dr. Farr for the progress of disease.

"The committee would gladly advise, also, the selection of a subject for careful scientific investigation, provided it appear to the Association, that a moderate sum, say 30*l.*, can be raised to defray the necessary expenses. One which they may mention is the physiological and therapeutical action of mercury.

"Some small expense may be incurred in the preparation and transmission of these schedules; but they believe the Association will feel with them that the object they have in view is well worth, and will well repay, the efforts requisite for its attainment.

"Signed on behalf of the committee,

"J. HUGHES BENNETT, Chairman."

It was proposed by Dr. RADCLYFFE HALL, and seconded by Dr. A. T. H. WATERS (Liverpool)—

"That the report be received and its recommendations be adopted."

The resolution was adopted, the question of raising the necessary funds being left to the Committee of Council.

Dr. HUGHES BENNETT then read a paper

ON THE TREATMENT OF PNEUMONIA, WITH AN ANALYSIS OF ONE HUNDRED AND FIVE CAREFULLY RECORDED CASES.

The following is the abstract of this paper:—The author said that eighteen years ago, after having made researches into the pathology of inflammation, he was induced to doubt the correctness of the antiphlogistic method of treatment. He considered that the removal of blood could not alter the organic changes in the lungs, and that the strong pulse and fever which were generally considered as symptoms justifying blood-letting, were evidences of Nature's efforts at repair. Instead of antiphlogistic treatment, these efforts should be supported, not necessarily by stimulation, but by nutrients, and also by attending to many circumstances in the progress of the cases. For fourteen years he had been guided by these views, and he had since seen them adopted by the profession. When the antiphlogistic treatment of pneumonia was in vogue, the disease was very fatal. Andral said that experience showed that we should be very prodigal of blood in all cases of pneumonia; yet of sixty-five of his cases one-half died. In the five years 1832 to 1837, one-third of the cases of pneumonia treated in the Edinburgh Royal Infirmary died. The practice of M. Louis, in the Hotel Dieu, was equally unsuccessful. The author's practice had been to support the strength of the patient, and when depletion was practised it was to palliate dyspnœa, and not with the view of reducing the force of the circulation. During the febrile exacerbation, mild salines were administered. After the fourth or fifth day nutrients, as beef-tea, were given; and, on the pulse becoming weak and soft, from four to eight ounces of wine daily. At the period of the crisis, mild diuretics were had recourse to. Of the 105 cases of pneumonia in adults 3 died—the average rate of deaths, therefore, being 1 in 35. The average age of the patients was 31⅞ years. The number of uncomplicated cases in which one lung only was affected was 58, and the average duration of the disease in them was 13½ days. There were 19 cases in which both lungs were affected; average duration, 20 days. Seventeen cases in which the disease was complicated; duration 15½ days. There were 8 cases in which it was impossible to ascertain the duration. The average residence in the hospital, of all the cases, was 77 days; but in the uncomplicated cases it was only 22⅝ days. In many of the cases the residence in the hospital was prolonged from various accidental circumstances. In the three cases of death the author said there were in each severe complications—in one there was ulceration of the stomach; in another, Bright's disease; and the third was a drunkard. As these cases were all that had come under his care, it might be supposed, he said, that the disease was rare in Edinburgh. The small number was accounted for by this—that he only took charge of the clinical wards during one-half or one-third of the year. Again, it might be said that the cases were slight and trivial. They were not so; many were very severe. He considered that in cases of pneumonia, as in other inflammations, the cause of death was generally exhaustion. He did not consider that the greater frequency of recoveries was due to change of type in disease, or to any other special cause. He attributed it solely to the advance of Medical science.

An interesting discussion took place after the reading of this paper, and the general testimony was that Dr. Bennett's was the most successful series of cases that had ever been reported.

GLAUCOMATUS AFFECTIONS AND THEIR TREATMENT BY IRIDECTOMY.

The following is a brief abstract:—The author first spoke of the great advance in our knowledge of diseases of the eye since the discovery of the ophthalmoscope by Helmholtz. It had, he said, effected a total revolution in ophthalmic practice. A glaring example was to be found in glaucoma. Glaucoma was an old name, but our knowledge of the disease was quite recent. A disease which was once quite hopeless, was now often quickly cured, or its progress checked by iridectomy. Since 1856, when Graefe, who introduced the operation, published his researches, the operation had been fre-

quently performed by Donders, Arlt, and many other ophthalmic surgeons. In May, 1851, the author first performed the operation, and had since tested it on a large scale both at Moorfields and in private practice. In a paper read before the Medico-Chirurgical Society by Mr. Hulke, in 1858, its adoption in glaucoma was urged on the Profession. In the year 1859 the New Sydenham Society published Graefe's papers on 'Glaucoma and Iridectomy. In August, 1860, he (the author) wrote a letter in the 'Medical Times and Gazette,' in reply to certain objections urged against the operation by the Irish ophthalmic surgeons. The progress of truth was, he said, necessarily slow, and many ophthalmic surgeons had either not made themselves acquainted with the recent improvements in the treatment of glaucoma by iridectomy, or they rejected the operation altogether. Hence, from hearing many and contrary opinions, practitioners lose time in applying the remedy until it is too late. The special symptom in glaucoma, which is definite and easily appreciated, and which calls for operative interference, is tension of the globe. In chronic glaucoma there is more difficulty in estimating this, as then the tension is slight and variable, or the tissues have been gradually accommodated to it, yet the optic nerve gradually atrophies from pressure. In cases of acute glaucoma, the operation ought to be performed at once, without any hesitation, as every hour is precious. In these cases puncture has been practised, but the relief is only temporary, and relapses occur. No abatement of the symptoms should lead to the abandonment of the operation. Nor should we lose time by applications to the eye or by courses of mercury, or by colchicum, or by attending to supposed disorder of the stomach, or to gout. These remedies really do no good. The author next dwelt on the various complications of glaucoma by hæmorrhage and by cataract. In case of cataract with glaucoma, he said we ought to perform iridectomy first, and at a second operation remove the cataract. He believed that glaucoma occurred in certain states depending on disorder of the nerves of the blood-vessels of the eye, and that it was not connected with gout or any similar general constitutional condition.

A paper, by Dr. Cutter, was then read on

THE TREATMENT OF MORBUS COXARIUS BY EXTENSION-SPLINTS.

Dr. Cutter briefly mentioned some features in the American methods of extension in morbus Coxarius, embracing splints of cylindrical and hemicylindrical metal attached to the limb by strips of adhesive plaster, and to the perineum by straps of elastic and inelastic bands, or by a band composed of india-rubber tubing. They had the advantage of simplicity, effectiveness, of obviating to a great extent shortening and pain, besides allowing the patient to be peristaltic. At night, extension by pulley and weight connected to the adhesive strips.

ADDRESS IN PHYSIOLOGY.

BY W. SHARPEY, M.D.

Mr. President and Gentlemen,—When I undertook the honourable but anxious task of delivering an address on Physiology to this important assembly of the Medical Profession, I thought it would best suit the occasion were I to pass in review some of the leading features and incidents which have marked the progress of the science during the time this Association has flourished—a period most eventful in the history of modern physiology.

The last quarter of a century, however, has been so prolific of scientific inquiry, and so fruitful in discovery, that it would be futile in me to attempt anything in the nature of a connected history or systematic exposition of the subject before us. I can only endeavour, out of the wide range of topics which present themselves, to select such as seem best adapted to characterise the scope and aspect of recent physiology, and more especially to illustrate improvements in method, extension of acquired knowledge, and revolutions in doctrine. I could have wished to present a view of these subjects in special relation to Medicine, but this I must leave to a future occasion, and to some more able expositor.

In contemplating the operations of the animal economy, the mind is naturally first drawn to the evidence, everywhere manifest, of purpose and contrivance, of ends to be compassed and means provided for their fulfilment. It is, accordingly, no wonder that ever since the time of Galen's famous treatise '*De Usu Partium*,' the uses or functions of the organs of the animal frame should have formed a main subject of study and reflection; and, as you well know, it is a part of physiological study by no means yet exhausted. But intelligent inquirers soon also took up the investigation of the processes of the animal system with a view to their rational explanation. Phenomena were scrutinised, as to the condition of their occurrence, their succession, and mutual dependence; they were referred to the operation of certain general properties and peculiar forces, recognised as belonging to the living body, and efforts were made to find out general laws to which the individual facts might be subordinated.

These labours have been crowned with no small measure of success, and, thanks to the advanced state and happy application of the collateral sciences, many phenomena of a purely physical or chemical nature have been satisfactorily referred to their true causes. If problems yet remain (and there are many such) which have baffled all attempts at physical explanation, it must at least be counted as no small gain that we no longer seek their solution in the agency of imaginary entities, clothed with mystical attributes, like the Archæus of Van Helmont, the Anima of Stahl, and the Vital Principle of later theorists, nor vainly strive to square them to the dogmas of some dominant vito-chemical or dynamical system.

CAUSES OF THE ADVANCE OF PHYSIOLOGY.

During the period which we propose to keep in view, physiology has undoubtedly advanced with accelerated pace; and, among the causes of this advancement, a foremost place must be assigned to the increased number and activity of its cultivators. This is to be ascribed, I believe, in some considerable measure, to the establishment of schools of Practical Physiology in various parts of Europe. Opportunities for the practical pursuit of Anatomy have long been deemed an indispensable requisite for that study. Chemical laboratories, where young men are trained to chemical research, have powerfully contributed to promote the science of Chemistry. To these are now added, in various schools on the Continent, and especially in Germany and Holland, physiological laboratories, in which opportunities are offered for the practical study of structural anatomy, physiological chemistry, and experimental physiology. In these establishments, encouragement is given and facilities afforded for original research; and all the requisite arrangements, with the best instrumental appliances, are provided for that purpose. Accordingly, many valuable physiological memoirs have emanated from the practical schools of Berlin, Dorpat, Würzburg, Utrecht, and elsewhere; and accomplished young professors and assistants have been supplied to the various German Universities, there to carry on their independent researches.

The practical schools of chemistry in this country have taken an honourable place in the advancement of their science. Physiology, it is true, holds out no material rewards to her votaries; let us hope, nevertheless, that there will not be wanting young and ardent aspirants, in adequate numbers, who, through their devotion to science and desire of honourable distinction, may place modern British physiology in the same worthy position.

Much may reasonably be expected from the position which physiology has now taken as a branch of general education. For more than twenty years animal physiology has, to a certain extent, entered into the examinations for degrees in Arts at the University of London, and is now carried to a much higher pitch in the Science degree, recently instituted by that body, and already showing promise of great good. The older Universities have followed in the same line; and in Oxford, a Chair of Physiology has been liberally endowed, and all requisite advantages afforded for study, both general and practical; and we may confidently anticipate that, under the guidance of the accomplished and energetic Professor, who has already begun his labours, the ingenuous youth who resort to that great seat of learning, untrammelled by the calls of Professional study, will powerfully aid in the advancement of the science.

The elementary truths of physiology are now also becoming a subject of instruction in ordinary schoools; and in the general spread of the knowledge of the living economy, good seed may here and there fall on fertile ground, and yield a return in kind. The more general diffusion of this species of knowledge, moreover, although not intended to instruct mankind in the cure of disease, may teach them to shun its avoidable causes; above all, such knowledge is well calculated—as we know it is sorely needed—to save men, even of high intellectual and social position, from becoming the victims of illusion, or the dupes of imposture.

EXPERIMENTS ON LIVING ANIMALS.

As I have spoken in commendation of experiment, I cannot avoid digressing for a moment to say a few words on the indignant but misdirected declamation in which many well-meaning persons permit themselves to indulge against experiments on animals, which they indiscriminately denounce under the opprobrious name of "vivisections." This is a matter which not only touches the character for humanity of physiologists, but concerns our common Profession. It is a subject on which I have reflected much in the course of my life, soberly, I trust, and impartially, apart from Professional predilection, and with due regard to extra-Professional sentiment; and I trust this will not be deemed an unfitting occasion for expressing an opinion.

Experiments on brute animals have been stigmatised as cruel, barbarous, and inhuman in themselves, and calculated to blunt the feelings and roughen the nature of those who engage in or witness them. Cruelty, I may remark, is defined by our greatest authority on the meaning of words to be "delight in the pain or misery of others," also "an act of intentional affliction." But let us not take shelter under a definition. Let us affirm unreservedly that the sacrifice of animal life, or the infliction of pain, unless with a view to some commensurately useful result, is utterly indefensible.

Tried by this test, I believe the great majority of experimenters will be pronounced free from just censure. Attention has, it is true, been lately directed to proceedings carried on in some foreign

(Continued at page 137.)

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 20, 1862.

MR. LAWRENCE IN A COURT OF LAW.

Another painful case exhibiting the contradictions of Medical evidence in Courts of Law has lately transpired. We advert to it with unfeigned sorrow, not unmixed with a sense of shame, that the character of the Profession should have been lowered by the misbehaviour of those who are understood to represent its moral sense and intellectual status. Having firmly resolved to check the pernicious custom of eminent practitioners going into Courts of Law as "authorities" to pronounce an opinion upon cases with which they have no legitimate professional connection, we cannot with any propriety or consistency overlook the absurd and derogatory position occupied by Mr. Lawrence in the course of a recent trial.

The action was simply one for damages to compensate the plaintiff for an injury to the spine, said to have been caused by a Railway collision. On the side of the plaintiff were Dr. Burrows, of Brighton, Mr. Marshall of University College Hospital, Dr. Brown-Séquard and others. On the side of the Company were Dr. Hall, its officer, Mr. Adams, Mr. Skey, and Mr. Lawrence, some of whom had not even seen the patient. The former gentlemen contended on the part of the plaintiff that there was serious injury of the spine, from which he would be a long time recovering; and that, moreover, there was a swelling in the back which was gradually growing larger, and the nature of which it was difficult at present to determine. On the other hand, Dr. Hall did not think there was much the matter; but it was possible that there might be, as spinal injuries were sometimes very obscure—a characteristic of his own evidence. Mr. Skey considered that the symptoms were due to hysteria rather than to actual injury. It is not improbable that if Mr. Skey had been cross-examined he would have given cogent reasons in favour of his opinion, but, unfortunately for him, the evidence of Mr. Lawrence was made to supply the place of such cross-examination, and the consequence was, that he not only controverted Mr. Skey's views, but also made himself very ridiculous. Mr. Lawrence had never seen the patient, and absolutely knew nothing more of the case, than he could dovetail together from the fragments of evidence as it transpired in court. Now we cannot understand how any man, knowing the illusory character of mere verbal description, and the importance of a visual and tactual examination of every patient, in order to the formation of a correct opinion of a case, and having, at the same time, a due sense of self-respect, and a proper regard for the honour of his Profession, could consent to go into a Court of Law to pronounce an opinion upon such verbal statements as might then be elicited by rival barristers, whose business is to mystify, rather than to make plain, to pervert, suppress, and torture the facts. Mr. Lawrence had no excuse for entering the witness-box. His conduct, as a scientific man, deserves nothing but animadversion. It was indiscreet and derogatory. He was made to look ridiculous by Mr. Sergeant Shee, was virtually reprimanded by the Judge, and incurred the derisive censures of the audience.

The evidence given by Mr. Lawrence was the most self-destroying that we have ever read. He denied that there was any "concussion," but he admitted that there was a "shake" of the spine, and as he could not define the difference between a "concussion" and a "shake," he was compelled to suffer the embarrassment and confusion of his error. He then questioned the facts, as stated on oath by the other witnesses, for which he was duly called to order by the Judge; but what else could the witness do when he found that his opinions would not square with the facts; unless, indeed, he abandoned his opinions, which was a conclusion that could not be expected. He rejected alike the pathology of Mr. Marshall, his opponent, and the symptomatology of Mr. Skey, his ally, and ended with confounding and confuting himself. What more can we say? We do not remember another so painful an exhibition in any Court.

The public are becoming sensible of the impropriety of rival Medical witnesses in Courts of Law, and, if we mistake not, Counsel themselves are coming to a determination to apply a corrective to so mischievous a practice. We have no doubt that the abuse will be speedily cured. One or two more such examples, and leading surgeons will be deterred from risking the sarcasms of opposing Counsel.

We are afraid that certain "authorities" allow themselves to be subpœnaed on any occasion when a mere opinion is wanted, and that they are quite indifferent as to their possession of any previous knowledge of the case. We are unable to comprehend this facility. We can understand that a large bribe from a railway company would be a temptation to an avaricious or needy man, but that Mr. Lawrence, an "ex-President of the College of Surgeons," a chief Surgeon to a great London Hospital, and now so old as to be above the storm and the hazards of life, should risk his reputation by descending to so censurable a practice, is an enigma that others more intimate than we are with Mr. Lawrence alone can solve. The event is much to be deplored; and yet, if it should be followed by the advantage of an effectual arrest of the pernicious practice we have been condemning, we shall not altogether regret that the penalty that purchased the boon, was suffered in the person of so distinguished a man as Mr. Lawrence.

THE IRISH SECRETARY AND THE BELFAST ASYLUM.

Sir Robert Peel has an unhappy facility at blundering. His incautiousness has led him, during his Irish secretaryship, into all sorts of scrapes, from which neither his dash nor pluck have extricated him with credit. For his father's sake his mistakes have been condoned; the nation, moreover, is unwilling to see a great historic name shaded with an ill-repute. But Sir Robert must take more care, or we shall have to draw distinctions between the great Sir Robert and the little Sir Robert, that may be more true than flattering.

A Report of the Belfast District Hospital for the Insane Poor has lately come to hand, and we observe in it a series of documents relating to the management of the Asylum, which require more than a passing notice. These documents commence with a letter from Mr. Corbet, Chief Clerk of the Lunacy Commissioners, accompanying a "Memorandum" from Sir Robert Peel, of which the following is a copy:

"'THE INSPECTORS OF LUNATIC ASYLUMS.

"'How was it that yesterday both the Manager and Matron of the Belfast Asylum were absent at one and the same time from their duties?

"'Is not this a fit subject for inquiry?

"'Again, can it be the case that the attendants in the Belfast Asylum carry clubs when accompanying visitors through the wards?

"'Has there ever been an instance of the use of their clubs on the part of the attendants towards the patients?

"'Pray make these inquiries of the Board, and report immediately. "'(Signed) "'ROBERT PEEL.

"'October 26th, 1851.

"'P.S.—I am told that yesterday, in the absence of the Manager and Matron, the condition of the house was anything but cleanly, although it has got the character of being a well-conducted establishment. "'(Signed) "'R. P.'"

The form of this Memorandum is very remarkable. No allegation is made, but questions are put implying charges of a most serious character. This mode of inculpating a public officer was unfair and unbecoming. Then Sir Robert says: "I am told that yesterday, &c.;" who told him? We can hardly believe that any man reputed to have sufficient common sense to hold a high and influential public office could listen to the tell-tale whisperings of private gossips, and found thereon a grave charge against an educated gentlemen and old public servant.

This memorandum was of course brought under the notice of the Board of Governors, who met without delay and investigated the implied charges, and the result of their inquiry was, that all of them were found to be groundless. With regard to the absence of the Manager and Matron, it is explained that the Matron was labouring under dangerous illness, and was gone to her daughter's home to recruit her health, by advice of her Medical attendants; whilst Dr. Stewart, the Manager, was absent for a short time on the business of the Asylum. The second charge about patients' carrying clubs, is directly contradicted, and is described as "*entirely unfounded* in both its parts." The third charge of *uncleanliness* is as satisfactorily disposed of. The reply of the Board to the memorandum is conceived in a tone of reproof, and is written with much force and dignity. We are pleased to cull from it the following testimony to the high character and long and valuable services of Dr. and Mrs. Stewart:—

"You, Gentlemen, are well aware of the merited and grateful esteem in which we have hitherto considered ourselves entitled to hold our estimable "Manager and Matron;" but you know, likewise, the untiring zeal and liberality with which we have laboured to secure the comfort and welfare of the unhappy beings entrusted to our care, and assuredly we shall never attempt to screen even our hitherto most trusted officers should it be *proved* that they have failed, in any way, to discharge their important duties. On the other hand, if *they* should be able to prove, as we feel confident they will, that they have been uniformly faithful, humane, and efficient public servants in a most arduous trust, we shall never desert them."

After receiving this answer, Sir Robert Peel himself visited the Asylum, and wrote the annexed "Remarks" in the Visitors' Book:—

"'I have this day visited this Institution, but it is difficult to judge of its general cleanliness, on ordinary occasions, from the fact the wards and every part of the corridors having just been thoroughly washed, the beds arranged with clean linen, &c., &c.

"'This is the first Institution of the many I have visited in which the Matron of the Establishment did not accompany a party of visitors through the female wards. The prejudicial practice of sanding the wet floors in the rooms and corridors appears to prevail here. "(Signed)

"November 15, 1861." "ROBERT PEEL."

With a disposition to be critical, Sir Robert obviously had some difficulty in finding suitable subjects for his censure. As a consequence, his remarks are tame and trivial, and, as was afterwards shown, incorrect as well. The wards were in their ordinary state, and no sand has ever been used for the wet floors. Surely Sir Robert must have been sand-blind for the nonce when he made the discovery. As for the grave offence of the Matron not going round with the visitors, it is answered that she had recently been the subject of a dangerous illness, and Sir Robert knew it!

We had better close this analysis of the controversy, for we have no wish to press his mistakes to the disadvantage of the Irish Secretary; but as injured officers have a right to look for a defence in the free comments of an independent Press, we cannot conclude without expressing our surprise that the character of an old and faithful public officer should be called in question upon accusations made in secret, unsubstantiated by witnesses, and so completely false and groundless.

SUMMARY OF THE WEEK.

SCOTT *v.* WAKEM.

The law, as interpretated by juries, is very hard upon the Medical Practitioner. Whether he neglects his duty or discharges it according to his conscience, he is equally liable to punishment. This is especially true in cases of insanity. About three or four years ago there was so loud an outcry against Medical Practitioners in such cases, that most prudent men were unwilling to sign a Certificate of Lunacy lest they should be subjected to an action at law for damages. This excitement has scarcely yet lulled; and we have now another instance of the law's injustice to record. Mr. Wakem, a Surgeon of respectability and long experience, was called in haste to attend a man labouring under delirium tremens, and, finding him in a state dangerous to himself and others, considered it his duty to place him under temporary restraint. For so doing he has been dragged into a Court of Law by the patient, whose plea is that he was restrained against his own will; that Mr. Wakem, therefore, violated the law, and should be punished. The Jury were of the same opinion, and mulcted Mr. Wakem in one farthing damages with costs.

There could be no doubt of the dangerous character of the man's insanity in this instance, for it was stated in evidence, that he had taken a knife with which he had threatened to commit murder, and although he was comparatively quiet when seen by Mr. Wakem, and was washing his face, yet every practitioner knows that this act was no evidence that the danger had passed away. Had Mr. Wakem not taken measures to control his patient, and murder had occurred, what censure would he not have encountered at the hands of a jury and the public!

Are Medical Practitioners, for the future, to draw a line of distinction between delirium tremens and lunacy, and to take no precautions against violence in cases of the former affection? Or are they to forego the proper use of their judgment, and decline to resort to the necessary surveillance, or other means of control, unless the absurdity should be accomplished of the madman *giving his own consent?*

The verdict in this case shows that this is the only safe course. We therefore say to our brethren, leave the man mad from drink to himself; do not meddle with him; the law will punish you if you do. If this seem cold and inhuman counsel, remember that the inhumanity is in the law. This negative course seems the only way of enlightening public opinion upon a matter of great seriousness, and of procuring some legislative enactment that shall enable Medical Practitioners to discharge their duty without rendering themselves amenable to the penalties of a Court of Law.

THE BRITISH MEDICAL ASSOCIATION AND MEDICAL REFORM.

We observe that at the recent meeting of the British Medical Association, one or two mild attempts were made to claim for the Association the credit—or discredit shall we say?

of procuring the "Medical Act." We do not notice that Sir Charles Hastings encouraged that opinion. Do these gentlemen suppose that the history of that agitation is forgotten? We wish to cut the wings of this high-flying Association, and we tell them distinctly that they did *not* procure the "Medical Act;" that, on the contrary, they impeded its success by their blundering policy, their pre-occupation with other Bills, and the selfish class prejudices of their committee. We assert as distinctly that the "Medical Act" was mainly procured by the medico-political aid of the MEDICAL CIRCULAR. It is not necessary to open private sources of information; we are content to take our evidence from what is on record.

The present "Medical Act" was framed by Mr. Cowper. Although we knew and pointed out its defects, we felt it our duty to adopt it at the moment it was introduced to Parliament, we supported it against all opposition, and it was carried!

What was the course of the British Medical Association? Inspired by young Mr. Hastings they adopted Mr. Craufurd, then coquetted with Lord Elcho's Bill, and lastly, they stood sponsor for Mr. Headlam's measure. This was the Bill in favour of which they exerted all their strength; they had, moreover, the united aid of the Colleges; some of the Journals,—at any rate those which had an opinion—supported them; the MEDICAL CIRCULAR, single-handed, opposed them with vigour and crushed their endeavours! At the time the Bill was withdrawn, we wrote "Our brethren owe to us this useful service; we opposed the measure at the very moment when its friends believed that its triumph was secure, and we have succeeded in defeating the mighty combination of interests pledged to sustain it." We repeat these words at this date. We reiterate that the [illegible] and mu[illegible] British Medical Association up to the period of the [illegible]tion of Mr. Cowper's Bill were simply mischievous and were altogether discreditable to their sagacity and assumed influence. We affirm also that had they never meddled with Mr. Cowper's Bill, it might have been a better measure; for they lent their moral influence in behalf of the Colleges, and were accessory to the retention in the Bill of the obnoxious clauses which divide the Profession into grades, and disentitle a registered practitioner to practise and claim under the Bill, except as according to his qualification or qualifications. We arraign them at the bar of Professional opinion, on the charge that they were accessory to the enactment of the abominable clauses of that Bill. The Profession cannot place faith in the governing Council of the Association.

INSTRUCTION IN PHARMACY.

The new regulations of the College of Physicians published in this number of the MEDICAL CIRCULAR contain a rule that requires from the candidate for the new licence, a certificate of instruction in Pharmacy from some registered member of the Profession. Thus it seems that the two Metropolitan Colleges are agreed upon this point, and we have the satisfaction of knowing that the arguments we have from time to time enforced have been received and acted upon by the two most important examining bodies. The General Medical Council is, however, left behind in the race of improvement. Instead of pioneering the way, it lags in the rear; and, as yet, we have received nothing from it for which we need to be thankful. It is a cumbersome, slow, inefficient body, with a great function to discharge, and no ability to do it. When it next meets, we trust that it will enact some efficient legislation upon this subject of "Pharmacy," so that whatever defects now exist may be removed. We intend to revert to the new regulations of the College of Physicians in our next number.

THE 'DUBLIN MEDICAL PRESS' ON THE BRITISH MEDICAL ASSOCIATION.

The 'Dublin Medical Press' has an article on the proceedings of the British Medical Association, in which it censures that body for its almost total neglect of the medico-political interests of the Profession. It says that during the discussions only passing notice, if any, was taken of the movement for obtaining a representation of Medical interests in Parliament, of the cause of the Poor-law Medical Officers, of the General Medical Council, and Medical affairs generally, in all of which the 'Press' is undoubtedly right. No encouragement of science, or of Medical education, except a paltry prize offered last year, and for which nobody could be found to contend,—no politics, no definite action in any direction:—what is the use of the Association?

A QUACK DOCTOR AND HIS PRIVATE BUSINESS.—At the Middlesex Sessions on the 8th inst., Henry Walton, *alias* Henry Spiller, known as "Dr. Walton," was indicted for keeping a brothel in Castle-street, Leicester square. From the evidence adduced, it appeared that the defendant kept a surgery, or an imitation of one, at 77, Castle street; but it was the regular resort of old men, who picked up and decoyed young girls—some not older than twelve years of age—to his place, who were called "patients," the prisoner receiving the profits of this nefarious traffic. The real character of this so-called surgery was proved beyond all doubt by the evidence of the police. The defendant was found Guilty, and the Assistant Judge, who concurred entirely in the verdict, sentenced him to hard labour for twelve months, to pay a fine of 20*l*., and further to be kept in prison until the fine be paid.

APPOINTMENTS.—Russell Aldridge, M.D. Univ. Edin., L.R.C.S. Edin., L.S.A. Lond., has been elected Medical Officer for the Union Workhouse, and District No. 1 of the Yeovil Union, Somersetshire, *vice* Mr. William Fancourt Tomkyns, M.R.C.S. Eng., L.S.A. Lond., resigned. Walter Barker, M.R.C.S. Eng., L.S.A. Lond., has been appointed Assistant House-Surgeon and Out-door Visitor to the Infirmary, Stockport, Cheshire, *vice* T. Vernon Rayner, M.R.C.S. Eng., resigned. John Durham Bird, M.R.C.S. Eng., L.S.A. Lond., late House-Surgeon to the Infirmary, Stockport, Cheshire, has been elected an Honorary Staff Surgeon. Dr. W. T. Edwards (late Consulting-Surgeon) has been appointed Physician to the Glamorgan and Monmouth Infirmary, Cardiff. Thomas Frazer, M.D. Univ. Glasg., L.R.C.S. Edin., Staff Surgeon, R.N., of Pembroke Dock-yard, has been appointed to Devonport Dock-yard, *vice* William Folds, F.R.C.S. Eng., L.S.A. Lond., Staff-Surgeon, R.N., placed on the retired list. Henry Stanley Gale, M.R.C.S. Eng., L.S.A. Lond., F.R.B.S., has been elected House-Surgeon to the Stockport Infirmary, *vice* Mr. John Durham Bird, elected Staff-Surgeon. James Heygate, M.D. Univ. Edin., M.R.C.S. Eng., F.R.S., Consulting Physician to the Derbyshire General Infirmary, and J.P. for the County and Borough of Derby, has been elected to the General Council of the British Medical Association as one of the Representatives of the Midland Branch. John Hitchman, M.D. Univ. St. And., M.R.C.P. Lond. (exam.), F.R.C.S. Eng., L.S.A. Lond., has been elected to the General Council of the British Medical Association as one of the Representatives of the Midland Branch. William Charles Hood, M.D. Univ. St. And., F.R.C.P. Edin., M.R.C.P. Lond., Resident-Physician and Medical Superintendent of the Bethlem Hospital for Lunatics, has been appointed Visiting Medical Officer to the Court of Chancery. Donald MacIver, M.D. Univ. Edin., M.R.C.S. Eng., has been appointed Resident-Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, *vice* Edward Spooner Machin, M.R.C.S. Eng. Richard Meredith has been appointed Public Vaccinator by the Guardians of the Dudley Union, Worcestershire. J. D. Moore, M.D. Univ. Edin., F.L.S., etc., has been appointed House-Surgeon to the Lancaster County Lunatic Asylum, *vice* P. Stark, L.R.C.P., resigned. Thomas Robert Pearson, M.R.C.S. Eng., has been appointed Assistant Medical Officer to the Nottingham County and Borough Lunatic Asylum, *vice* John Sutton, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., resigned. Frederick John Roberts, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne, Lancashire, *vice* James Nuttall, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., resigned. Charles John Trotter, M.R.C.S Eng., and L.M., L.S.A. Lond., has been elected Medical Officer for the New Workhouse at Dean House, near Holmfirth, Huddersfield Union, Yorkshire. Augustus David Ceely Walfold, M.R.C.S. Eng., has been appointed Superintendent of the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children.

THIRTIETH ANNUAL MEETING
OF THE
BRITISH MEDICAL ASSOCIATION.

(Continued from page 133.)

veterinary schools, where the pupils in order to learn operative dexterity, are allowed and encouraged to practise severe operations on living animals. Seeing that every useful end may be attained by operating on the dead body, the practice in question has excited the just indignation, not only of the world at large, but of the Medical Profession, and has been fittingly reprobated by the organs of Medical opinion. Experimental physiology has, happily, not to answer for these revolting proceedings, though it may suffer through the indiscriminate odium they are calculated to stir up.

As to physiological experiments, strictly so called, I may remind you that a large proportion of them are attended with the immediate death of the animal, and, therefore, involve only momentary pain; or are performed when the subjects have been rendered insensible by anæsthetic agents. These, then are cases involving at the most only the sacrifice of animal life; and, when we consider the countless myriads of the brute creation that are daily slaughtered for man's sustenance, or are left to perish from hunger or the severity of the season, or fall a prey to their natural enemies, to say nothing of the multitudes killed for sport, surely it is not too much to claim that an infinitesimal share of this vast sacrifice may be applied towards the extension of human knowledge and the alleviation of human suffering. Experiments, no doubt, still remain, in which the infliction of pain, more or less protracted, cannot be avoided. In such cases, the adequacy of the end in view, and the reasonable probability of its attainment, must constitute the justification. And let it be considered that by such means most of the fundamental truths of physiology have been established, including the doctrine of the circulation itself; the practicability of important Surgical procedures has been tested; the action of poisons on the animal body demonstrated; remedies have been discovered; and innumerable results obtained, needless to specify before this audience, which have tended to the recognition of scientific truth or the promotion of the material good of mankind.

But I doubt not you will agree with me in thinking that, when a result has been thoroughly established by repeated trials and on competent authority, it is, at least as a general rule, scarcely warrantable to repeat a series of severe experiments solely to prove the matter again for our individual satisfaction; and, doubtless, you will also agree that discretion is especially required in the exhibition of painful experiments for the sake merely of instruction. In this country, indeed, the exhibition of experiments in lectures is not carried to any considerable extent. Moreover, they may, for the most part, be performed on animals deprived of sensibility. As to other cases, there are occasions when I venture to think their exhibition is justifiable and proper; as, for instance, when they serve to impress vividly on the mind some great fundamental truth in the science, or when the purpose is to impart to the learner a species of knowledge which is important for the safe practice of his Profession, but which he cannot readily acquire in any other way; as, for example, the symptoms and effects produced by various poisons, ignorance of which might lead to fatal errors in practice, or to the miscarriage of justice, and that, too, when innocent life may be at stake.

Lastly, your own experience, and your intercourse with men who have largely engaged in such experimental investigations, must convince you that there is no real foundation for their alleged evil influence on those who practise them. I need not multiply examples in support of this averment. Haller, who set a high value on experiments on animals, and often had recourse to them, was not only an illustrious physiologist, but a man of refined taste, highly accomplished in polite literature, and assuredly of no ungentle nature; and, if our social censors demand a living proof that the discreet and judicious employment of experiments on animals is not incompatible with kindness of heart and elevation of sentiment, with a scholarly taste for letters, and with serene and fruitful meditation in philosophy, I need but mention the venerated name of Sir Benjamin Brodie, who, before he became engrossed with the duties of his great professional career, had earned the highest distinction as an experimental physiologist.

In proceeding now to speak of improved methods and appliances in physiological investigation, I will first refer to the extension of our

MEANS FOR THE ACTUAL INSPECTION OF PHENOMENA.

If, under this head, I mention the microscope, I shall doubtless be told that it is of ancient use in physiology; but its powers have been enhanced and its use extended. I might also tell that, five-and-twenty years ago, I was one among the very few Medical teachers in this country who exhibited objects to students with the microscope. Indeed, at that time we had to meet and answer objections to its employment; whereas now it has become almost a household instrument. I remember, too, the time when we had to work laboriously with the simple lens, by reason of the defects of the compound microscope; but, thanks to the improvements in achromatic objectives, for which we are especially indebted to the suggestive skill of Mr. Joseph Jackson Lister, the compound instrument is now available for every purpose, and, in the hands of British and foreign makers, goes on improving both in its principal parts and accessories. And here I must not omit to acknowledge the influence of the Microscopical Society, which, by bringing together men of various pursuits for the common purpose of promoting microscopical research and encouraging improvements in the instrument, as well as by spreading the knowledge of microscopical science by their publications, has contributed in no slight degree to further the advance of physiology.

In the ophthalmoscope we have now a means of inspecting the interior of the eyeball; and although it has as yet been employed almost exclusively for the investigation of disease, nevertheless, as it brings under our scrutiny the internal surface of the eye and the condition of the transparent humours, so as to expose the cause of various entoptic phenomena and other affections of vision, it cannot fail to extend our knowledge of the physiology of the organ.

The condition of the glottis during the production of the voice, and in various states of respiration, as well as the changes of the vocal cords in the intonation of the different notes, has long been a subject of interesting inquiry to physicists and physiologists. But heretofore our knowledge has been mainly inferential, from the known structure of the vocal organ, from the results of experiments with the dead larynx, and the observation of the few changes perceptible externally, considered in relation to the laws of acoustics. Accordingly, very different views have been held, and various interpretations given of the matters in question. Now, however, a simple apparatus has been devised for bringing the glottis and its movements under the cognisance of our eyesight. In 1855, Mr. Manuel Garcia described, and caused to be exhibited to the Royal Society, a small reflecting speculum, by which he was enabled to inspect the glottis; and, at the same time, gave the results he had obtained with it in reference to the mechanism of the voice. Garcia, however, was unable to bring the whole extent of the glottis into view; but more lately, the method may almost be said to have been brought to perfection in the laryngoscope of Professor Czermak. By means of this instrument, the whole glottis and the adjacent parts are clearly seen; its condition during vocalisation and the changes of the cords in the production of the different chest and falsetto notes become patent to the eye; and the ingenious contriver has actually succeeded in producing photographs, nay, even stereoscopic views of the phenomena. It is needless to enlarge on the physiological value of this visual test applied to the various speculations on the voice. I notice it here as a conspicuous example of an unseen process in the human body, which has remained hidden through all bygone time, being in our own day brought fairly into light.

Although not strictly coming under this head, yet, as a means of exploring deep-seated phenomena, I may notice the thermo-electric multiplier, by which Becquerel, transfixing a muscle with a needle composed of two metals and connected with the multiplier, ascertained that the temperature rises during contraction. This apparatus, as well as the highly sensitive galvanic multiplier of Du Bois Reymond, may also be cited as a means of amplifying the indications of minute changes.

APPLICATION OF NUMERICAL STATEMENT TO PHYSIOLOGY.

But one of the most important steps that have been made in modern physiology is, in my judgment, the general recognition of the importance of exact numerical determination, whether as to time, space, or quantity, and its general application to those phenomena of the animal body which are susceptible of it.

A pre-eminent authority, Sir John Herschel, speaking of the advantage of numerical precision, declares that it is the very soul of science; and that its attainment affords the only criterion, or at least the best, of the truth of theories and the correctness of experiments. I may remind you that the introduction of quantitative determinations, in the time of Lavoisier, brought about a complete revolution in chemistry. It led directly to the recognition of definite combining proportions—the basis of the atomic theory—and brought in the system of chemical notation, which has entirely changed the face of the science. Moreover, the advantage gained consisted not only in the direct discovery of truth, but in the dissipation of error. The spurious, but fascinating, theory of phlogiston, which had so long held absolute sway in chemical doctrine, could notwithstand the inexorable logic of the balance.

There was an earlier time, indeed, when numbers and geometrical representations were largely dealt with in physiology; but they rested on no experimental data, and could only lead to error and confusion. I allude to the time when men's minds were so vividly impressed with the successful application of mathematics, to the phenomena of the material universe by Newton, that they were tempted, from a loose analogy, to apply geometry and the calculus where they had no legitimate place. So far, indeed, did the prevailing enthusiam extend, that even theology did not escape its influence; and a divine of the Church, who had earned some dis-

tinction in the history of infinitesimals, actually published a theological system under the strange title of 'Religionis Christianæ Principia Mathematica.'

But while the mathematical Physicians reckoned without solid empirical data, physiological inquirers of the present day seek first to obtain such data, from which they may reckon.

Numerical statement has, of course, long been usual in the chemistry of the animal body; but I wish here to refer to the application of exact measurement to the physical phenomena concerned in physiological processes; and, as a principal example, I will select the circulation of the blood.

The first, though but solitary, steps in this path of inquiry were undoubtedly made, long back in the last century, by Dr. Stephen Hales, who, though a reverend clergyman of the Church, and continually occupied with useful projects for the public good, did not scruple to engage in experiments on living animals. Dr. Hales measured the pressure of the blood in the vessels, and recognised its fluctuations, caused by the impulse of the heart and the movements of the chest. His procedure consisted in introducing a tall glass tube into a blood-vessel, and measuring the height to which the blood rose in the tube in consequence of the pressure to which it was subjected within the vessel. About thirty-years ago, M. Poiseuille, a distinguished French physicist, who, after a long interval, took up the inquiry, substituted a short bent tube containing mercury for the long unmanageable column of blood; imitating in this respect, the greater example of Torricelli, when he substituted mercury for water to measure the pressure of the atmosphere. Poiseuille's instrument, which he named the hæmadynamometer, has been of late further improved, and a contrivance has been added by which the oscillations of the mercury are inscribed in form of an undulating curve on a cylinder made to revolve by clockwork; the height of the undulations of the curve denoting the *pressure*, and their horizontal amplitude the *time*. The revolving cylinder, I may observe, is employed for recording other measurements, as, for instance, the extent and velocity of the contractions of muscle.

By this method the mean pressure of the blood in the arteries is ascertained in various species of animals, and its fluctuations caused by respiration and the heart's impulse recorded, in comparable diagrams; also the rate of decrease in the smaller vessels, and the relation of the pressure in the veins to that of the arteries. It is thus shown that the heart is adequate to propel the blood through its entire circuit, without the aid of capillary forces, vital attractions and repulsions, and various fancied agencies which have got credit for auxiliary service now shown to be not required.

The velocity of the blood, too, has been determined. Hales measured its rate in the capillaries of the frog, and the exactness of his measurement has been confirmed in our own day. The rate has been since obtained for the capillaries of warm-blooded animals. More lately, the vastly greater velocity in the large arteries has been ascertained and approximately measured by means of instruments contrived by Volckman and Vierordt. Lastly, the time of an entire circulation, or, at least, the time taken by a given portion of blood to perform its entire circuit, has been determined by a well-devised experiment of Hering, and found to be certainly not more than half a minute. This result, startling at first by reason of the unexpected shortness of the time, has been amply confirmed by subsequent experimenters.

The extreme swiftness of the blood thus demonstrated is, after all, in harmony with the known rapidity of secretion, absorption, and other phenomena depending on the circulation. Indeed, in reasoning on the animal economy, whether in health or disease, we cannot too constantly bear in mind the extreme rapidity of many of these vital processes. Had this consideration been kept in view, there would have been no need for imagining the existence of hidden passages, *viæ clandestinæ*, to account for the sudden conveyance of substances from the stomach to the kidney; or for resorting to erroneous interpretations of the marvellously sudden action of certain poisons. The same consideration enables us to conceive the redintegration of energy in rhythmically acting muscles, by nutrition in the intervals of rest, which, as pointed out by Mr. Paget, is, doubtless, a main condition of the rhythmic motion of the heart, diaphragm, and other muscles acting in like manner. I may add that the entire quantity of the blood in the body, which used to be reckoned at about twenty-eight pounds in an average man, is now ascertained to be not much above half that amount.

Exact determinations of corresponding kind have been introduced into the physiology of nerves and muscles. The extent, velocity and force of muscular contraction, under different determinate degrees of stimulus, under the influence of poisonous agents, and of various other conditions, have now been submitted to accurate measurement and record. But perhaps the greatest triumph of precise instrumental determination applied to the phenomena of life, is the measurement of the velocity with which the excitement by a stimulus is transmitted along a nerve. This has actually been accomplished through the sagacity and ingenuity of Professor Helmholtz; and the result is, that, compared with analogous phenomena in the external world, nervous excitement travels very slowly. So far from being comparable in this respect to light or electricity, it is much inferior even to sound. In the muscular nerves of frogs, Helmholtz found the average rate to be between eighty and ninety feet in a second; and, what is of great interest, he found that it was retarded by cold. The rate of speed in warm-blooded animals is but very imperfectly determined, but it would appear to be probably more than twice as great as in the frog.

To these examples others might be added, did time and my estimate of your patience permit; such as the comparison, by means of measurement, of the sensibility of different parts of the cutaneous surface, and its variations from exercise of its function, disease, and other circumstances; also the determination of the extent and force of respiration, and other physiological quantities of constants; but enough has been adduced to illustrate the spirit of exactness which now animates physiology.

PROGRESS OF PHYSIOLOGICAL CHEMISTRY.

Proceeding now to touch on the acquisitions of material knowledge and the changes in scientific doctrine which mark the progress of physiology, and beginning with physiological chemistry, I need scarcely remark, that the spirit of research in that department has been so busy, and the results obtained so vast and so varied, that, compared with its importance, my reference to the subject must be but slight and partial.

I may remind you, in the first place, of the knowledge gained concerning the proximate principles of the food; the recognition, in plants of albuminoid compounds, in virtue of which vegetable nourishment sustains animal life; the light thrown on the changes which nutrient matters undergo in the alimentary canal, fitting them for absorption and reception into the blood; and on the operation of the salivary, gastric, and pancreatic fluids in producing these changes as well as the discovery of the peculiar constituents of those fluids on which their efficacy depend.

Doubtless, also, all are well aware of the broad and luminous views emanating from Liebig and his school, as to the use, immediate destination, and ultimate disposal of the several constituents of the aliment in repairing the consumption of the tissues, and maintaining the heat of the body; and the final indentification, qualitative and quantitative, by Schmidt, Boussingault, Barral, Bischoff, and others, of the constituent elements of the nutritive principles, as discharged by the lungs, kidneys, and skin.

It is now also shown how these exuvial materials, after being delivered over to the earth and the atmosphere, in the shape of water, carbonic acid, and ammoniacal urinary products, become available as the food of plants, by which they are again combined into proximate principles, and serve anew for the sustenance of the animal kingdom. And in this admirable cycle of interchange and reciprocal compensation between the three kingdoms of nature, we are permitted to see another example of that tendency to the maintenance of order and stability so conspicuous in the phenomena of the universe.

But although the chemist thus presents us, as it were, with an accurate balance-sheet, showing the food taken into the system and the final products given out, and has shown that the supply can be identified and accounted for in the expenditure, we are still but imperfectly informed of the intermediate changes which the nutrient matters undergo, in the blood and in the tissues, before they are brought to their excreted condition. Among the actual data which afford a basis for this inquiry, and may eventually help to the solution of the question, I would refer to the several compounds which have been obtained from muscle, and which are probably immediate products of the metamorphosis of that tissue; but especially to the brilliant discovery by Bernard of the production in the animal economy of a substance analogous to starch. This amyloid substance, glycogen, shown by Bernard to be largely generated in the liver, and, according to subsequent experimenters, also in the muscles and other tissues, is supposed to be converted into sugar and finally oxidised; although Dr. Pavy, led by his very ingenious and laborious researches, has thrown doubts on its actual conversion into sugar during life. However this may be, it is plain that in the production of glycogen we see the actual formation of a hydrocarbonous product in the animal body; and as its production goes on when hydrocarbonous food, and indeed every kind of food is withheld, it probably represents one of the transitional conditions through which hydrocarbonous matter, whether proceeding directly from the food, or derived from the metamorphosis of albuminoid tissues, passes before final oxidation.

As bearing on these larger questions, I would also refer to the advances made in the chemical examination of the tissues and fluids, and especially of the blood; to the recent views respecting the condition of the inspired oxygen of the blood, and the experiments of Harley and Meyer, showing, in opposition to Magnus, that the oxygen is not merely retained in the fluid by physical absorption, but held by chemical affinity; also to the recognition of ammonia in the blood, and the well known discovery by our distinguished associate, Dr. Richardson, of its efficacy in maintaining fluidity.

It is worthy of note that in the course of such inquiries, particular facts are sometimes elicited, which afford hints of fresh discovery

and suggest important practical applications. The unlooked-for contrast between the saline constituents of the blood-plasma and corpuscles,—the one containing chiefly soda, the other potash—and the predominance of potash in muscle, taken in connexion with the well-known impairment of muscular strength and impoverishment of the blood in scurvy, led Dr. Garrod to suspect that the disease might be connected with deficiency of potash in the system. And on further reflecting that the most approved antiscorbutic remedies and aliments contain much potash, he was led to try that substance as an antidote, and so far as his experience goes, he has found it a promising one.

Instances like this should teach us not to disregard apparently slight differences, provided they are constant. I remember the time when potash and soda passed practically as equivalent; we have now reason to think that they perform very different service in the living economy. As another illustration of the point now urged, I may mention the difference observed by Dr. Edward Smith in the effects of rum and brandy, even in small quantities, on the respiration; the one always increasing the exhaled carbonic acid, the other as invariably diminishing it. And here again we are reminded that differences in various liquors or in the same liquor according to its age, although in no way cognisable by chemical analysis, cause very different effects upon the human system.

Let no one imagine that I mean to put in a word for Homœopathy. I have no faith in the dogma of *similia similibus;* nor in decillionth dilutions and dynamising processes. I wish only to urge that it is both unphilosophical and unpractical to disregard minute quantities and faintly marked differences, provided always their observed effects are constant. We are familiar with the influence of odours upon the nervous system —intense in their effects, but in substance eluding the subtlest chemistry. And I may borrow an illustration of the same point from physical science. The volatile matter in a Torricellian vacuum must be, to the last degree, attenuated, and yet it counts for much in certain phenomena. It conveys the luminous electric discharge in all its brilliancy and beauty; while, as discovered by M. Gassiot, a more perfect void, like a gulf, stops the transmission altogether. Again, it is known that obscure radiant heat is partially absorbed in passing through gases and vapours, but in very different degrees; and Professor Tyndall shows that the absorption of terrestrial rays by the vaporous odour of a flower-bed may exceed in amount that of the entire oxygen and nitrogen in the column of the atmosphere incumbent on the same area.

But it remains for me yet to notice one of the most important conclusions which the recent chemistry of nutrition tends to establish.

In an artificial machine the moving force must be supplied from without. The apparatus cannot generate force by its own intrinsic mechanism; otherwise there would be realised the principle of a perpetual motion. The spring which moves a watch must first be wound up; and it merely gives out by slow distribution the force that has been imparted to it quickly. Again, the heat which moves a steam-engine is obtained by the combustion of coal; and the sum of the heat evolved and mechanical force generated exactly corresponds with the amount of fuel consumed. Now, the belief at one time prevailed that the natural machine of the animal body was exempt from these conditions, and was endowed with the faculty of generating force intrinsically, and independently of outward agencies. A connection between the taking-in of food and the development of force was not recognised; the nourishment seemed to be destined only to grease, as it were, the wheel-work of the machine; to replace what was used up, and renew what had grown old. The teaching of modern physiology is different. In the albuminous and hydrocarbonous food, in the inspiration of oxygen, in the wear and repair of the tissues, and in the discharge of altered and residuary matters—we see materials and processes for the evolution of heat, and for the production of the energy manifested in muscular and nervous action.

The conditions are too complex, and the data of a precise and trustworthy character are, as yet, too scanty, to permit the demonstration of an exact equivalence between the heat and work produced in living bodies, and the chemical forces which are set in action. But there is still an obvious parrallelism—a certain correspondence in the variations of these two quantities—which presses on us the conviction of their mutual dependence.

But while the heat evolved in the living body can, to within a small fraction, be accounted for by known chemical actions, and the development of muscular force is measurable and is shown to be accompanied by chemical changes—chiefly oxidation of the muscular substance—with which it may be compared in amount, it must be observed, in regard to the nervous energy, that although we have indications to show that its manifestation involves consumption of nervous matter, and the one is probably proportionate to the other, yet, as we have no means of measuring the intensity of sensation and volition, not to speak of other energies of the nervous system, we cannot profess to establish their quantitative relation.

PHYSIOLOGY OF THE NERVOUS SYSTEM.

Nowhere has the spirit of modern research been more active or more fruitful than in the physiology of the nervous system; but as this was made the subject of an elaborate address delivered before the Association three years ago, I shall confine myself to one or two later accessions in this department.

I must, however, first notice the important method of research introduced some years since by Dr. Augustus Waller, for tracing the distribution and determining the functions of nerves. This method consists in taking advantage of the disorganisation of the peripheral part of a nerve which follows on its section, in order to identify its fibres, by their altered state, when associated or entangled with nerve-fibres derived from other sources; also by stimulating a nervous trunk after the fibres of one or more of its tributaries have been thus rendered ineffective, to ascertain what share of the common function belongs to each.

On all sides, inquiry has been carried on into the electricity of nerves and muscles; but out of so vast and valuable material, I would merely point out as especially worthy of attention, the investigations of Pfluger into the laws of the electric excitement of nerves, as well as the discussions to which they have given rise.

Although every part of nervous physiology possesses intense interest, I confess at this moment I feel most deeply impressed by the knowledge recently gained respecting the influence of the nervous system on the organic or nutritive functions. Many long years did physiologists search for positive experimental evidence of the influence of nerves on blood-vessels. It has now flowed in abundantly; and I cannot help ascribing some considerable share of the success of recent inquiries to the employment of the electric induction coil and intermitting current, as a much more effectual mode of electrically stimulating nerves than the means previously in use.

The influence of the nervous system on secretion has been long acknowledged. The sudden flow or arrest of various secretions through mental states, affords ample evidence of the general fact. Lately, however, it has been shown by Ludwig, Bernard, and others, that the secretion of glands, and more especially of the salivary and lachrymal glands, may be increased by artificial stimulation of their nerves, both direct and reflex. Bernard has also observed the remarkable fact, that whilst the gland is in activity and the secretion going on, the flow of blood through its vessels is greatly increased, and the passing blood thus increased in quantity, does not acquire its usual dark colour in the veins. The interesting result, too, has come out, that while stimulation of certain cerebro-spinal nerves proceeding to the salivary glands augments the secretion, similar excitement of the sympathetic branches checks its flow, and also greatly reduces the current of the blood.

It is thus plain that the nerves operate on the blood-vessels; the cerebro-spinal causing dilatation—acting probably as the vagus under similar excitement affects the heart,—whilst the sympathetic has the opposite effect. Nevertheless, there are other phenomena brought out in these experiments going a far way to show that in promoting secretion the stimulated nerve does not act merely in an indirect manner, through the change caused in the vessels; and there are not insignificant grounds for supposing that the nervous excitement may operate directly on the elements of the gland, and bring about physical and chemical changes in the contents of the gland-cells.

There is also independent evidence of a more conclusive character to prove that cells, or rather their contents, may be directly influenced through the nerves. The pigment-cells of the skin of the frog change their appearance under the influence of nerves; and this phenomenon has been shown by Professor Lister to consist, not in a contraction and dilatation of the cell-wall, as was supposed by the German physiologists, but in a movement of the minute pigmentary molecules with which these ramified cells are filled; and this movement may be brought about by stimulating the nerves both directly and in a reflex manner. That chemical changes in cells may be influenced through the nerves, is shown in a striking manner by Kölliker's experiments on the luminiferous organ of the fire-fly. Facts such as these appear to me especially worthy of regard, as the phenomena they present, being comparatively simple and open to observation, are well calculated to afford an insight into the agency of the nervous system in more recondite nutritive processes.

I am led by these considerations to remark on the great advantage that has accrued, and is likely further to accrue, from an extended acquaintance with the structure and economy of creatures of essentially simple organisation. It is in these humblest representatives of the living organism that we may hope to find physiological problems presented in their greatest simplicity, and most thoroughly disentangled from unessential complications. Many ingenious but futile theories of muscular motion would never have seen the light, had the vitally contractile substance and its affections been studied in the protozoa.

PHYSIOLOGY OF REPRODUCTION.

In the physiology of reproduction, the old question of sponta-

neous generation has been lately revived and submitted to fresh discussion; but, as I think, has been satisfactorily answered in the negative, and especially through the admirable investigations of M. Pasteur. That most able and accomplished inquirer has not only proved the non-appearance of infusorial organisms when adequate means are taken to exclude their germs, but has succeeded in actually demonstrating the presence of such germinal spores in the atmosphere. Air was made to pass through a tube filled with gun-cotton taken from a sample proved to be free from foreign admixture. The cotton was then dissolved in ether or chloroform; and sporules of algæ and other simple organisms, which had been entangled and arrested in their passage, were found in the liquid. It cannot but occur to us that this simple and to all appearance efficacious method might be advantageously employed to explore miasmatic and infected atmospheres. M. Pasteur was led on by these inquiries to a careful study of the phenomena of fermentation; and he has not only added largely to our knowledge of the chemical changes and products presenting themselves in that remarkable process, but has thrown much light on the operation of the living organisms on whose presence and influence it appears to depend.

But while origin from parents and reproduction of their like still remain as great characters of living beings, it has been discovered that, in some of the lower grades of the animal kingdom, the offspring, before reaching the condition of the parent, passes through a series of strange vicissitudes, not merely representing the changes of form, structure, and habits observed in the well-known transitions of an ordinary larva, but involving the production of a new brood or of new broods by the still unfinished being, differing from it in form and structure, but finally assuming the characters of the original parent. Various insulated cases of this phenomenon, delusive as they sometimes were to systematising naturalists, had previously been noticed in different quarters; but the first connected view of the subject was given by the Danish naturalist, Steenstrup, in a work which had been translated and published by the Ray Society.

The process now referred to has been named "alternate generation," or metagenesis. It possesses a special claim on the interest of the Medical Profession, inasmuch as some most interesting examples of it occur among the entozoa. It is now known, for instance, that the cysticercus is but a certain state or stage of the tapeworm; and here I must refer to the interesting researches of Mr. George Rainey on this subject published in the 'Philosophical Transactions.' I have time, however, only to explain that, while the stages of transition from the cysticercus to the tænia had been satisfactorily traced, Mr. Rainey discovered that the tænia-embryo, in its conversion into the cysticercus, passed through a curious phase which had not been till then observed.

I pass over the renewed investigations on the generation of the aphides, which has been a curious subject of speculation since the days of Bonnet and Reaumur, in order that I may dwell a moment on the startling discovery that animals with sexual organisation, and holding no mean place in the scale of being, may produce young from eggs that have never been fertilised by the male. I doubt not you have heard of the remarkable observations of Dzierzon and Von Siebold, which prove that the eggs of the queen-bee produce drones without being impregnated, and that the impregnated eggs invariably produce neuters. No explanation has been attempted of this singular result, except in reference to its final purpose in the economy of the hive; and it becomes all the more perplexing when compared with the case of certain moths, in which parthenogenesis has also been discovered; for, in some of these, unimpregnated eggs give rise exclusively to female offspring, whilst in the silkworm both male and female young may issue from eggs without impregnation.

With regard to the actual process of impregnation, it is now satisfactorily proved that the male element passes into the interior of the ovum. Spermatozoa—improperly so called—have now been traced within the ovum in many different animals, mammalia not excepted; and there can be no doubt that this is the general condition of sexual fecundation.

The study of embryonic development, which had engaged the interest of the great Greek naturalist, and was prosecuted with more or less success after the revival of science down to the epoch of Caspar Frederick Wolff in the last century, received a fresh impulse from the admirable researches of Pander on the evolution of the chick, now more than forty years ago. Pander, in fact, discovered a fundamental principle which regulates the early stages of the process, and which became, as it were, a compass to guide succeeding explorers in this interesting but difficult field. Investigation has now been pushed so far, that I believe I am right in saying that the development of the embryo has been studied, more or less fully, in examples representing all the great, and many of the subordinate, divisions of the animal kingdom.

You are aware that the study of embryogeny, besides serving to elucidate the genetic economy in the particular animal type to which each example belongs, has a twofold general application,—namely, first, to the establishment of the general laws of formation of the animal body, and the relations as to homology of its several parts; and, secondly, to the investigation of the development and essential relations of its constituent textures; in short, to morphology and to histology.

The doctrine of homology, which took its rise through the genius of Göothe, and which has since been so ably and successfully prosecuted, by comparison of the mature animal structure, by Geoffroy and Meckel, and especially by Owen, was placed on the securer, but yet not exclusive basis of embryology, through the sagacity and industry of Rathke and Von Baer. The surpassing beauty and interest of the teachings of homology are seen especially in its relations to comparative anatomy and zoology, and, therefore, I should not make further reference to it here, even did I feel myself more competent to the task.

RECENT ADVANCES IN HISTOLOGY.

For the first quarter of the present century, and more, the study of the animal tissues and of the intimate structure of the viscera scarcely moved beyond the point at which it was left by Bichat. Its signal advance since that time has, I need scarcely say, been mainly owing to the extended use of the microscope and the improvements in that instrument, as well as the skilful employment of suitable reagents for bringing out the microscopic characters of the objects, and in the improvement of these last-mentioned resources, there is no name more deserving of honourable mention than that of our able and jealous associate, Professor Beale. But in following the history of modern inquiry, it is pleasing, from time to time, to meet with examples evincing correct and careful work by Leeuwenhoek, Malpighi, our ingenious countryman, Hooke, and other early labourers in this field; instances, indeed, of true but neglected observations of that early time verified in our own day; like living seeds long dormant in the ground, which are turned up by the furrow of a later cultivation.

But to return to the development and nutrition of the tissues:

The grand feature of progress in this direction is the application to the animal tissues of the principle of cell-agency and cell-metamorphosis, which had already been recognised in the vegetable kingdom.

The cell-theory of animal growth and development, on its promulgation by Schwann, in 1839, was received and adopted with eagerness, amounting almost to enthusiasm. Men fancied that in the "power of the cell" they had found a key to unlock the secrets of life. Each cell had, as it were, its ministering genius, working out an assigned task in the living economy. There was, in truth, a return to the Helmontian doctrine of the archeus: but instead of a single autocratic ruler over the whole system, it was the conception of a confederation of archeoli, each dominating in its own cell, and all acting in concert towards a purpose, like bees in a hive. But although the fact of the several existence and joint operation of cells was true, it was seen on a more sober view, that to ascribe this to an all-efficient cell-power amounted to no real explanation.

After making all reasonable abatement, however, the cell-theory, modified as it has been, and still undergoing modification, remains one of the most fertile ideas in modern physiology.

Among the simplest modes of animal and vegetable existence, we have examples of a body with the characters of a cell constituting a complete organism; assuming nourishment, undergoing growth, and reproducing its life,—exercising, in short, the functions of an independent living being. The offspring of the higher animals first appears as a cell, and the embryo for a time consists of an aggregation of cells. Throughout after-life, also, certain textures retain their cellular structure. Cells are employed in separating matters from the blood to be discharged in secretion, and may become the seat of chemical and plastic processes, or even of higher operations, as in the nervous system.

It was, however, soon perceived that various kinds of tissue were produced without the immediate intervention of cells, by molecular changes taking place in an amorphous intercellular substance. But even in this case it is held by many that this substance is first converted from raw material into an organisable blastema by the agency of the neighbouring cells.

Again, the efficacy of cells has been very variously estimated in the nutrition of the mature organs and textures. On the one hand, it is maintained that the organised fabric is kept up, like the population of a city, by the continual formation of new structural elements, to take the place of the old; and this is undoubtedly true of epidermis and some allied structures; on the other hand, it is contended, with much reason, that, with the exceptions alluded to, renewal may take place, particle by particle, the new matter replacing the old by what may be called molecular substitution. But even among those who adopt this last hypothesis, it is with some a favourite opinion, that the bodies like cell-nuclei, which are persistent in most of the mature tissues, if they do not generate new form elements, at least select the appropriate materials from the interstitial fluid, and fit them for taking part in the organic structure.

But it has been urged, and justly, that the so-called "cells" are not always and necessarily vesicular in structure; that the envelope, or cell-wall, is not an essential part, and that the nucleus, and

more or less of the matter surrounding it, really constitute the organically active element. In this view, therefore, the envelope, when present, is merely an insulating and containing part, which might be compared to the flask which holds the active ingredients in a chemical process. Still it is a permeable shell, which permits of the entrance and issue of matter; and it stands in intimate relation to the intercellular substances. There may or may not be a distinct vesicular envelope, but in either case the nucleus and cell contents remain insulated in and contrasted in properties with the intercellular substance. To express this relation, Mr. Huxley accordingly proposes to call the former the "edoplast," and to distinguish the surrounding substance with the envelope if present as the "periplast."

Lastly, a wide difference of opinion prevails as to the origin of cells. Some physiologists and phytologists hold that cells are invariably and exclusively derived from other cells; that all the cells of an organism are descended by successive generations from the cell of the ovum originally proceeding from the parent. It is as strenuously maintained by others that nuclei and cells may arise independently in an organisable blastema, nay, that they may be produced in fluid organic matter by a merely physical process.

Neither confident assertion of opinion nor ample allegation of fact is wanting on either side of this and the other questions referred to. Observations, conflicting with each other, spring up indeed on all sides, in rank growth, but the time is not come for separating the tares from the wheat.

THE FORCES OF THE LIVING ORGANISM.

And now, gentlemen, in drawing to a close, I may be expected to say a word on the prevailing views as to the powers which animate the living organism.

I have already remarked that many of the processes of the living economy issue in physical or chemical results, and I have stated that the more or less close relation subsisting between these results, so far as they can be estimated, and the consumption and oxidation of nutriment, as indicated in respiration and excretion, would seem to show that the chemical and mechanical forces developed are derived from an extrinsic source; but, at the same time that there are energies displayed in the living body not yet estimated in amount, concerning which, therefore, there is not the same clear evidence. I refer especially to the nervous energy.

In speaking, however, of the nerve force, I understand that force which is common to all creatures possessing a nervous system, from the highest to the lowest. I do not refer to the highest attributes of man, to his sense of moral responsibility, his consciousness of dependence on a higher power, and his aspirations after perfection in a future state.

This nervous force has long been likened to electricity; but rather through a vague perception of analogy than from any rigorous comparison. It is true that electric force is developed in the nerves, and even exhibits modifications connected with different conditions of nervous action. Still, it must be borne in mind that the evolution of electricity is a common accompaniment of various processes involving chemical change, whether within the body or in external nature; and the tendency of recent speculation is not towards identification of the nerve force with electricity, but rather to suggest that the two stand related in the same way as electricity and other physical forces are related to each other; that is, as manifestations of a common force or energy, of which they, severally, are the special modifications.

Since the memorable experiments of Count Rumford on the heat of friction, which led that philosopher to the conclusion that heat is a form of motion, and the determination by Dr. Joule at a later period, of the equivalent of heat expressed in mechanical work, the doctrine of commutability and equivalence of force, first applied to these two agencies, has extended itself to the other forces operating in the material universe. Accordingly, the opinion is now gaining consistency and acceptance, that mechanical energy, heat, light, chemical action, electricity and magnetism, are mutually convertible, and are respectively equivalent to each other; moreover, that they are probably all the expression of a common force which manifests itself under these several modifications, according to the different material or dynamic conditions in which it operates.

Now, the belief has some time prevailed that the nervous, with perhaps other forms of organic energy, has its place in the same circle of reciprocally productive and equivalent forces; and not being electricity more than it is heat or chemical affinity, yet stands related to electricity and the other forces in the same way that they are related to each other.

But supposing this probable doctrine to be proved and to betoken a signal advance in physiology, are we come to the end of our inquiries? are we thereby enabled to explain even the most characteristic phenomena of the living organism?

By mechanical force duly applied, a fabric may be woven, as well, or perhaps better, than by human hands; but by what intelligent pre-arrangement is the pattern determined and finally brought out? So in the production and development of an animal, and in its subsequent workings,—given the force or forces operating,—how are the determinate forms and qualities of the organism produced?

To all our most exquisite means of scrutiny, the ovum, as it proceeds from the parent, presents nothing to indicate the course of its future development; and yet we speedily can discern in it the traces of the new being, and recognise the successive appearance of each new member and organ—in due time and form and proportion—until the body is built up and completed after the pattern of the parent. We can perceive nothing in the ovum of man to distinguish it from that of a quadruped, although their final destination is so different. We are constrained, therefore, to admit some pre-existent condition, to us inscrutable, which determines the specific direction in which the forces, acting in development, although probably supplied from without, must operate within the organism. And the marvel reaches its height when we reflect, that not the character of the species merely, but the individual likeness of the parent—aye, of both parents—displays itself in the offspring; and not alone in bodily feature, but often also in intellectual and moral peculiarities.

Then, not alone in regulated form and proportion do the parts appear, but all fitting harmoniously the one to the other, and each in its appointed time. The periods of incubation and gestation, different but determinate in each species; the regulated time of consolidation and completion of the bones of the skeleton; of the eruption and succession of the teeth; the periods of maturity and decline of the whole body and of particular organs; and a host of examples supplied by the history of the lower members of the creation, serve to illustrate that conspicuous law of subordination to time in the phenomena of the organic world, which Mr. Paget has aptly designated as the "chronometry of life."

Now, while we can in many cases discern the purpose of these adaptations of form, proportion, and time, and perceive how they, as it were, fit in with, although not apparently produced by, the outward circumstances in which the organism is placed; and while we must revere the infinite wisdom by which they are harmoniously brought about, we are still utterly at a loss to explain them by reference to efficient causes. In some of the lowest tribes of animals, it is true, the results are effected more or less by physical influences, but these influences operate upon internal conditions, existing independently. In the human body, even, you may cramp the growth of a Chinese foot or flatten a Carib skull, but this is suppression or distortion, not formation.

The growth of a finger or a tooth may be traced, and various steps in the process explained: but the acquirement by these and other parts, and indeed by the entire body, of their characteristic form and proportion, is still an inscrutable, at least an unpenetrated mystery. Unpenetrated, I mean, as regards the physical or efficient causes of the phenomena, for the purpose or final cause is often patent; and hence we see that teleological explanation holds, and doubtless must continue to hold, a large place in physiology.

But, finally, shall we, on that account, censure as rash or stigmatise as impious all attempts to go further? Shall we presumptuously set limits to the scope of those inquiring faculties which God has conferred on man, or prejudge, and reject by anticipation, conclusions to which their rational and reverential exercise may lead? Assuredly not. Let us not, therefore, with narrow views of the scheme of Providence, worthy of a darker age, join in blindly denouncing the genial effort of one of the foremost men of science in our time, to refer mutations of organic form and the origin of species to natural causes of known operation. Faint as some may deem the prospect of success of Mr. Darwin's great attempt, let none condemn its tendency. Should it ever be shown that the wonderful adaptation and harmonious working, so conspicuous in the living creation, have been brought about by the operation of great natural causes, originally ordained by the Author of the Universe, and acting through countless ages of time, surely such an issue could but tend to enlighten and exalt our conceptions of creative wisdom.

A warm vote of thanks for this admirable address was moved by Mr. Paget (London), and seconded by Mr. Turner (Manchester), and carried unanimously.

PAPERS.

The following papers were then read:

A Paper by Dr. WYNN WILLIAMS, on *Compound Comminuted Fractures of the Skull.*

A Paper, by Dr. HARLEY, was then read on *The Value of Urinary Analysis in the Diagnosis and Treatment of Hepatic Disease.*

THE PHARMACOPŒIAL WEIGHTS AND MEASURES.

The PRESIDENT: In accordance with notice given yesterday, I am about to read this resolution, proposed by Dr. Hodgkin:—

"That the British Medical Association desire, in the most courteous manner, to express to the General Medical Council a hope that the proposed alteration of the weights to be used in medicine may not be carried into effect; but that they may be allowed to remain as they now exist, unless the Council, with the sanction of the Government, is prepared to introduce the

metric system already adopted, with great advantage, by many other countries."

I have nothing to say upon the resolution, except that this subject is, at the present moment, under the very deep consideration of the General Medical Council and its Executive Committee, and that they have submitted the question to various scientific men, who have, from time to time, shown great interest in the subject of the weights and measures to be employed throughout the United Kingdom.

The [illegible] of thanks having been given to Dr. Burrows, the [illegible]me p[illegible] it cannot [illegible] specific[illegible]gs terminated.

[illegible]

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

SIR,—A most important disputation is going on between the governing body of the Royal College of Surgeons of England; and the General Council of Medical Education, concerning the proper mode of educating the rising generation of Medical men.

The principle endorsed by the Medical Council has been already carried too far, as I believe most Medical men of large experience can testify. The men of the present day, after passing the examinations which recognise them as fully qualified practitioners, far too frequently begin practice as mere theorists, altogether unacquainted with the duties pertaining to the Physician-Surgeon, and quite incapable of accommodating themselves to them.

I was in London for a few days during the last month where I met many provincial surgeons engaged in extensive practice, and I could not help being struck with the similarity of our views on this question. Physician-Surgeons must be practical men, as well as theorists, and unless the present mode of education be arrested and changed, the treatment of the diseases of the masses will necessarily pass into hands unrecognised by our mismanaged Colleges and Universities. Before the appointment of the Medical Council the system of education had become far too theoretical, and from the men appointed on that Council what result could have been expected but an aggravation of the evil?

Where is the representative of the Physician-Surgeon in that Council?—the Medical man of the masses, and, in education, on an equality with the pure Surgeon or pure Physician. He is not to be found, but is supposed to be represented by the Sharpeys, Bonds, Storrars, Aclands, &c. &c., eminent men, still unquestionably not the representatives of the interests of the great body of Medical practitioners in this country; and until those interests are fairly represented in the General Council of Medical Education, it would be irrational to expect even just medical legislation.

The existing system, as necessitated by the General Council of Medical Education, by the governing bodies of our Colleges and Universities, is degrading to an honourable profession. It goes further and further in a selfish direction. It directs that medical knowledge in the shape of lectures, &c., shall be purchased of particular men—those men being too frequently the examiners for, and, *virtually* the vendors of medical degrees, because they in many instances are the recipients of the fees paid for the same! Can anything be more absurd than that newly-fledged London Physicians and Surgeons should be recognised as legal teachers, whilst men who have passed the same examinations and possibly acquired an infinitely greater amount of practical experience, and teaching power, are ignored.

The present system cannot be persisted in. Let us hope that the profession is sufficiently enlightened to command not a sham but a real reform. Let students be no longer compelled to purchase their knowledge of particular men, not unfrequently the very same who examine them, and have a pecuniary interest in granting them their degrees. A scandalous system; let it no longer be inquired *how*, *when*, or *where*, knowledge might have been acquired, but by a searching, practical as well as theoretical examination, ascertain that it be possessed. There should be no doubt about the matter, as is too frequently the case in the present mode of conducting examinations. Hoping that I shall not trespass too much on your space, and that the views I have ventured to express will be in accordance with your own.

I am, &c., EDWIN HEARNE.

Southampton, August 11th, 1862.

MURDER OF A POOR-LAW MEDICAL OFFICER.

To the Editor of the Medical Circular.

SIR,—In the early part of last month, you kindly gave insertion to an appeal I made on behalf of the widow and family of the late Mr. Puckett, who was murdered and decapitated by an insane pauper; that appeal I am happy to announce has already been responded to most liberally, and upwards of 800*l.* have been subscribed. My object in now writing is to inform your readers that I shall feel obliged by those who desire to subscribe, or who have promised subscriptions, but have not sent the money, that they will in the course of this month forward their subscriptions, either to myself or to the banks of Messrs. Eliot, Messrs. Williams, or the Wilts and Dorset, all of Weymouth, in order that I may make out correct lists for publication. In my next I will explain the way in which the money has been applied.

I am, &c., RICHARD GRIFFIN.

12 Royal terrace, Weymouth, August, 16th, 1862.

[It is very satisfactory to find that Mr. Griffin's appeal has met with so liberal a response; we hope that the funds supplied will meet, at least, the immediate exigencies of the bereaved family, and that some more permanent provision will be ultimately made.—ED. MEDICAL CIRCULAR.]

Births, Marriages, and Deaths.

BIRTHS.

BROWN.—On the 3rd inst., at St. Margaret's banks, Rochester, the wife of Frederick James Brown, M.D., of a son.

JOYCE.—On the 5th inst., at Ashby-de-la-Zouch, the wife of William Joyce, Esq., M.R.C.S., of twins—son and daughter, the latter still-born.

PATERSON.—On the 7th inst., at Belbeggie, Perthshire, the wife of Dr. George K. H. Paterson, L.R.C.S.E., of a daughter.

POLLOCK.—On the 4th inst., at Montague place, Russell square, the wife of A. J. Pollock, M.D., of a daughter.

ROSS.—On the 3rd inst., at Dudley house, Guildford, the wife of Fred. Dumaresq Ross, L.R.C.P.E., of a daughter.

TYLER.—On the 6th inst., the wife of Edward A. Tyler, Esq., L.S.A., of High street, Manchester square, of a daughter.

MARRIAGES.

BURDEN—M'CORMAC.—On the 5th inst., at St. Ann's church, Belfast, Henry Burden, M.D., to Ann, second daughter of Henry M'Cormac, M.D.

GREY—COOK.—At Cradock, Cape of Good Hope, in St. Peter's church, George Grey, M.D., J.P., to Mary Frances, second daughter of the late Rev. Edward Cook, Missionary in Namaqualand, South African Orange River State.

KECK—GORE.—On the 16th ult., at St. George's church, Hanover square, Major the Hon. Henry Littleton Powys Keck, of Stoughton Grange, Leicestershire, to Maria, youngest surviving daughter of the late Vice-Admiral Sir John Gore, G.C.B., G.C.H.

WATSON—WATSON.—On the 6th inst., at St. Marylebone church, Thos. Wm. Wasdale Watson, Esq., M.R.C.S., eldest son of the late Thomas Watson, Esq., of Bishop's Stortford, Herts, to Margaret Elizabeth Augusta, only daughter of John Burges Watson, Esq., of Nottingham place, York gate.

WILSON—CRAWFORD.—On the 28th ult., at Dublin, William Wilson, Esq., M.R.C.S., Medical Officer to the Keadue Dispensary, Assistant-Surgeon 93rd Regiment Roscommon Militia, to Mary, youngest daughter of James Crawford, Esq., of Keadue.

DEATHS.

RAKE.—On the 4th inst., at Fordingbridge, Ellen Mary, only daughter of Thomas Beaven Rake, Esq., M.R.C.S., aged 3 years and 4 months.

THORNTON.—On the 10th inst., at Atherstone, Warwickshire, David Clarke Thornhill, Esq., M.R.C.S., late of Stratford green, Essex, aged 31.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 7th inst.:—John Edwin Foster, the Oaks, Harrogate; Gwynne Henry Harries, Haverfordwest; John Jones, Drury lane; Alexander Leadman, Leeds, Yorkshire; Percy Milligan, Keighley, Yorkshire; Charles Orton, March, Cambridgeshire.

The following gentlemen also on the same day passed their first examination:—Griffith Llewelyn Carreg, Queen's College, Birmingham; Ebenezer Snell, Middlesex Hospital.

UNIVERSITY OF ABERDEEN.—At the late Graduation Term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery, making the total number during the year twenty-eight, viz.:—*Degree of M.D.*—David Manson (honourably distinguished), William Gauld, John Grant. *Degree of M.B.*—Alexander Ferrier Angus Fairweather, David Arthur Leslie, James Murray, Charles Smart. *Degree of M.C.*—David Manson (honourably distinguished), Alexander Ferrier Angus Fairweather, William Gauld, John Grant, David Arthur Leslie, James Murray, Charles Smart.

At the same time, the following were declared to have passed part of their examinations:—Charles Alexander, George Andrew, Charles Buchan, Alexander Collie, Robert Collins, James Davidson, John Eadon, William J. Elmslie, Owen Evans, James E. Fowler, F. G. Fropier, James A. S. Grant, Edward Gray, William M. Harmer, Alexander Johnston, Robert Davidson Kemp, William M'Lean, John B. M'Leod, John S. M'Robbie, Patrick Manson, William F. Morrison, James Ross, Andrew Skeen, James Dear Smith, Robert Walker, George Yeats, David Young.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—DOUBLE QUALIFICATION.—The following gentlemen have passed

their first professional examinations during the recent sittings of the examiners :—George Dickson, Edinburgh ; William Bentley Ford, Waterford ; James Jamieson, Bowden ; John Johnstone, Liverpool ; George Macdonald, Perthshire ; Alex. J. Macgregor, Perthshire ; Paul Moffatt, Northumberland ; James M'Caul, Edinburgh ; Schoedde Robertson, County Westmeath ; John Stewart, Berwickshire.

The following gentlemen have passed their final examinations, and been admitted L.R.C.P.E. and L.R.C.S.E. :—William Sealy Barry, Knockurn ; Edward Johnson, Calcutta ; W. J. Kennedy, Londonderry ; J. B. Morehouse, Holmfirth ; William M'Nab, Co. Derry ; J. J. M'Keogh, Co. Tipperary ; Robert Stobie, Orkney.

Royal College of Surgeons, Edinburgh.—The following gentlemen have passed their first professional examinations during the recent sittings of the examiners :—A. M. Anderson, Tummelbridge; John Currie, Dunfermline; Stewart Cowper, Coatbridge ; Joseph Fleming, County Donegal ; Gordon Hammond, Brechin ; John Millar, Edinburgh ; John Macdougall, Glasgow ; William Walker, Ayrshire ; James Watson, Edinburgh.

The following gentlemen have passed their final examinations, and obtained the diploma of Licentiate of the College :—Alexander Allison, Strathhaven ; John Buckley, Cork ; James H. G. Hill, Bengal ; James Hardie, East-Lothian ; W. Lorraine, Dumfriesshire ; W. M. Muirhead, Edinburgh ; Robert H. Newett, County Louth ; John R. Ryley, Waterford ; Charles H. Skae, Edinburgh ; Peter White, Haddington.

New Visiting Commissioners in Lunacy.—Dr. Hood and Dr. Bucknill are appointed Visiting Physicians to the Court of Chancery under the recent Act of Parliament.

The Seamen's Hospital.—In addition to other liberal benefactions made by his Highness the Viceroy of Egypt during his stay in this country, he sent a donation of 100*l.* to the Seamen's Hospital, *Dreadnought*.

Lying-in Hospital at Liverpool. — The new Lying-in Hospital, situated in Myrtle street, opposite the Philharmonic Hall, was opened on the 24th ult. by the Lord Bishop of Chester. The building, a very handsome structure from the design of Mr. J. D. Jee, cost upwards of 3,000*l.*, and is capable of accommodating forty patients, as well as the necessary staff.

The Rejected Candidates.—The Madras Government have reversed the decision of the home authorities in the case of Mr. Thompson, an Anglo-Indian, and Pandey, a native, who were not allowed to enter H. M.'s medical service, after having been induced to come to England to compete for the Indian service. Both have been appointed sub-assistant surgeons without examination, and will do duty in the vaccination department.

Medical Missions.—For the last twenty years a Society of medical men has been engaged in Edinburgh in educating and sending forth medical missionaries to foreign parts ; but no organisation for a similar purpose has existed in England. The recent session of the British Medical Association in London has furnished an opportunity of laying before the English members of the profession the claims of Christian missions among the heathen upon medical men. With this view a meeting of the Christian Medical Association was held at St. James's Hall on Thursday, the 7th instant, under the presidency of the treasurer, R. D. Grainger, F.R.S. ; and the members of the British Medical Association were invited to be present. The supremely beneficent character of such missions to the ignorant and the sick poor in heathen countries, and their influence in disposing the people to receive the facts and doctrines of Christianity, were shown in a brief address by David Paterson, Esq., a medical missionary at Madras. At the close of the meeting a committee was directed to arrange and carry out a plan by which the profession in England might contribute to the spread of Christianity by means of medical missions.

"Anonymous."—On the 24th ult., a gentleman called at the Charing-cross Hospital, and inquired of the porter whether some money which he just put into one of the collecting boxes would be safe. Having been assured it would, he immediately went away. On the same day a friend of the institution, walking past the box, saw something in it. On applying his pen-knife carefully he extracted twenty-two 10*l.* notes. Having taken them into the hospital, and informed the resident officers of the circumstance, the box was examined, and three more found, making a total of 250*l.*, thus freely and anonymously contributed to its funds.

Death from Chloroform.—On Monday an inquiry was held at the King's College Hospital, before Mr. Bedford, the Coroner for Westminster, touching the death of Elizabeth Freed, aged 17. Mr. R. Partridge, Surgeon of the Hospital, deposed that the deceased was admitted on July 23, and died on August 8. He understood she met with an accident by falling against an iron railing, and she was suffering from a very offensive mortifying wound. It was necessary, for the purpose of closing the wound, that a short but sharp operation should be undergone. The deceased consented to take chloroform, and, being a very nervous girl, it was administered with great precaution. In consequence of the deceased having a feeble and fatty heart, which had not been discovered, the deceased died in a short time after the chloroform was administered. The jury consulted for a short time, and returned the following verdict : —"That the deceased died from the administration of chloroform, in consequence of a disease of the heart, but the jury find that the chloroform was properly administered."

The late John Medd, Esq.—In the 'Advertiser' of last week it was our melancholy duty to record the death of John Medd, Esq., of the Mansion House, High Street, Senior Surgeon of the Stockport Infirmary. The lamented deceased was the youngest, and sole surviving son of the late William Medd, Esq., of Haggate Hill, Cleveland, in the North Riding of York, whose grandfather, Mr. John Medd (or Meed, as the name was often spelt and pronounced at that time,) had left Essex, and was settled in Bilsdale, in Yorkshire, in the year 1715. Mr. Medd studied medicine both in London and Edinburgh, becoming L.S.A. in 1825, and M.R.C.S.,E., in 1826, and practised first at Leyburn, in Yorkshire. Thence he removed to Stockport, in 1830, having purchased the practice of Mr. Edward Lacy, surgeon, of the Great Underbank. In 1844, he received the honorary appointment of Fellow of the Royal College of Surgeons. Though quite a stranger amongst us, his undoubted skill in his profession, and his unremitting attention to his patients, soon introduced him to an extensive practice amongst the principal inhabitants of this borough and the gentry of the surrounding district. Nor was his private character less sterling than his professional attainments, for in that position he was a kind husband, an indulgent father, and a warm friend. Indeed, his heart was so generous that the whole theory of his life, rigidly reduced to practice, was to ensure the greatest happiness of the greatest number. These are words of high commendation, but they are strictly true. His death was occasioned by a complication of diseases induced by exposure and fatigue in visiting his numerous patients, whom no personal considerations or inclemency of weather ever prevented him from visiting, when he ought to have been "nursing" himself by his own fireside. Mr. Medd leaves behind him, to mourn their bereavement, a widow and six sons, of whom the Rev. Peter Goldsmith Medd, M.A., Fellow, Tutor, and Dean of University College, Oxford, is the eldest. Mr. W. H. Medd, surgeon to the Stockport Infirmary, and partner with his late father, and Dr. John Medd, of Manchester, are already in practice. His fourth son, Mr. G. T. Medd, entered the Royal Navy at thirteen, and having served in the West Indies and the Mediterranean, as well as in the Chinese and Crimean Wars, where he gained two medals, attained the rank of Lieutenant at an unusually early age. His two youngest sons (of whom the elder has graduated in double honours,) are members of University College, Oxford. Of the true interests of the Infirmary he was always a warm and consistent supporter, having, in addition to the uniformity of his zeal, been instrumental in raising considerable sums of money towards its funds from his large and influential circle of friends. The high and distinguished sense of his invaluable services to the institution was evinced by the following Vote of Condolence to the family, passed at the weekly meeting of the Board of the Infirmary, on Monday last :—Resolved,— "That this Board receives the announcement of Mr. Medd's death with feelings of profoundest regret and surprise. Only a few short weeks ago, he was with us at this Board, in apparent health and strength, likely, in all probability, for the enjoyment of many years of life and usefulness. But the inscrutable dispensation of an All-wise Providence has fallen upon him, and he is 'gathered to his fathers.' The loss sustained by his death will be heavily felt in all quarters. To his family it is irreparable ; they have lost one who, as the head of the family, was distinguished. This Institution has lost its Senior Surgeon, who, for nearly 30 years, has discharged the duties of his responsible office with an ability, intelligence, and success, seldom equalled ; and, beginning from a period when the duties were more onerous, inasmuch as the Staff had to visit the Home Patients, the minutes of the Charity contain no record of a complaint as to his attendance ; and few men were more distinguished for the accurate and conscientious discharge of his duty to the patients under his charge. The memory of the past, when reviewed from the sad present, only shows how much he was in earnest in all he did, and increases the already high appreciation entertained of his great abilities and unflagging industry, as well as the extent of the loss which this Charity and the poor have suffered by his demise. To Mrs. Medd and the family, the Board would respectfully offer their sincerest condolence and sympathy."—'Stockport Advertiser.'

APPOINTMENTS FOR THE WEEK.

Wednesday, August 20.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 21.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m. ; Great Northern Hospital, King's cross, 2 p.m. ; West London Hospital, 2 p.m. London Surgical Home, 2 p.m.—Ruptured Perinæum ; Vesico-Vaginal Fistula.

Friday, August 22.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 23.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, August 25.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, August 26.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Mr. HENRY T.—1st. No.—2nd. No.

DUBITANS.—1st. It would be difficult to answer Dubitans' question with reference to Julia Pastrana, without a complete examination of the scalp. The integument has, no doubt, undergone considerable alteration from the process to which it was subjected.—2nd. The process is unknown.—3rd. The art of embalming was well understood by the Peruvians, who are supposed to have used a bituminous substance.—4th. Petroleum has long had the merit of being an useful agent for the purpose.

M.R.C.S. Eng.—The decision in Mr. Wakem's case should be a warning to all Medical practitioners, how they deal with drunkards. The law does not recognise them as lunatics, however insane they be. The best way is to leave them to the Police. There ought to be a Medical Defence Association to protect the Profession against the consequences of such actions.

SCOTUS.—Dr. Laycock's Address on the occasion of the capping at Edinburgh is characterised by good sense and enlightened views of Medical policy. Its great length, however, precludes its publication in the MEDICAL CIRCULAR.

THE TITLE OF DOCTOR.

To the Editor of the Medical Circular.

SIR,—I have read with pleasure an excellent letter by "Censor" in the 'Lancet' of the 9th inst., on the 'Title of Doctor.'

No Fellow, Member, or Licentiate of the College of Physicians, shall assume the title of Doctor of Medicine, or use any other name, title, or designation, or distinction, implying that he is a Graduate in Medicine of *any* University, unless he is so. They all have taken this oath, how can they in direct violation of the solemn oaths they have taken when admitted, put Dr. on their door, and sign themselves M.D., knowing they subject themselves to a fine of 10*l.*, or of being degraded.

August 12th, 1862. I am, &c., ANOTHER CENSOR.

Dr. S. B.—The circumstances are so imperfectly stated, that we cannot form an opinion.

OMEGA.—You should first ascertain if the fee had been paid. We do not think, however, that it is one of those cases in which a half fee could be with propriety claimed. We must all hold ourselves in readiness to render a little friendly assistance to our neighbours. Too much strictness in these matters leads to a narrow spirit and ungenerous relations one towards another.

Mr. EDWARD BUXTON.—We cannot comply with your request.

To the Editor of the Medical Circular.

SIR,—I herewith beg to forward to you a copy of the 'Belfast Morning News,' of the 11th inst., in which you will observe a short letter, signed "MEDICUS," (a copy of the same has been forwarded to the Lord-Lieutenant of Ireland), in behalf of an unfortunate man, lately a respectable clerk I believe, in one of the Union Workhouses in the south of Ireland. He has been found guilty of poisoning his wife by means of strychnine. He was recommended to mercy by the jury who found him guilty, but on what grounds they did so, I know not, unless it was for his uniform previous good character. Neither do I know whether this man Burke be or be not actually guilty of the intended murder of his late wife. There is still some mystery it appears about the affair at all events; but as for the practice (or monomania), nowadays, of ignorant people taking upon themselves, to drug and doctor themselves (and their friends also), who can say when it will end, or what mischief they may do? Every respectable member of the Medical Profession ought to set his face at once against such a dangerous and baneful practice.

Antrim, August 14th, 1862. I am, &c., N. W. GREAV.

THE 'ORMSKIRK ADVERTISER' has been received; but came to hand too late to give us an opportunity to notice the Report this week.

A SUBSCRIBER.—The subject of "Diphtheria," is exhausted; we cannot promise.

L.S.A.—1st. No.—2nd. Of course. A licentiate being a registered practitioner, the College of Physicians would recognise the certificate.

Mr. WILSON.—Received.

Dr. ADAMS is thanked.

Royal College of Physicians
OF LONDON.

The next Preliminary Examination in the Subjects of GENERAL EDUCATION, will take place on the 23rd and 24th of SEPTEMBER.

Candidates are required to give fourteen days' notice in writing, to the Registrar of the College.

N.B.—The General Council of Medical Education and Registration, have recommended that no Student beginning Professional Study after September, 1861, be Registered, who has not passed an Arts Examination.

H. A. PITMAN,
Registrar.

Pallmall East, 1862.

Medical Officers wanted.

THE LONDON EQUITABLE MUTUAL LIFE INSURANCE SOCIETY,
64 CHANCERY LANE, LONDON, W.C.

Trustees:—Right Honourable T. E. HEADLAM, Q.C., M.P.; Colonel CLIFFORD, M.P., and H. F. JADIS, Esq., Board of Trade.

The Directors continue to pay the following highly liberal Fees, in addition to the usual commission, in all cases where Assurances are introduced directly by Medical Gentlemen—viz., 3*l.* 3s. where the Policy is for 500*l.*, 2*l.* 2s. for 200*l.* to 400*l.* and 1*l.* 1s. for 100*l.*

MEDICAL REFEREES REQUIRED where the Society is not represented,—remunerative terms allowed. Apply to Dr. GEORGE ROSS, 24 Farringdon street, London, or to
JOHN LESLIE PILKINGTON, F.S.S.,
Manager and Secretary.

Labels Cut by Machinery.—Adhesive for marking goods, 1s. per 1,000; Dispensing or Chemical, 2d. per 100, kept in stock; with Name and Address, 2s. per 1,000; Mixture, Pill, &c., equally moderate. An assortment of Labels for all trades. Contracts with large consumers.

J. CROSS, & SON, Engravers, Steam Machine Printers, Lithographers, and Stationers, 18 Holborn hill, E.C. Established 1813.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively supplied Chlorodyne—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he is glad to find that the low price at which he sells it allows the Profession to use it in common practice and at public Institutions, so that its extraordinary beneficial effects are enjoyed by the poorest sufferers. Sold by all Wholesale Druggists.

Plaster of Paris.—Stevens and SON'S superior Plaster, as fine and pure as originally prepared by them—packed in Tin—may be obtained of their successor, J. C. PART 186 Drury lane, London.

Cod Liver Olein, prepared by J. W. N. BREWER, Pharmaceutical Chemist, 5 Liverpool street, Finsbury circus.

This preparation is strongly recommended as containing all the active principles of Cod Liver Oil, without its impurities. Olein will be found to agree with the most delicate stomachs, and in those cases in which Pain, Nausea, or Eructations are produced by the Oil, the Olein is an invaluable substitute.

PHOSPHORIZED COD LIVER OLEIN;
THE SYRUPS OF THE HYPOPHOSPHITES AND BIPHOSPHATES, &c. &c.

List of Therapeutic and Special Preparations forwarded on application.

EXHIBITION PRIZE MEDAL, 1862.

FRY'S CHOCOLATE

FRY'S FRENCH CHOCOLATE for EATING, In Sticks and Drops.
FRY'S CHOCOLATE CREAMS.
FRY'S FRENCH CHOCOLATE IN CAKES.
J. S. FRY and SONS, Bristol and London.

MERIT ACKNOWLEDGED!

INTERNATIONAL EXHIBITION, 1862.

The Jurors of Class III have, after a searching series o analysis, awarded a

PRIZE MEDAL
for the "Purity and Excellence of Quality" of
WOTHERSPOON'S
VICTORIA LOZENGES,

Purchasers of which may rest assured that all are made of equal quality to those exhibited. They are flavoured with Peppermint, Cinnamon, Rose, Lemon, Musk, Lavender, Clove, and Ginger, and are to be had only in packets labelled 'Wotherspoon's Victoria Lozenges,' at 1d., 2d., 4d., 8d., and 1s. 4d. each, of all respectable Grocers, Confectioners, Druggists, &c.
WOTHERSPOON & CO., GLASGOW AND LONDON.

Liquor Carbonis Detergens, or CONCENTRATED ALCOHOLIC SOLUTION OF THE ACTIVE PRINCIPLES OF COAL TAR.—A new remedy in Cutaneous affections, etc., presenting in an elegant and effective form the several virtues of the Tar, which are held in solution by the Alcohol, and thus rendered applicable to all the purposes of Hygiene, Medicine, and Natural History. As a dressing for putrid sores, where a disinfectant is at the same time desirable, the Emulsion, formed of any required strength by the addition of water, is most readily exhibited, mere agitation producing immediately perfect combination.

Prepared at the Laboratory of WRIGHT, FRANCIS, and CO., Wholesale Druggists, 11 Old Fish street, London, E.C.; and may be obtained through any Chemist.—(Name and Label entered at Stationers' Hall.)

Aërated Lithia Water.—Messrs BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr Garrod's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

BLAKE, SANDFORD, and BLAKE Pharmaceutical Chemists, 47 Piccadilly.

American Remedies.—SAVORY & MOORE have received a valuable supply of the principal ALKALOIDS and FLUID EXTRACTS from the celebrated House of TILDEN & SONS, New York, whose preparations have been frequently alluded to in the articles upon Eclectic Medicines published in the 'Lancet.'

143 New Bond street, London.

Aloina.—The discoverers of this (vide 'Edinburgh Monthly Journal of Medical Science,' for Feb. 1851), the crystalline purgative principle of Aloes, continue to prepare and supply it. They have the gratification of knowing that the most eminent of the profession prescribe it, to the exclusion altogether of the various kinds of aloes.

Orders executed direct or through any Drug house, by T. and H. SMITH and CO., 69 Coleman street, London, and 21 Duke street, Edinburgh

Pepsine.—M. Boudault begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent, Mr PETER SQUIRE, her Majesty's Chemist, 277 Oxford street, London, to whom all applications respecting it must be addressed.

Second Edition of Boudault on 'Pepsine,' with Remarks by English Physicians, edited by W. S. SQUIRE, Ph. D.; published by J. Churchill, London; may be also had of the Author, 277 Oxford street, price Sixpence.

ÆGLE MARMELOS, OR INDIAN BAEL.

Liquor Belæ, prepared from the unripe fruit, so much esteemed in cases of Diarrhœa, Dysentery, etc., also the Wine, Extract, Powder, and Preserve.

Descriptive accounts may be had on application to the Importer gratis
O. GOULD, CHEMIST, 198 OXFORD STREET, LONDON.

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H. Potter's Depot for his CELEBRATED LEECHES, TURKEY and other SPONGES, MEDICAL HERBS, &c., 65 FARRINGDON STREET, London, E. C.

For price and quality they cannot be excelled.
Priced Catalogues free to any address.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6272.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—In most cases of hydrocele, there is little difficulty in ascertaining the situation of the testicle; but, in some instances, the transparency is so uniform, and pressure with the fingers yields so doubtful information, that puncture of the tunica vaginalis cannot be performed without some risk of injuring the spermatic gland. Mr. Marcelin Duval, Director of Naval Hospitals at Toulon, who in no less than sixty-seven cases has met with the embarrassing conditions alluded to, forwarded to the Academy of Sciences the description of a mode of operation which ensures the perfect safety of the testis.

At the lower and outer part of the tumour, a horizontal fold of the skin is divided perpendicularly, in an extent sufficient to admit of the penetration of the trochar, which is gently inserted outward and upward into the tunica vaginalis. The blade is then withdrawn into the canula, and the latter is pushed upward in a direction nearly parallel to the axis of the body, inclining slightly to the external part of the tumour. Iodine, wine, &c., are then injected as usual.

— Mr. Ch. Ozanam then read a paper in which he endeavoured to demonstrate the efficacy and innocuity of carbonic acid as an anæsthetic.

"I had recently" said he "to open a deep-seated abscess in the thigh; the patient was a young man, and in order to induce insensibility to pain, I used a mixture of three parts of carbonic acid with one of atmospheric air, included in an india-rubber bag, of a capacity of about 24 quarts.

"The bag was supplied with a long, flexible tube, terminating in a mouth-piece, which was held at a sufficient distance from the face to admit of a certain proportion of air being simultaneously inhaled.

"Anæsthesia followed in the course of about two minutes, and was attended with two notable phenomena—viz., the acceleration of the breathing, and copious perspiration on the face. The operation was painless, with the exception of the last incision, which was indistinctly felt, and the patient immediately returned to consciousness."

— We recorded in the first part of our present number, our impressions on the subject of Mr. Beau's paper, relative to the influence of tobacco-smoke on the production of angina pectoris. The following are the facts on which the author grounds his opinion:

1. A gentleman, aged about sixty, in the habit of smoking to excess, frequently suffered at night for a month from palpitation of the heart, oppression, and pain in the shoulders. He discontinued smoking, and the attacks entirely ceased, the digestive functions becoming at the same time more regular. After three months, he resumed his old habits, and again experienced the same symptoms. At last he completely eschewed tobacco, and no further return of the attacks has since taken place.

2. A physician, aged fifty, who, although presenting the outward signs of health, was troubled with dyspepsia, and consequent debility, indulged in the use of *cigarettes* whenever the opportunity offered. For some time, he complained of palpitations accompanied by oppression and a sense of tightness about the chest, recurring in paroxysms at various hours of the day or night. He gave up smoking, and the attacks ceased. One day he found himself in the same room with several smokers, and, although he did not yield to temptation, he inhaled the fumes of tobacco, and on the following night the former symptoms returned.

3. A physician, aged thirty-five, who practises in the country, incessantly smoked cigarettes in the intervals of his professional visits. For a long time his appetite had declined, and he consequently took very little food. One morning, while fasting, and smoking a cigarette on his way to one of his patients, he was suddenly seized with precordial anxiety, and tightness across the upper part of the chest. He was unable to speak or walk; his pulse became insensible, and his hands cold. These symptoms lasted half an hour. He came to Paris, and, by Mr. Beau's advice, relinquished the habit of smoking, promising to write if a paroxysm of the same nature as the first again reappeared. Mr. Beau has not heard from him since.

4. A young Spaniard, aged thirty, in the constant habit of smoking cigarettes, suffered much from dyspepsia and impaired digestion. One evening, while indulging in his customary relaxation, he suddenly experienced violent constriction of the chest, and for ten minutes his pulse was imperceptible. Alarmed at this occurrence, he greatly diminished his daily consumption of tobacco, and the symptoms of angina have not since returned.

5. A physician who has been compelled to discontinue the practice of smoking on account of disturbance of the gastric functions, also experienced, when he was in the habit of using tobacco, nocturnal attacks of tightness of the throat, with palpitation and neuralgic pains in the neck. He now enjoys perfect freedom from these symptoms.

6. A merchant who for fifteen or twenty years had suffered from dyspepsia consequent on immoderate smoking of cigarettes, suffers, chiefly at night, from paroxysms of precordial oppression, with palpitation and pain between the shoulders. The features are drawn, and the pulse small and irregular. This gentleman now smokes more than ever.

7. A healthy and vigorous old man, aged seventy-five, seeks consolation in smoking from mental distress. On a Saturday an attack of angina supervenes, of half an hour's duration; a second fit recurs next day, and he is found dead in his bed on the Monday morning.

8. A foreign diplomatic agent, an inveterate smoker, who, despite appearances, was of weak constitution, was seized one evening, on his return home, with angina pectoris, characterised by dyspnœa, smallness of the pulse, refrigeration of the extremities, and lividity of the integument. He went to sleep at eleven o'clock, awoke next morning at his customary hour, and transacted business as usual. At five o'clock, while smoking a cigar in his arm-chair, he suddenly expired. A fatty condition of the heart was the only alteration detected at the post-mortem examination.

ACADEMY OF MEDICINE.—Our readers have doubtless not forgotten Mr. Réveil's memoir on the necessity of preventing the sale of dangerous cosmetics. Mr. Trébuchet, at the conclusion of his report on this paper, proposed the following resolutions:—

1. To present to Mr. Réveil the thanks of the Academy for his important communication. 2. To forward his paper to the publishing committee. 3. To transmit a copy to the Minister, calling his attention, at the same time, to the various propositions and remarks contained in the memoir. 4. To request his Excellency, in addition to the measures which a perusal of Mr. Réveil's paper, and of the present report, may suggest, to cause the shops and laboratories of perfumers to be regularly visited, from time to time, by delegates from the School of Pharmacy, or the Board of Health, in order to select and examine specimens of the different cosmetics exposed for sale, and to compel dealers in such articles to annex a label to each, stating that it contains no poisonous or injurious ingredient.

One member only objected to the last clause. Mr. H. Bouley could not admit that the cosmetics so violently denounced by Messrs. Réveil and Trébuchet constitute a danger to the public. It is not the majority of the population who make such frequent use of pomades, cosmetics, and scented waters. The purchasers are chiefly middle-aged coquettes, superannuated dandies, and the uninteresting class of disorderly women whose beauty vice has prematurely tarnished. Mr. Bouley therefore saw no adequate motives to interfere vexa-

tiously with the perfumers' trade by an unnecessary display of authority. Must we also, did he ask, have Government-stamped corsets and shoes, as we appear likely to have Government-stamped pomades, powders, and elixirs? It was a dangerous thing to trammel commerce and shackle liberty of trade. If some persons had been injured by the use of cosmetics, they should apply for a remedy to the tribunals, on the strength of Art. 1,382 of the Civil Code.

Mr. Trébuchet had also denounced the too often deceitful advertisements which fill up the pages of the political papers, and of many Medical journals. The learned reporter recommends, that the authors of such advertisements be severely prosecuted. Mr. Bouley could not assent to this course; the liberty of the press was already but too much fettered under present circumstances. In conclusion, he would vote against the last resolution, although approving, of course, of the scientific part of Mr. Trébuchet's report.

After Mr. Bouley, Messrs. Gaultier de Claubry, Boudet Poggiale, and Chevallier, addressed the Academy on the same subject.

In France, said Mr. G. de Claubry, Government watches over public salubrity, and protects the health of all members of society. This protection has become a part of our institutions, and, therefore, the administration would only perform one of its habitual functions, in prohibiting the fabrication and sale of all dangerous substances. But there were laws and regulations applicable to the subject, as well as to advertisements of every description, and it would be sufficient to point out to the authorities, the necessity of applying them a little more strictly.

Mr. Boudet expatiated on the services rendered to public salubrity by the Board of Health. Thanks to its intervention, the use of mineral colours had been prohibited, in the fabrication of sweet-meats, wafers, paper, and artificial flowers, to the great advantage of the working classes and of the population in general. It would, therefore, be highly expedient to appoint special inspectors of the preparations used by perfumers, and this measure would avert the dangers indicated by Mr. Réveil, which interested a much greater number of persons than Mr. Bouley appeared to think.

Messrs. Poggiale and Bussy, especially the former, inveighed with much energy, against the advertisements daily recommending to the public certain medicines, and patent remedies. It is time, said Mr. Poggiale, to call down upon the puffings of quackery, the full rigour of the law, and also on the secret remedies and self-dubbed panaceas, extolled in the advertisement-sheet of newspapers, but neither to be found in the Codex, nor noticed by the Academy of Medicine. It is a stringent duty devolving on the Academy to denounce these abuses, which are far more injurious than the sale of mere cosmetics.

Mr. Poggiale, therefore, moved as a new resolution, that an address drawn up by a special committee, be forwarded to the Secretary of State on this subject. This motion was powerfully seconded, and after passing before the Administrative Council of the Academy, will be brought forward at an early meeting.

In the interim, the Academy voted separately on the two paragraphs of Mr. Trébuchet's fourth resolution. The first was adopted, the second—*i. e.* (compel dealers in such articles to annex a label, &c.), was rejected. Of course the first three resolutions were unanimously carried.

BIBLIOGRAPHY.

Art. 6273. *De la Thrombose et de l'Embolie Cérébrales considérées principalement dans leurs Rapports avec le Ramollissement du Cerveau* (Cerebral Thrombus and Emboli, chiefly viewed in their connection with Softening of the Brain), by — *Lancereaux, M.D.* (a)

The question of emboli, recently brought before the Academy of Sciences, by a learned Professor, still engages a large share of the attention of pathologists. Elements of varying nature may, perhaps, occasionally enter into the composition of these erratic concretions, but coagulated fibrin is by far their most common constituent. The great frequency of emboli is now an undisputed fact, and when we reflect on the manifold morbid circumstances which may give rise to coagulation of the blood, we are only surprised that they are not more common. The nature and severity of the occurrence must, however, vary in an easily intelligible manner, according to the size, shape, and degree of consistency of the concretions; to the number, kind, and importance of the obstructed blood-vessels; and to the functions of the organs to which such vessels are distributed: hence a series of ever-varying disturbances and anatomical changes, the study of which must lead to fruitful inquiry.

These remarks are fully borne out, if they required demonstration, by a perusal of the present volume, in which Dr. Lancereaux endeavours to throw light on the share of embolus in the production of softening of the brain.

At a comparatively recent date softening was exclusively referred to inflammatory action; and we cannot forget the difficulties Mr. Rostan's theory of the influence of senility on its production had to contend with, when first mooted in opposition to the doctrines held at the period by the most eminent pathologists. This shrewd observer, comparing softening of the brain to gangrene, opined that it was frequently the result of ossification of the arteries, and of subsequent vascular obstruction—a view which was soon confirmed by many publications both in France and abroad (Abercrombie, Bright, Gendrin, Cruveilhier, Bouchut, &c.) Virchow, however, was the first who distinctly asserted that the disease has its origin in embolus. Our clinical wards now teem with cases illustrative of the fact; they are the occasion of luminous interpretation, and from the assemblage of the instances recorded by various writers, combined with those which have fallen under his own observation, Dr. Lancereaux has compounded the memoir now offered to the public.

The author, evidently well versed in the minutest proceedings of modern inquiry, applies them to the demonstration of the connection in many instances observable between occlusion of the vascular system of the brain and certain softenings of that viscus, hitherto erroneously viewed as idiopathic.

The work is divided into three sections. The first treats of thrombus and emboli of the arteries of the encephalon. The chapter devoted to anatomical and physiological considerations reveals a master-mind, and points out—1. The anatomical conditions attendant on arterial obstruction resulting from the two causes alluded to; 2. The changes consequent on occlusion; 3. And the lesions produced by the same agency at a distance from the brain, in the heart, viscera, and extremities. The passages referring to the pathology of softening, and to the organic changes induced by the obstruction, are especially deserving of notice.

These are not, however, the sole causes of ramollissement. The pathogenic agencies are classed by the author under four heads—viz., vascular obstruction, inflammation, plastic deposits, and mechanical operation (tumours, hæmorrhagic coagula, &c.) Amongst the cases of the first class, he lays peculiar stress on arteritis and endocarditis, which often give rise to fibrinous, calcareous, or warty formations; also rheumatic fever, aneurism of the arteries of the neck, &c.

Treatment is, of course, of small avail in diseases of this description. When the presence of valvular disease of the heart suggests a fear of the formation of emboli, the first indication is to prescribe perfect repose. In aneurism of the neck, all pressure should be avoided, and digitalis be exhibited for the purpose of keeping the action of the heart within moderate bounds, and preventing the rupture of the coagulum within the aneurism. When the embolus has formed, it is proper to contend with local congestion by counter-irritants and unfrequent blood-letting. The necessity of great caution and reserve in this latter respect, arises from the obviously unfavourable tendency of any debilitating measures, and from the increased power of coagulation, and, consequently, the greater facility for the formation of thrombus, which would be imparted to the blood by the abstraction of its corpuscles.

If the embolus is of fibrinous nature, it would appear rational to prescribe alkaline remedies. In support of the

(a) 4to. Adrien Delahaye, Paris.

advantages which the author expects from the administration of this class of medicines, we may add that they are recommended by Sénac (*Traité du Cœur*), and have been found useful by Mr. Legroux in cases of polypous concretion, situated within the heart. Dr. Philippe has also recorded the very interesting case of a soldier, in the Toulon Hospital, who was cured by the exhibition of alkaline drugs of an enormous œdematous tumefaction of the left hand and forearm. In this instance the swelling had been regarded as the result of the occlusion of the principal vein of the extremity by a fibrinous concretion, and various treatments had previously been resorted to without success. (*Vide* 'Mémoires de Médecine et de Pharmacie Militaires,' Vol. LIV.; page 285.

In the second section of his memoir, Dr. Lancereaux follows the embolus into the parenchyma of the brain, and endeavours to descry the nature of the changes induced in that viscus by its presence. Here the microscope is in constant requisition, and although, from their nature, these researches cannot present an absolute degree of precision, yet their ingeniousness entitles them to the highest commendation.

In the third section of the work, the author treats of thrombus of the cerebral sinuses, and his remarks on the subject may be thus summarised :—"Inflammatory thrombus or phlebitis of the sinuses, and genuine thrombus of these vascular passages differ from each other in their nature and in their symptoms. The former is frequently connected with puriform inflammation, which is never observed in the latter; softening due to emboli is chiefly the result of simple thrombus, and here again appears to be merely the consequence of mechanical obstruction."

This brief analysis can assuredly convey but a faint idea of Dr. Lancereaux's interesting publication, but we trust it may induce in some of our readers a desire to peruse the most complete monograph we have hitherto met with on this very important subject. We shall take an early occasion of adverting to a no less valuable paper, by Mr. Benjamin Ball, on pulmonary embolus.

VICTOR MARTIN, M.D.,
Chief Physician of Naval Hospitals.

ART. 6274.—*Traite Thérapeutique des Eaux Minérales de France et de l'Etranger, et de leur emploi dans les Maladies Chroniques* (French and Foreign Mineral Waters, and their Application to the Cure of Chronic Disease), *by Mr. Durand Fardel, M.D. (a).—Des Effets des Eaux Thermales du Mont Dore dans le Traitement du Coryza et de l'Aphonie* (the Efficacy of the Thermal Waters of Mont Dore, in Coryza and Aphony) *by T. Mascarel, M.D., Physician-in-Chief of the Hospital of Châtellerault (b). — Etudes Médicales sur le Mont Dore. Quatrième Mémoire: Observations Médicales, 1ère Série; Observations de Catarrhe Pulmonaire, de Catarrhe Intestinal et de Catarrhe Uterin, Traités Parles Eaux du Mont Dore* (A Medical Inquiry on the Springs of Mont Dore, being a record of cases; 1st. Series: Cases of Pulmonary, Intestinal, and Uterine Catarrh, treated by the Waters of Mont Dore), *by G. Richelot, Consulting-Physician at Mont Dore (c).*

Mr. Durand Fardel's volume, a second edition of which is now presented to the public, was originally intended as a mere reproduction of the lectures delivered by the author, at the *Ecole Pratique*. But the magnitude of the subject has compelled the Professor to widen the circle in which he was at first desirous of confining his observations, and the work has thus assumed proportions unsuited to verbal lectures.

Instead of presenting a description of each mineral water in succession, a plan which has greatly detracted from the utility of even the best treatises on the matter, Mr. Durand Fardel applies to the study of mineral waters the same method which governs other therapeutic inquiries. The system adopted by the author, consists in presenting a synoptical view of the mineral waters, and of the indications they are intended to meet, from which may be readily inferred the rules of their application; he then enters into a comparative study of the mode of action of the various springs; this appears the only arrangement of the subject calculated to invest hydrology with the character of utility we expect to find in the other resources of practical medicine.

We are especially struck in this work with the simplifications introduced into the apparently intricate study of mineral waters. Mr. Durand Fardel shows that these numerous spas, a mere catalogue of which would form a list sufficiently extensive to alarm the most laborious observer, may in reality be reduced to a proportionately short enumeration of chemical standards and Medical applications. If we take as an instance the chemical classification of mineral springs, we find that *Enghien, Eaux Bonnes, Cauterets, Luchon, Barèges, Saint-Sauveur, Aix* (Savoy), satisfy every requirement of sulphurous treatment. At one or two of these establishments—*e. g., Luchon* or *Aix*, in the Département de l'Arriège, a number of springs of different strength and heat are to be met with, sufficient for every purpose of medicine. If, on the contrary, we consider therapeutical applications, we find in Mr. Durand Fardel's volume, that catarrhal and bronchial affections of every description are benefited at *Enghien, Eaux Bonnes, Cauterets, Mont Dore, Ems*, &c.; with regard to rheumatism, which requires the use of thermal waters, it is equally certain that all the resources needed by the physician are amply supplied at *Néris, Bourbonne, Bourbon-Larchambault, Aix in Savoy*, and *Barèges*.

We have quoted Mont Dore as appropriate to the cure of catarrhal forms of disease. Two physicians, practising at this residence, Messrs. Mascarel (of Châtellerault), and G. Richelot (of Paris), again invite the attention of the Profession to the effects of the warm springs of Mont Dore, in coryza, aphonia, chronic bronchitis, obstinate diarrhœa, and uterine catarrh.

Mr. Richelot, who adduces numerous cases in support of his statements, remarks that, under the influence of these waters, the pulse diminishes in frequency, and that more refreshing sleep, increased appetite, more active digestion, and general improvement of vital power follow their use. He shows the utility of the Mont Dore Spas in chronic catarrhal disease, and in morbid conditions of the mucous membranes, especially when attended with impaired digestion, and general debility of the system.

(a) One vol., thick 8vo., 2nd Edit., with coloured map, Germer Baillière, Paris.
(b) A Pamphlet, 8vo., Victor Masson, Paris.
(c) A Pamphlet, 8vo. (office of the *Union Médicale*).

ART. 6275.

MISCELLANEA.

— The Imperial Academy of Sciences of Caen has offered a prize of 80*l.* for the best essay "On the Functions of Leaves in the Vegetation of Plants." Candidates must send in their essays to Mr. Travers, Secretary of the Academy, before the 1st of January, 1865, each paper to be distinguished by an epigraph, and accompanied by a sealed letter, containing the author's name.

— At the meeting of the Academy of Medicine of June 24th, Mr. Nélaton exhibited an ovarian tumour, removed a week before from a woman aged twenty-six.

The operation was performed on June 17, at Mr. Duval's house at Neuilly. The growth was exposed by an incision extending from the umbilicus to the pubes, firmly secured, and its protruding part punctured with a trochar. The numerous attachments of the mass were torn asunder, and the pedicle was at once seized with the clamp, and divided. Several small arteries were tied, and the liquids which had collected at the back of the uterus were carefully removed with a sponge. The wound was closed by seven metallic ligatures, including the peritoneum. The patient, while still under the influence of chloroform, was then wrapped up in warm blankets, and conveyed back to her bed.

During the hour which followed the operation, she complained of cold; she vomited, experienced paroxysms of pain, but without tympanitic enlargement of the abdomen, and her pulse rose to 96. An enema containing laudanum, and iced applications were prescribed. The same symptoms recurred

on the second day, but the pulse fell to 88. On the third day, hiccup was noticed, but yielded to a blister over the epigastric region. From this date, amendment set in; the pulse fell to 76, the clamp was removed on the fourth day, and cold beef-tea was allowed. On the fifth day, the pulse further decreased to 66, five ligatures were withdrawn, and as no motions had yet taken place, a dose of castor-oil was exhibited. The bowels were copiously relieved on the sixth day, when the sixth metallic suture was removed. On the seventh day, the menses appeared; the remaining ligature fell away, and soup and eggs were prescribed. On the eighth day, the pulse being 62, soup and a mutton chop were permitted. The condition of the patient is in every respect satisfactory, and the wound has united in its entire extent.

The above is a brief account of the case. The operation was one of no ordinary difficulty; the tumour was larger than the head of a full-grown adult, and contained about eight quarts of fluid in several separate cysts. The woman was, moreover, exhausted by protracted suffering, numerous adhesions were present, and yet a rapid cure was effected, despite the especially unfavourable influence but recently attributed to the climate of Paris over the results of this operative procedure.

This is the first instance of success of ovariotomy in France, and no publication could more opportunely appear than the pamphlet recently edited by Ad. Delahaye—*Ovarian Cysts and Ovariotomy performed according to the method of Dr. Baker Brown*, by Dr. Labalbary.

The author has dedicated his work to Messrs. Baker Brown and Nélaton. This was but just. Mr. Labalbary foresaw, but could not record the success which awaited the French Professor. His object has been to place before his countrymen, in imitation of Mr. Worms, a carefully-compounded history of ovarian cysts, together with the rules of treatment of the disease in England, and more especially to promulgate the *modus operandi* adopted by Mr. Baker Brown.

— Dr. A. Ehrmann, First-Class Medical Inspector, who accompanied the French army to Mexico in February, has been appointed Chief Physician of the Expeditionary Force, *vice* Mr. Ludger-Lallemand, deceased.

Further Discoveries of Flint Implements in the Drift.—In the last published volume of the "Archæologia," John Evans, Esq., F.G.S., F.S.A., gives a paper on the above subject. Flint implements have been found in the Champ de Mars, Paris, at Clichy, and in the Rue de Grenelle, in beds of sand and gravel analogous to those of Menchecourt, near Abbeville; the beds are not disturbed, their average thickness is 20 feet. The implements and flint-flakes were found in a bed at the base of the gravel, from 3 to 5 inches in thickness, associated with bones of *Bos primigenius Elephas primigenius*, deer allied to reindeer, and a large carnivorous animal, probably cave-tiger. These observations have been confirmed by M. Lartet and Mr. Mylne. An implement has also been found, under similar circumstances, in the gravel-pit at Précy, near Creil, in the valley of the Oise (between Amiens and Paris), with a tooth of an elephant. At Clermont, near the Ariege, there is a deposit of gravel underlying brick-earth, at 540 feet above sea-level, and 33 feet above the stream which now waters the valley. In this gravel, mixed with bones of *Elephas primigenius, Rhinoceros tichorhinus, Felis spelæa, Cervus megaceros Equus*, and *Bos*, have been found manufactured "pieces quartzite." Mr. Evans has picked up, at Swalecliffe, a flint implement; whilst Mr. R. Whitbourn, F.S.A., and Mr. Whittaker, of the Geological Survey, have obtained examples from Peasemarsh, in Surrey, and Horton Kirby, in Kent. Mr. Evans adheres to his original classification of these implements into, 1, flakes; 2, weapons with an acute or rounded points; 3, oval or almond-shaped implements, with a cutting edge all round. He gives a plate of twenty examples, drawn to a scale of one-half linear, as well as figures of the implements from the Valley of the Oise, Swalecliffe, and Reculver. With respect to the human remains found in cave deposits he says:—"The doubts which have been thrown upon the cavern evidence, bearing on the contemporaneity of man with the extinct mammals, are now in a great degree dispelled by similar discoveries having been made under circumstances which preclude the interference of those causes of error which come within the bounds of possibility in the case of caverns. The series of facts brought forward by careful investigators of the ossiferous caves in all countries, have, therefore, a right to a new trial at the hands of scientific inquiries, in which, probably, the verdict that has already been pronounced against them will, on the admission of this fresh corroborative testimony, be set aside."

The Medical Circular.

REVIEW OF THE PERIODICALS.

The 'Dublin Quarterly Journal of Medical Science.' Dr. Henry Thorp contributes a paper on *Pleuritic Effusions*, in which an account is given of two cases in which thoracentesis was successfully performed, although one of the patients subsequently died of congestion of lung. There are some interesting points in the first case. We extract the following:—

"At my next visit the patient's condition was all but hopeless; there was orthopnea, a rapid vermicular pulse, hurried breathing, moist skin, copious, fetid, purulent sputa, countenance dusky, and strength rapidly failing. Thoracentesis was now the only alternative left me, and I immediately performed it. Drawing the skin a little to one side, I pushed a trocar steadily through the sixth intercostal space, a short distance behind and below the nipple, keeping the instrument close to the upper edge of the rib below. Upon its withdrawal, a stream of abominably fetid, viscid, greyish-yellow, purulent matter issued, *per saltem*, or rather in a periodically accelerated current, through the canula—the quantity discharged in this manner measured about a pint—when I withdrew the tube, and dilated the opening freely with a probe-pointed bistoury, so as to obtain a free and continued vent for the contents of the cavity. The patient, to whom stimulants were freely administered, bore the operation well; and expressed himself, shortly afterwards, as being greatly relieved. A poultice was applied over the opening, and he was directed to lie as much as possible on the left side.

"The subsequent history of the case is easily told. It was one of gradual, but uninterrupted recovery. The patient rallied, his strength increased, the cough became less harrassing, and the exhausting expectorations and sweats declined from day to day; the opening remained fistulous, and continued to discharge for several months; gradually, as the cavity emptied itself, the heart moved from right to left into its normal position. At no time, either previous or subsequent to the operation, was I able to recognise the ordinary phenomena of pneumothorax—namely, succession, metallic tinkling, or amphoric respiration. It is scarcely necessary to state that the strength of the patient was sustained by the free use of tonics, stimulants, and animal food. He now enjoys excellent health. I examined his side a few days ago; it is very slightly contracted; on percussion it is scarcely so resonant as the opposite; nor is the respiratory murmur so loud; but there is no marked alteration in its physical condition, such as we are accustomed to meet with as a consequence of suppurative pleurisy.

"Apart from the successful result of thoracentesis, the foregoing case presents features of very unusual interest. Pulsation has often been observed in cases of 'empyema of necessity;' and a valuable paper on the subject was published some years ago in this journal, by Dr. M'Donnel. A throbbing of the lung, in certain cases of pneumonic consolidation, was noticed by Laennec; and a unique case of pulsating pneumonia, attended with *bruit de soufflet*, is given by Graves in his 'Clinical Medicine.' Cases, however, of throbbing empyema such as the foregoing, unattended with perforation of the costal pleura, and accumulation of pus under the skin, must be exceedingly rare. Walshe, indeed, has twice seen cases of this description, and refers to them in his recent work on 'Diseases of the Lungs and Heart.' What, it may be asked, are the conditions necessary to the production of pulsation in the exceptional cases of pleural effusions in which it occurs? Or, why is it that the stroke of the heart is communicated to some fluid collections and not to others? In most of the cases in which it has been observed, the impulse was strong, diastolic, and heaving, like that of an aneurism; from which it may be inferred that the empyema was so circumstanced as to be subject to the well-known hydrodynamical law of the propagation of pressure through fluid bodies. Now, if we suppose an empyema to be encysted, or closely pent up by adhesive matter, and that the contained fluid, without the interposition of yielding long substance, comes into direct relation with the mediastinum internally, and the chest-wall on the outside, we have all the conditions furnished for supplying the phenomena of pulsation.

"I believe the case just detailed to have been an interlobar encysted empyema, for the following reasons:—1. Although, in the first instance, the effusion occupied the general pleural cavity, as indicated by the physical signs, at a later period respiration was distinctly heard postero-inferiorly, at a time when it was totally absent higher up over the area of pulsation. 2. There was no depression of the diaphragm or spleen. 3. The attack was not followed by contraction of the side, immobility of ribs, curvature of spine, or concentric displacement of organs. 4. The pulsation corresponded to the line of the interlobar fissure. 5. The fluid discharged was viscid, as it were from admixture of mucus. In connection with this latter fact it is important to remark that at no

time previous to the operation were the phenomena of pneumothorax to be observed. This I am certain of, from careful and often-repeated examinations. There was consequently no direct communication between the cavity of the abscess and the bronchial ramifications; still the fluid resembled a mixture of pus and mucus. We can only account for this fact by a reference to the laws that determine the mutual diffusion of fluids of different densities when separated by moist membranes or porous substances. If the matter lay, where I believe it did, in the fissure between the two pulmonary lobes, it was surrounded on all sides by lung-substance, and necessarily brought into close relation with numerous bronchi, between the contents of which and the interlobar collection an *exosmose* and *endosmose* might with facility occur. The patient, for several days previous to the operation, coughed up large quantities of purulent matter; and had his strength withstood the effort, and the urgency of the symptoms not called for the artificial evacuation of the collection, the latter might have been eliminated without surgical assistance. This spontaneous cure of empyema has often been referred to a so-called 'vicarious action' of the bronchial mucous membrane. Does not this case afford a clue to the precise nature of the process; and may we not (preferring the expression of a philosophical fact to the use of a metaphor) more appropriately attribute the result to the operation of the physical law just referred to? Thus, then, the pyogenic sac was interlobar, and extended transversely across the great pulmonary fissure, coming into close proximity centrically with the heart, and externally with the chest-wall; and its contents forming a continuous fluid column, received and propagated outwards the cardiac pulsation, after the manner of an aneurism."

The author discusses the alleged injurious influence of the admission of atmospheric air, and observes upon it—

"That atmospheric air itself exerts no irritating influence on the tissues of the body is rendered pretty evident by the phenomena of general emphysema, as also of simple pneumothorax, whether traumatic or occurring as a consequence of rupture of a dilated air vesicle; although the cellular tissue of the body may be inflated so as to resemble a 'stuffed skin,' and the pleura distended almost to bursting, no erethism or reactive inflammation is the consequence of the lesion. But that atmospheric air, on some occasions, does exert a deleterious effect is unquestionable; but it so acts, not by reason of its stimulating properties, but simply because it supplies one of the conditions under which putrefaction of purulent and other fluids is likely to occur. Not that its presence is invariably followed by the chemical change in question. Laennec gives the case of a patient affected with broncho-pleural fistula, who for six years exhibited the signs of hydro-pneumo-thorax without either local or constitutional distress. Louis, and various other physicians, have witnessed similar instances. In truth, the precise conditions under which putrefactive changes are generated in the pleura have yet to be determined; insomuch so that we are forced to admit, in addition to the acknowledged influence of heat and air, the presence of some unknown agent or state which disposes the fluid contents to undergo catalytic changes—or how explain the cause of the latter not taking place in the cases just referred to? Enough, however, is known to warrant the exercise of great caution in performing paracentesis so as to prevent the ingress of atmospheric air in certain pleuritic effusions of the non-suppurative class; whereas purulent collections in the cavity of the chest should form, in my opinion, no exception to the ordinary manner of dealing with similar diseases elsewhere."

In fine, Dr. Thorp would apply the ordinary rule to empyemic collections, and discharge them by puncture; but, he says, the opening should be made anteriorly, and high up, in imitation of Nature's ways, remarking:—

"Nature then indicates these positions as being the most eligible by her own operations. Nor is the object of her method obscure or unintelligible. By causing the liquid contents to proceed from below upwards she guards against the sudden evacuation of a cavity (and consequent entrance and *imprisonment* of atmospheric air in proportionate volume) the walls of which can only approximate by slow degrees; thus the suppurating sac is emptied gradually by its own contraction; and the air, which can only enter in small quantity, has *free egress*, being *always uppermost*, and in close proximity with the discharging orifice. We should, therefore, in conformity with these principles, not open the chest in a depending position; for if, unfortunately, afterwards putrefactive changes take place, the septic gases floating above the other contents *have no exit*, are absorbed by the lining membrane of the cavity, excite inflammation of the latter, contaminate the blood, and produce typhoid symptoms. To prevent, then, putrid absorption, and its concomitant evils, let the empyema be opened above—that is to say (when the case admits of our doing so), between the fourth and fifth ribs, anteriorly, and provide, if necessary, for the constant drainage of the abscess by the introduction of a Chassaignac's tube.

"In cases, however, of hydrothorax, or sero-albuminous, sero-sanguineous, and passive collections in the pleural sac our operative proceedings should be guided by very different principles. In pyothorax a pyogenic membrane is already formed, and matter is making its way to the surface; by evacuating the collection we only complete an operation already commenced. But the other class of effusions referred to are very differently circumstanced; they are not included in an adventitious sac, or newly-organised membrane, but lie in contact with the serous surface in a healthy condition, or only slightly altered in anatomical structure and vital endowments; the fluid evinces no tendency to reach the surface; if it disappear it is directly absorbed from the serous cavity, and is never evacuated externally without having previously undergone more or less of purulent metamorphosis. Therefore we should endeavour, in dealing with these immature collections, to avoid all causes of irritation, and to prevent, by all means in our power, the higher or suppurative grade of action not yet attained under existing conditions; in short, we should make the practice of art approach as closely as possible to nature's own operations, and not proceed in untimely advance of them. Accordingly the fluid ought, only in the first instance, to be partially withdrawn; the remainder may be absorbed into the system; if not, the tapping may be repeated. Valvular perforation of the integuments and the employment of a vulcanised india-rubber bag and stopcock, or the ingenious trocar and canula invented by Mr. Charles R. Thompson, will effectually prevent the entrance of atmospheric air.

"By proceeding in this manner we do not overstrain the vital processes of the economy in their progress towards the restoration of health, but only disencumber them of impediments that check their free action, and, with full confidence in her resources, leave Nature to complete the cure by the continuance of her own efforts.

"We first endeavour to comprehend the purposes and *modus operandi* of the *vis medicatrix*, and then follow faithfully in the path, without seeking, by premature interference, to reverse the natural order of pathological events, or force upon her contingencies for which she is as yet unprepared. In conducting the two cases which form the groundwork of this communication to a favourable termination I was guided by the principles just enunciated."

Dr. Neligan contributes to the same journal notes of an *Unusual Abnormal Condition of the Mucous Membrane of the Tongue and Cheeks*, considered in connection with life assurance. The peculiarity is thus stated in the form of an extract from a report to a life office:—

"In giving my opinion on the life, I stated, that as regards his present health it was good; as to the state of the different organs, they were healthy, but the tongue was singularly affected, the natural membrane covering it and the inside of the cheeks being changed into a thick white skin, like a kid glove, and uneven on the surface; as to his constitution, that it appeared to be sound; and, as to the eligibility of the life for assurance, that it would be a first-class life were it not for the state of the tongue, which I had never seen anything like before, nor could the proposer assign any cause for it; he said that it had been so for the last thirty years, that his taste was as perfect as that of any other person, nor had he any soreness or uncomfortable feel in it. I concluded my opinion by adding that in the case of so singular an affection I would advise an extra rate of five or seven years to be charged.

"The condition of the mucous membrane of the tongue and inside of the cheeks here alluded to was very remarkable. The tongue was perfectly clean—that is to say, there was no fur on it, nothing that could be removed by scraping or washing; it was of a dead white colour, resembling, perhaps, rather the appearance of the surface of the tongue in a boiled calf's head than a kid-skin glove, the lustre of which it wanted; it was uneven on the surface, but not wrinkled or fissured, nor presenting the papillated character of the organ in its normal state, there was more a general unevenness. The same condition existed in the mucous membrane lining the cheeks, and the gums in contact with them, but the covering was evidently less thick; the roof of the mouth, the palate, the throat, the tonsils, and the uvula were quite natural in appearance. There was no unnatural dryness or change of temperature of the mouth; the salivary secretion was abundant, the gustatory powers perfect, described by the gentlemen himself as being unusually sensitive, and the speech was in no way affected. On closely questioning him, he stated that he noticed this change when he was about eighteen or nineteen years of age, and that it then was just as complete as when I examined him. He thought when he first discovered it that it must have been caused by a habit he had of indulging in smoking to excess, and always smoking the tobacco in the shortest possible pipe, so as to get the smoke into his mouth as hot as he was able to bear it.

Several assurances were subsequently affected, but about two years from the time of the first assurance he bit his tongue, and Dr. Neligan remarks:—

"It seems that, as the result of this bite, a small tubercle, about the size of a pea, formed on the edge of the tongue, beneath t

mucous membrane, its situation being on a level with the molar teeth. For this he sought the advice of some of our eminent surgeons, who differed in opinion as to the necessity of an operation; the result being that he placed himself under the care of one of them who treated the disease with caustic applications. After some time, however, hæmorrhage set in, necessitating an operation, which he survived only a few months, cancer having invaded the glands in the neck.

"As I have already said, my object in recording this case is to call attention to the existence of, I believe, a hitherto undiscovered abnormal condition of the mucous membrane of the tongue and cheeks; to show the probability of its terminating in a cancer; and, as a necessary conclusion, to point out that such a deviation from the natural state of these parts would render a life ineligible for assurance."

An article *On Certain Movements of the Throat and Chest in Respiratory Acts*, by Dr. Edward Smith, describes the various states of the larynx, palate, tongue, &c., in singing, talking, yawning, and other acts. We shall revert to this journal in a future number.

The 'American Medical Monthly.' Dr. Austin Flint, on *Conservative Medicine*, advocates a closer observance of the natural powers, and the self-limiting action of disease. He objects to extreme courses of treatment. He remarks:

"Recurring to the definition of conservatism in medicine, it suffices to say that it means the preservation of the vital forces. It is a principle in medical practice, covering everything which prevents impairment of, or tends to develop and sustain, the powers of life. The terms 'vital forces' and 'powers of life,' although they are not readily explained, have a practical meaning, which is well enough understood, and it is unnecessary to enter into an explanation of them. It has been the object, in the foregoing pages, to give an exposition of conservative medicine, and to show that conservatism, in the sense in which the term is now used, is a distinguishing feature of medical practice at the present time, as contrasted with the practice which prevailed twenty-five years ago. The development and adoption of this principle have been seen to be results of the progress of medical knowledge, and the circumstances which seem especially to mark the beginning of the changes illustrating the principle are, abandonment of attempts to reduce the practice of medicine to a system, after the failure of the latest, viz.: Broussaisism, and the study of the natural history of diseases, as inaugurated by Louis."

The principles inculcated are precisely those which the English school has been the most prominent in advocating.

The 'The American Medical Times.' We extract from this journal the following article by Dr. Rufus King Browne, headed, "*Lessons in the Surgery of the War*:"

"About five hundred of those wounded at the battle of "Fair Oaks," who reached Fortress Monroe on transports, were examined by me, and I propose to mention some of the incidents during my attendance on them while at the Naval Hospital, which particularly engaged my attention. A large proportion of these, I think a majority, were wounds in the lower part of the body, showing that their enemies had practised the lesson "fire low." The wounds of a considerable proportion, which had lain some hours upon the field, had become a *nisus* for the larvæ of flies, and were occupied by myriads of these at various stages of development, and this was the same where the raw surface was of any greater extent than that pertaining to orifice of entrance or exit, whether it had been made by a missile or by the surgeon's knife in amputation. Nearly all the amputated cases were at the thigh, and were primary operations which had been very creditably done. Of the five—four of which were primary—which I particularly noted and cared for, three did well and are still doing so. One of the other two had secondary hæmorrhage, when the femoral was ligated on the eleventh day (so near as I could ascertain) after the amputation, and died the fourteenth day; the other, amputated by myself on the ninth day after the receipt of the wound (a compound and a comminuted fracture of the femur, extending to the knee-joint), died on the sixth subsequent day, without the supervention of secondary hæmorrhage. I had hoped better, though he was of poorly nourished body and comparatively infirm constitution. Of the three which are doing well, one had secondary hæmorrhage which required ligation of the femoral.

"There was one case of amputation of the leg, which "confirmed me" in my previous view, that where the comminution of the bones of the leg forbids the attempt to save, and requires amputation above the lower third, it had better, as a rule, be done at the knee-joint, and include a thin slice of the femur. In this case, the operation (primary) had been done just below the line of the upper and middle thirds. The thin layer of soft tissue corresponding to the anterior flap, had retracted so far as to bring its apex very nearly into a line with its original base, leaving the end of the protruding bone six or eight lines beyond it. In this case, when it became apparent that the bone must be shortened and covered by the formation of a new flap, I proposed re-amputation at the knee-joint, but by the advice of the surgeon in charge, I operated about two and a half inches above the first. The tissues were found to be morbidly vascular, and though the cut surfaces were not brought together until two hours after, when all oozing had ceased, on the fifth day ligation of the femoral was performed, and on the fourth subsequent day the patient died. All these cases were flap operations, as were those I did myself, and all but the latter were infected with maggots. I found no means of removing these except a move at a time by the forceps. Various solutions were tried for the purpose—dilute sol. nitric acid, &c., but were all wholly ineffectual. It occurred to me that quassia, the only bitter tonic which destroys the fly, might destroy the larvæ or disperse them when developed, but I could not obtain this article. Remarkably great in all these amputated cases was the amount of suppuration. In one the drainage of two days amounted to half a pint. This, of course, as compared with injury, which consisted merely of the canal formed by the track of the ball. In these latter it constantly seemed to me that there was a very decided difference in the amount of suppuration, whether the wound ran nearly transversely, or nearly longitudinally to the course of the muscles and aponeuroses—there being most in the latter case. But I noticed but little difference in this respect where the wounds respectively involved comminution of the bone.

"In none of these amputated cases had the flaps been kept in apposition by union, though in a large number of cases attended to, including the preceding five, some were progressed in granulation. [I was induced to think that the transportation to a distance from the place of wounding, of amputated cases, or capital cases of the extremities, particularly if such transportation consist in more than one change of conveyance, was not the best surgically. The contrary is undoubtedly the case with sick, or perhaps slightly wounded or injured men. But this opinion is not due to the increased danger during carriage of recurrent hæmorrhage, for this I think unsustained.]

"In the dressing of these cases I felt that some simple means should be devised for lifting upwards the under flap, which constantly tends to weigh away from the upper. All that is required in the case has hitherto been thought to be fully accomplished by the supporting roller about the base of the flaps. But this only keeps the cut surfaces closely pressed. But with this, if the under flap be heavy, it will weigh downwards and backwards, together with the upper which is kept fast to it, so far frequently as plainly to show beneath the latter the whole contour of the cut end of the femur. This lifting may be done by passing adhesive straps from a point behind the base of the flaps, and bringing them forward in one strand to hang upon some elevation at the foot of the bed. The stump up to the point at the base of the flaps where the bevelled form commences, rests upon its opposite cushion. These will, moreover, serve to gently raise the stump from the bed at the time of dressing, avoiding handling, one of the most important of all purposes to the surgeon, and by it also the cushion may be adjusted with the most comfortable nicety.

"I am inclined to think that it is preferable to make the posterior stump thinner—not shorter—than usual. The great mass usually left in the lower flap, when pressed up to admit the sutures, forms rounded prominences, not favourable to the object of bringing the surfaces in apposition.

"Whoever attended to these wounds with a reflective mind, could not fail to be struck with the consideration that the prevention or arrest of suppuration or a reduction to some attainable minimum, was the paramount consummation. It is not the *amount of pus discharged*, which is so contrary to all the physiological conditions of healthy tissue in the patient, for this only indicates the extent of the original morbid irritation which inaugurates the action of the tissues in the suppurative process. This suppuration consists in the enormously rapid multiplication of cells, which immediately and in virtue of the very same conditions which produce them, break down or as we term it "liquefy."

"To reduce or destroy this irritation—to the point where cell multiplication does not exceed normal "granulation"—is the desideratum. *Disinfectants* do not contribute to this end, though they do subserve equally important objects.

"The medication in all the preceding cases was done in accordance with my idea of supporting or protecting the *nervous system*—a different thing in my estimation from either supporting or stimulating, *i.e.*, *nourishing* the body. It consisted of quinine and morp. combined, with mild tonics. Where the pain of the cut or lacerated surface was excessive, the latter or pulvis opii was gently scattered upon it with immediate relief. Under the circumstances of such wounds, I am confident that the *assimilation* of however nutritious substances, is nearly or quite precluded by the physiological conditions, and hence nutritious diet is of little avail."

The 'Medical Times and Gazette.' Mr. Gulliver's Lectures are continued. He treats this week of the pale or colourless globules,

the lymph globules, and the molecules. We quote the following remarks on their *Development:*

"We have seen that, besides the globules of chyle or lymph, the granules, and the molecular base of the chyle, there are three sets of blood corpuscles. The first are the pale globules, which are analogous to the common or prevailing corpuscles of many invertebrata, and are present in the blood in smaller proportion than the red corpuscles, throughout the independent existence of vertebrata. The globules of the next set in the early embryo of mammalia soon become red by colouring of the envelopes; these corpuscles, disappearing at an early period of intra-uterine life, may be called the temporary or embryonic set; they have nuclei, are analogous to the common red corpuscles of oviparous vertebrates, and are soon succeeded by the common, permanent, or perfect set, which are devoid of a nucleus, and have no analogue unless it be in the nucleus of the pale globule.

"The red corpuscles of vertebrates are said to be developed from the young cells either of the germinal area or vitelline membrane, and the waste and supply of the perfect or common set from the globules of lymph and chyle. It should rather be said from the pale globules, which we have shown to differ remarkably from those of lymph and chyle. We need not dwell on the development, because we shall have to recur to the subject; and the different steps of it, as far as regards the oviparous vertebrata, have been admirably described in this theatre by my respected predecessor, Mr. Paget, though we must have recourse to the researches of Mr. Wharton Jones for the best description of the phenomena in mammalia. It may suffice now to note that in this highest class the nucleus of the pale globule is shed, and becomes the permanent red corpuscle; while, on the contrary, in oviparous vertebrates the nucleus ever remains within, and the envelope becomes red and flattened. That the red corpuscles of mammalia may be nuclei of cells was certainly shown by me in the 'Phil. Mag.,' 1842, and these objects have often been discovered since on the Continent, but without the least perception of their import.

"The pale globules and their nuclei, as well as the granules, may be formed in a mere blastema, and the phenomena are connected with what has been called 'nuclification,' into an explanation of which important subject we cannot enter at present. In the blood, there is probably a development of pale globules from those of lymph or chyle, and, indeed, the pale globules occur sparingly in the lymph. The origin, use, and destination of the granules is an interesting question, which cannot be disregarded, as will be shown on a future occasion, in any satisfactory account of the formation and supply of the pale and red cells of the blood. The particles of the molecular base of the chyle of mammalia appear to be the first fresh organic precipitate, during the height of digestion, in that fluid."

Dr. RAMSBOTHAM'S contributions headed *Clinical Midwifery* follow. All the cases reported are craniotomy operations. Dr. BUSHNAN'S *Hints for Certifying in Cases of Lunacy*, comprise brief descriptions of the states of mind which justify the giving of a certificate of insanity. Mr. FENTON MANIFOLD reports a *Case of Delirium Tremens* in which digitalis in large doses was given with advantage. We extract this notice of its action:

"Fourth day.—Much worse in every respect; wandering and delirious, although conscious when spoken to sharply. To have tinct. digitalis ℥iij. immediately, and the following mixture:—℞. Tinct. digitalis ℥j., tinct. lavand. co. ℥ss. mist. camphoræ ad ℥viij.; fiat haustus. Dose ℥i. omni secund. horâ.

"Fifth day.—Much better this morning, after a refreshing sleep. To continue the mixture.

"Seventh day.—Convalescent. From this date he improved gradually, although weak, and was discharged to duty on January 18, 1861."

A case of *Oblique Inguinal Hernia* is reported by Dr. MOORE, Brazil, in which the radical cure by Wutzer's operation, as performed by Mr. Bryant, of Guy's Hospital, failed, and Dr. Moore suggests the following method:

"Clear the patient's bowels; administer an opiate; place him in bed, head, shoulders, and knees somewhat raised. Chloroform. Having carefully reduced the hernia, and well smeared the inguinal integument over with simple cerate, make a linear eschar with a firing-iron, similar to that used by farriers, from about two inches above to one inch below Poupart's ligament, and at right angles with it, passing over the inner margin of the external ring. Any number of similar eschars the operator may deem necessary may be formed parallel to the first over the external ring, canal, and internal ring. The healing process will not be long delayed, and the result will be a like number of artificial, unyielding, intercolumnar bands, capable of offering a permanent barrier to the protrusion of a hernia. Care must, of course, be taken, in making the eschars not to burn too deeply in passing over the spermatic cord, and it might be well to run somewhat lightly over the rings and canal, dipping deeper towards the extremities of the eschars, so as to ensure attachment of the ensuing bands at these points to the deeper tissues. The requisite number of escharotic lines having been formed, it only remains to treat the case as an ordinary burn, keeping the patient in the recumbent posture, and, when practicable, supporting the part by means of a soft pad.

"This method, if efficiently carried out in practice, will, I think, be found quite calculated to fulfil all the indications for the radical cure of most varieties of hernia; and I am further of opinion that it is peculiarly adapted for the cure of hernia in its first stage of protrusion, and for strenghthening weak groins."

The 'Lancet.' Mr. HILTON on *Pain*, treats of hip-joint disease in further exemplification of his views. Dr. CHAMBERS contributes a lecture on the *Treatment of Acute Rheumatism.* He says:

"1. The patients are bedded in a peculiar fashion. All linen is strictly forbidden to touch the skin. A slight calico shirt or shift may be allowed; but if they possess under clothing only of the prohibited sort, they are better naked. Sheets are removed, and the body carefully wrapped in blankets, which are so arranged as to shut off all accidental draughts from the head. The newest and fluffiest blankets that can be got are used. The bedclothes being put so are kept so, and students are warned that, when they listen to the sounds of the heart, they must not throw open the blankets, but insert their stethoscope (first warmed) between the folds.

"2. Those joints or limbs which are swollen, red or painful, are wrapped up in flannels soaked with a hot fomentation consisting of decoction of poppy heads, with half an ounce of carbonate of soda to each pint.

"3. The following drugs are prescribed with a curative intention:—

"(*a*) If the skin is red, swollen, and painful about the joints—if the cellular tissue around the muscles is infiltrated and sensitive, so that motion is impossible or exuisitely painful—more especially if these phenomena are metastatic, leaving one part free and attacking another,—then they get the alkaline treatment pure and simple: they have a scruple of bicarbonate of potash in camphor water every other hour night and day when awake.

"(*b*) If the above-named phenomena are insignificant, and the pain is felt more in the bones—if it is intensified rather by pressure than by motion—if it is fixed in one spot and not metastatic,—then I add two grains of iodide of potassium to each dose; and directly the symptoms have taken a turn towards alleviation, I leave off the alkali altogether, and give only the iodide.

"4 Opium, as a palliative, is given in exact proportion to the degree of subjective sensation of pain. If one grain be not enough to entice sleep, a grain and a half is administered; if that do not avail, two grains. Directly the pain is better, the quantity of the drug is diminished. Nothing effects the desired object so well as pure opium.

"5. If the pain remains fixed in one joint, instead of leaving it like in other places, leeches are applied there, and the part is kept poulticed. When we can get them, young laurel leaves, bruised, are mixed with the poultice.

"6. The latter treatment is applied also to the cardiac region, if the heart has become inflamed either inside or out. The pain is taken as an indication of the extent to which the leeching is to be pushed, so soon as it is proved by auscultation that such pain arises from inflammation of the heart, and not from rheumatism of the pectoral muscles. The constant application of the poultice is made imperative.

"7. The diet is varied in some degree according to the antecedent circumstances of the patients. If they have been robust hearty persons before the attack they will bear a good deal of starvation, and they are put on our "simple diet"—to wit bread and butter, gruel, and tea, in quantities practically at discretion. If previously they have been ill nourished, by reason of either ill health or poverty a pint of broth or beef-tea is added.

Dr. Chambers then proceeds, at length, to give his reasons for this treatment. Some remarks on *Clinical Medicine* are contributed by Dr. PATRICK FRASER; Dr. WADE communicates some *Notes on Diphtheria*, and Mr. CHAS. GAINE the details of a *Plastic Operation on the Palate.*

IMPORTANT IMPROVEMENTS IN THE FACULTY OF MEDICINE OF PARIS.—The Minister of Public Instruction has just decided, upon the proposition of the Dean of the Faculty, that specialties shall be clinically taught in the hospitals of Paris by deputy professors of the Faculty who are at the same time physicians or surgeons of hospitals. Six such clinical courses are instituted: they are—1, skin diseases; 2, venereal diseases; 3, diseases of children; 4, mental affections; 5, diseases of the eye; and 6, urinary diseases. All these have been hitherto unofficially taught by very competent men. The Faculty was at last compelled to sanction specialties, and issue the above ordinance.

THE MEDICAL CIRCULAR.

WEDNESDAY, AUGUST 27, 1862.

THE NEW LICENSE OF THE COLLEGE OF PHYSICIANS.

The College of Physicians has created a new order of Licentiates, with a status, privileges, and restrictions hitherto unknown to the College. True, it has always had its Licentiates, who were in old times the pariahs of the College, who never exercised a right or enjoyed a privilege in connection with the institution to which nominally they belonged; but these gentlemen have been translated to a higher status—they are now *members* of the College, whilst the new Licentiates have taken their places as regards disqualifications, but are in all other respects of a different kin and order.

The College now seeks to identify itself with the great body of general practitioners and to become the vital governing head of the profession. It has made an election between exclusiveness and catholicity; and its choice is creditable to its judgment. As regards, then, the policy of the grand step the College has taken, we approve it frankly and cordially, inasmuch as it tends to break down the barriers that have been set up by rival corporations with a view of keeping apart the several sections of general practitioners, to introduce a nominal corporate unity, and to give effect to the essential cardinal truth that Medicine and Surgery are *one and indivisible*. For this alone the College deserves praise. It has lifted its landmarks and extended its borders to embrace the entire profession. Conscious of having, for two centuries, neglected its trust, and left some of its most important duties unfulfilled, it has now resolved to repair its errors, and to resume that lead, authority, and executive usefulness which it had voluntarily abandoned. The advancing liberality of the age has not passed over it without ruffling its stagnant surface; the urgent needs of a corporation in modern days have, moreover, taught it the lesson that liberality is the only wisdom that can enable it to meet the exigencies of its place and duty. Reputation, power, and profit equally concur to justify the course which the College has initiated.

We have used the term *initiated* advisedly; because we feel that the present "Regulations" do not represent either in principle or detail the requirements of the time, and that the College must advance further on the route it has commenced.

As an educational scheme, these "Regulations" fit in with those of the College of Surgeons as a casting fits into its mould, inasmuch as they give the same subordinate place to "Surgery" that the regulations of the College of Surgeons give to Medicine. The College of Surgeons requires from a candidate for the member's diploma a certificate of having attended *one* course of lectures on Medicine and the practice of Medicine; also Clinical Lectures on Medicine at a recognised hospital during *one winter* and *one summer* session. The regulations of the College of Physicians require from a candidate for the licence a certificate of having attended the surgical practice at a recognised hospital during *twelve months*, and the lectures on the principles and practice of Surgery *six months*, and Clinical Surgery *six months*.

This arrangement is obviously intentional. The College of Physicians requires as much too little of Surgery as the College of Surgeons requires too little of Physic; and the reason appears to be that it is hoped an amalgamation will eventually take place, and that the two Colleges will form a joint Board of Examiners. Should this union not be realised, the College of Physicians will be obliged to require a longer study of Surgery, in order that its licence shall be held in equal esteem with the diploma of the College of Surgeons, and give equal security to the public. Should these Colleges remain independent, and retain their present regulations, they would be bidding against each other for candidates by offering a low curriculum of study; one College tempting candidates who prefer Medicine with a small modicum of Surgery, and the other those who prefer Surgery with a minimum amount of Physic. But this is a state of things which the General Medical Council, if it be worth anything, could not permit. As separate Examining Boards for the same class of candidates, they must offer equal terms, neither taking advantage of the other, nor undervaluing the particular department of science over which its opponent is supposed especially to preside. It would ill become the College of Physicians to act upon such a false principle. It is probable, therefore, that ere long the College of Surgeons will accept the offer that was made to it more than twelve months ago to constitute a joint Board of Examiners with the College of Physicians, and in that way close the rivalry. We do not want two independent Examining Boards for general practitioners in this metropolis, with all their antagonisms, jealousies, and disputes.

Let us now inquire what will be the relation of the general practitioner—using the old comprehensive title—to these Colleges? As false, as unjust, as degrading as ever! Outcasts still; worse even in the College of Physicians than in the College of Surgeons. For the present we will drop the latter College from view, and limit our considerations to the former College alone.

In the College of Physicians, then, the Fellows are the ruling body; they alone can elect, legislate, and govern. The Members, who come next in order, are *alone* eligible to the Fellowship, so that in due season and by especial favour, one of them may be admitted to the inner sanctuary of dignity and power; as a member, however, he is not entitled to any share in the government, nor can he attend or vote at general meetings of the College. He enjoys the enviable privilege of listening to the Harveian oration, which is usually composed in a curiously abstruse and painfully unintelligible species of Anglo-Latin, and of using the Library and Museum. In this respect he is on the same level of corporate privilege with the Member of the College of Surgeons.

But what, you ask, are the privileges of the new licentiate? Verily they are numerous and important. He shall not be prohibited from practising medicine so long as he obeys the statutes of the College; he shall not be prevented from entering into partnership with another licentiate; he shall not be cut off the roll for dispensing medicines for his own patients; he shall not be interdicted from charging for them; he shall not be obliged to listen to the Harveian Oration; he shall not have the right of putting his foot inside the Museum; he shall not indulge his love of reading, nor promote the extension of Medical Science by having the use of the Library; he shall not be allowed to call the College *his* College, for he is expressly declared not to be a member of it; in fine, he shall have the high privilege of paying his money, taking his parchment, and going about his business.

The Licentiate will have no more corporate connection with the College than the Licentiate of the Hall has with the dreary fraternity in Blackfriars. It will be the fault of the Licentiates themselves if the liberal course now entered upon be not pursued to its legitimate conclusion, and the Profession made one in corporate right as in scientific acquirement.

THE PRACTICE OF PHARMACY.

We return to this subject because we feel that it is one of the greatest importance to the General Practitioners. Our two contemporaries are playing fast and loose with it, timidly mingling useful suggestions with insignificant qualifications, and putting a brave face on their own weakness and incompetence, by launching out in columns of abuse. The 'Lancet' arraigns the General Medical Council for not allowing reporters to be present at its meetings, and thus preventing this wise editor from knowing the arguments that were employed in defence of the Council's views in its controversy with the College of Surgeons. This is very trivial, and is important only in one sense—that of showing how incapable the Editor of that journal is of forming an independent opinion upon a great question of professional policy. The 'Medical Times' strives to conceal its original error by indulging in similar invective against the College of Surgeons.

Meanwhile the Council of this College has issued a Circular to ascertain the opinions of the teachers in the several Provincial Schools on this subject. Pending the answers of these gentlemen, we, once more, place our views before the Profession. Once for all, we do not desire to see the old system of apprenticeship established; that is to say, we object to a revival of the custom by which power was given to a master to command the services of a youth for five or seven years. Residence in a family, no doubt, had its advantages in moral discipline, in the control of eager passions, and in the inculcation of self-denial, obedience, and the courtesies of life. On the other hand, it cramped the intellect by confining the youth to the mechanical drudgery of the pestle and mortar, and extinguished that ambition of knowledge that can be kept alive and burning only by free and regular supplies of the oil on which it feeds. The habit of study must be commenced early, or it may never be acquired. Moreover, the appetite for knowledge should not be baulked during those years when the faculties are budding greenly and expanding to the world, when new susceptibilities to the influence of truth are quickening the mind with eager desire to search and learn and know all things within its reach and aim.

This may be conceded, and yet we may differ as to the practical conclusion? If the old custom of apprenticeships should not be revived, what should supply its place? Briefly we would say, let the Examining Boards require that a candidate for examination should produce a certificate from any registered practitioner that he, the candidate, has studied the Materia Medica and the practice of Pharmacy for at least one year (two, we think, would be better), under the superintendence of the practitioner giving the certificate.

It is absolutely necessary that a General Practitioner should have a thorough knowledge of drugs and the art of dispensing. We are inclined to believe that too much trust is placed in the preparations and compounds of the wholesale druggist, sanctioned though they may be by the Pharmacopœia. The knowledge of the value and efficacy of individual drugs is almost lost in consequence of their being generally ordered in combinations, the components of which are not always present to the memory of the prescriber. In the first year or two after the youth has passed his examination, he may possibly remember the composition of pil. scillæ co., or tinct. cinchon. co., or ext. coloc. co., and the relative proportions of the ingredients; but we very much doubt if a man who has been twenty years in practice remembers much of this lore. Yet it may happen that a particular compound fails of its object in a certain case, because of some ingredient in it which the prescriber did not know that it contained, and which has, therefore, set at nought his empirical experience. We apprehend that the low state into which therapeutics has admittedly fallen is due, in a great degree, to this use of complex compounds, and the inattention to the operation of individual remedies which necessarily has arisen from this practice.

However this may be, it is time that the department of therapeutics and, auxiliary thereto, the art of dispensing, should be cultivated with greater care. Not, indeed, that we wish to see prescriptions become more elaborate, but, on the contrary, less official and authoritative, in order that a closer familiarity with drugs may lead to a more exact knowledge of their distinctive qualities and uses, so that Medical practice may be simplified and rendered more effective.

We care little about the quarrel between the General Medical Council and the College of Surgeons; we ask for some regulation in this matter of Pharmacy, and shall thank either body that assists us to obtain it.

ALIVE O!

The Editor of the 'British Medical Journal' found prudence enough to keep silence during the few weeks preceding the Annual Meeting, but now that it is over, and its members have dispersed, he has op'd his mouth, and brays in most discordant tones. He has the whole field to himself, and, rejoicing in his freedom, he cuts shines with his heels, stretches out his neck and inflates his nostrils till they ring forth long and sonorous vibrations. We suppose that we may venture to look over the hedge whilst he is disporting himself thus joyously.

Our animated contemporary is especially indignant with the Editor of the 'Lancet,' whom he compliments with the soubriquet "Tartuffe." Calling names is the safest and strongest of all arguments, for it is one that can never be refuted; it is so elegant and gentlemanlike withal! We leave "Tartuffe," however, to his own defence, and we make no doubt that he can find language plain and direct enough for the purpose.

Then this worthy complains that the MEDICAL CIRCULAR "wants to lay hold upon the subscribers of the 'British Medical Journal.'" Of course we do, and mean to have them, too. Sleep upon that assurance if you can, astonished Editor! How do you suppose the MEDICAL CIRCULAR is supported, if not by its list of subscribers? Is there any fault in desiring to increase that list, and thereby enlarging the utility of this Journal? Is there any fault either in being honest enough to confess that which is a transparent truth; and which no one but the Editor of the 'British Medical Journal' would be dunce enough to attempt to mystify?

Understand that we do not pervert large funds from their proper uses into our own pockets. We do not profess to provide one thing and substitute another. We do not pretend to keep up a Medical Association, that we may gorge all the profits of an ignominious journal. Such hypocrisy is not ours. We place the MEDICAL CIRCULAR in the market in open competition with its older rivals, and we ask for subscribers on its merits and get them! We do not say, "Come, let us subscribe to a great Association that we may enlarge the boundaries of Science, reorganise our noble Profession, and protect its interests by legislative enactments," and upon this pretence collect funds which are destined to be exhausted upon the editors, contributors, printer, and publisher, of a dismal

journal. The genius of humbug and prevarication is not yet installed in the Office of the MEDICAL CIRCULAR.

Pray, Mr. Editor, inform us how it happens that with your two thousand subscribers, many of whom are men of science and habitual writers, you are obliged to expend three hundred pounds *per annum* for contributions? Is [illegible] practice. department of dispensing that [illegible] consequently left so destitute of [illegible] known to the [illegible] obliged to pay for hired services? Is it [illegible] that the members will not support the Journal with their scientific contributions, but content themselves with doling out a livelihood to the literary staff from their purse? You do not represent the science of your members, but the pockets of your subscribers. That is the difference. We have no doubt that the arrangement is very satisfactory to you, and that you will do your best to make it perpetual.

SUMMARY OF THE WEEK.

ST. GEORGE'S HOSPITAL.

The finances of this Institution are in so mysterious a condition that the Governors do not appear to be able to comprehend them. In their advertisements they state that their present income is unequal to their expenditure, and appeal piteously for aid. They have also, in the extremity of their despondency, made allusions to the "Morley Fund," which have drawn forth from Mr. W. J. Goodwin, a surgeon residing at Hampton Court, and one of the executors of the late Mr. Morley's will, a rebuke that must make them feel exceedingly unpleasant. Mr. Goodwin is evidently very indignant, for he has gone to the expense—always a fair test of a man's feelings—of publishing in the newspapers a long counter-advertisement, from which we make the following quotation:—

"The weekly board, in the same report, in their zeal for funds, have thought fit to make the following ungracious remarks relative to the legacy of the late Mr. A. Morley:—'The Weekly Board consider it right to revert to the fact of the large legacy left by the will of the late Atkinson Morley, Esq. This will not become payable until July, 1863, and then will not be applicable to the general purposes of the Hospital, for, by the strict terms of the will, the whole must be devoted to the building and endowment of a Convalescent Institution, situated at some distance from London, which, although under the direction of the Governors of St. George's Hospital, will not add one penny to its funds.'

"As an executor to Mr. Morley's will, I am in a position to state the sum the Hospital will receive already amounts to considerably more than 150,000*l*. My co-executor and myself thought it necessary, in consequence of unexpected large claims for legal and Medical services by our co-trustees, to place the administration of the will in the Court of Chancery, and the Board have no authority whatever from the Court for stating that the intentions of Mr. Morley will not be carried out—viz., 50,000*l*. for the Convalescent Institution, and the remainder for the general purposes of the Hospital."

Mr. Goodwin roundly accuses the Governors of misrepresentation, or mis-statement, or whatever other euphemistic name may be applied to their language. There can be no doubt that the Governors have conducted their affairs with reckless extravagance, and have very nearly ruined the Hospital. As an example of the mode in which the funds have been misapplied, Mr. Goodwin says:—

"Notwithstanding the Weekly Board's representation of want of funds, they are paying 200*l*. annually for the rent of premises, belonging to Sir Benjamin Brodie, in Kinnerton street, as a Medical school; although the opinion of their counsel, obtained by Mr. Morley, when it was first proposed in 1849, was that this sum could not legally be taken for such a purpose from the funds of the charity."

There is not now, and never was, any real necessity for this Kinnerton-street School, the old one adjoining the charity being adequate for all the wants of the students attending the Hospital. But jealousies arose—quarrels grew out of them—Sir Benjamin must have his School, and established one, a long way off from the Hospital, in Kinnerton street. Until this week we did not know that the premises were Sir Benjamin's private property, and that the charity funds were muleted, to the amount of two hundred pounds *per annum*, to pay the rent! We live and learn.

COMMITTEE ON THERAPEUTICS.

The British Medical Association has done what we have long declared there is a paramount necessity of being done by some society—viz., appointed a Committee to investigate the action of therapeutical remedies. Dr. Handfield Jones, Dr. Bennett, and Dr. Acland, with their associates, are competent men to undertake this task, and we hope their inquiries will be searching and satisfactory. Perhaps it would be better at first that they should limit their attention to three or four important remedies or forms of disease, and, having exhausted these, afterwards extend their investigations in other directions. We hope the Profession generally will assist the Committee with their experience. The farther this movement advances, the more marked will be the proof of the propriety of the criticisms in which we indulged some time since in connection with the brandy-practice of the late Dr. Todd. In fact, the MEDICAL CIRCULAR originated this movement. Nothing but those sharp strictures, which brought down upon us at the time the jealous and impotent wrath of our contemporaries, could have sufficed to raise the Profession to a sense of the necessity of completely revising the present therapeutical system. As we said then, we still say—we must learn the ways of Nature in the cure of disease with more clearness than we understand them now, before we can rightly estimate the value of remedies.

OVARIOTOMY.

The statistics of this operation are not quite so satisfactory as we should like. Mr. Spencer Wells, who has evidently not gone very far into 'Cocker,' congratulated himself the other day that he cured two out of three persons operated on; but since that time he has been corrected, and it appears that he has cured only three out of five. He has been more successful with his later cases; and, it is to be hoped, the tide will not turn. Unfortunately, the recent operations in France have not been very promising. M. Nélaton's first case has proved unsuccessful. The patient recovered from the immediate effects of the operation, but died twenty-nine days after from tetanus. Another death has happened from a like operation, but others are still in progress, the results of which we shall soon know. In consequence of the difficulty of diagnosing suitable cases, the first operations are likely to fail.

CHLOROFORM INHALERS.

Of six various kinds of new chloroform inhalers in the Exhibition submitted to the Jury of Class XVII., one only obtained a prize or honourable mention; it was shown by Dr. Kidd at the close of the late "Association" meeting at the College of Physicians. It is said that where the chloroform is quite pure, and administered with discrimination by means of this instrument, the chance of a fatal accident is reduced to a *minimum*. It has been now tested widely in France; a Turkish and Madrid and Polish surgeon, also recently in London, have obtained inhalers of the same kind, with a large supply of the most improved needles, knives, ovariotomy clamps, &c.

LONDON VISITORS.

The recent festivities at the Colleges have been the cause of a great influx of visitors to London. In addition to the presence of Baron Wensleydale, Professor Carpenter, Professor Sharpey, and many other notables at the evening conversaziones, we found amongst the names of foreigners lately in London invited to the "Association," Dr. Florinski, of St. Petersburgh; Dr. Goldstein, of Moscow; Dr. De Castro, of Constantinople, in attendance on the Viceroy of Egypt; Dr. Faucher de Foca, of Madrid; Sig. Ganzarella, of Italy; Drs. Kennedy, Butcher, Fleming, Tuffnell, and Maclintock, of Dublin; Sir Joseph Olliffe, of Paris, as well as MM. Jules Joux, Debout, Demarquay, Nélaton, and Giraldes, of that city, as also Professor Ciacci, of Naples; Dr. Burnett, of Brazil; Fagielle, of Poland, and numerous others. It has been quite a reunion of Medical authorities from all parts of Europe; the majority of these gentlemen, we are told, were assembled at the Suburban Hospital of Mr. Baker Brown, during the month, and on one day, three vesico-vaginal fistula operations were performed successfully in about fifty minutes; they were also astonished by the *habilete* of our other great operator, Mr. Fergusson, at King's College.

MR. CHARLES HAWKINS ON THE CONSTRUCTION OF HOSPITALS.

This gentleman has been favouring the Profession with his views on the construction of hospitals, and has received the flattering eulogies of our contemporaries. We were amused at observing how small an amount of desert could receive so large a share of panegyric, and turned from the subject as one not at all according to our taste or judgment. In fact, we did not notice it; for we could see nothing new or meritorious in Mr. Hawkins's suggestions. We now extract an article from the pages of the 'American Medical Times,' which will, prove that we are not singular in our opinion, and will at the same time, provide us with some new ideas on ventilation, or, rather, perhaps, we should say, old ideas with a new application:

"It is not surprising that illiterate persons should regard 'scientific ventilation' as of no account. They are too often unable to appreciate the value of good ventilation, either from habits of living, or from an obtuse sensibility of their organs of special sense. But it is surprising that a man of refinement, and having a Medical education, and above all, devoting his attention especially to hospital construction, should venture the assertion that he has 'very little faith in what is called scientific ventilation.' But such is the assertion of Mr. Charles Hawkins, of London, who is spoken of as the best qualified person in that city to advise in the construction ot hospitals. His plan of ventilation is by windows. He thinks the ventilation of a hospital is a very simple matter. If Mr. Hawkins is a fair exponent of the state of hospital architecture in London, there can be no doubt that it is still sadly deficient. Scientific ventilation is not a failure in this country, but has been carried to such perfection that the building of public edifices with only windows for ventilation, is now simply criminal. Windows arranged according to Mr. Hawkins's plan, will answer very well in summer, but they are almost valueless in winter. The method of Dr. Griscom, of this city, by means of tubular shafts, increasing gradually in diameter from basement to garret, on the principle of the circulation of venous blood through vessels of increasing calibre, will, we believe, prove of incalculable advantage. It has already demonstrated the fact, that 'scientific ventilation' is not a failure."

SPECIALTIES IN PARIS.

As an evidence of the progress in the cultivation of special branches of Medical practice, we may cite the fact of the formal recognition of specialties by the Faculty of Medicine of Paris. The Government, upon the recommendation of the Dean of the Faculty, has determined upon appointing lecturers in the various branches of special practice, now privately taught in Paris. Thus specialties are formally recognised as an integral part of professional education. The Profession in our own country, led blindly on by the teachers of our great Hospitals, who have a strong personal interest in eschewing specialties, have denounced them as an unmitigated evil. Yet there is no fact more clear than this, that all our great advances in ophthalmic, syphilitic, aural, psychological, and obstetrical physic, have been made by specialists.

REVIEW OF BOOKS.

The Cyclopedia of Practical Medicine and Surgery, including an Etymological and Critical Terminology; Descriptions of Instruments and Apparatus, a copious Bibliography, and an Historical view of the progress of the Science to the present day; the whole presenting a complete digest, alphabetically arranged, of the Doctrines and Practice of Surgery. By William B. Costello, Assisted by numerous distinguished writers in the various departments of Medical and Surgical Science. Illustrated with numerous engravings and woodcuts. London: Taylor and Greening.

This great work, which has occupied Dr. Costello about ten years in completion, is at last presented to the Medical public in a complete form, having been finished within the last few months. The work consists of thirty parts, occupying 3,000 pages in double columns, and is printed in clear type, on a first quality paper, and strongly bound in cloth lettered; in fact the getting up of the book is unexceptional. As for the contents we can only give a faint idea of its merits in a short notice of this kind; it embraces every known branch of the science of surgery, and contains about 1,500 illustrations executed on wood and steel in a very superior style.

In noticing the names of contributors and their contributions, it is quite impossible to do full justice to all, the range being so extensive—it will therefore be sufficient to say that the chapters on the various subjects have been written with the greatest care and research, the names of the contributors being sufficient guarantee as to their value.

The first volume contains an elaborate article by the late Bransby Cooper, on Abdomen and Ablation; Abscess, by Dr. Costello; Amputation, Drs. Ring and Costello; Anastomasis, by Dr. Wardrop; Morbid Anatomy, Dr. Hodgkin; Surgical Anatomy, Dr. Tarral; Aneurism, Drs. Wardrop and Costello; Anchylosis, Dr. Velpeau; Surgical Anatomy of the Ankle, by Dr. Tarral; Anchylohlepharon and Anchyloglossum, by Dr. Dieffenbach; Anchylosis, J. Blackburn, Esq.; Bandage, H. J. Chapman; Bronchotomy, T. Spencer Wells. Dr. Costello has written the articles on Catheter and Catheterism, a subject which he is eminently capable of handling. Dr. Alexander Ure contributes the articles on Cicatrix and Cicatrisation; Clubfoot, is by H. J. Chapman.

In the Second volume Dr. Costello is author of the articles on Joints; also of those on Lithotomy and Lithotrity, to the latter of which we would direct special attention, Dr. Costello having paid great attention and attained to great eminence in that specialty. Dr. Paul Broca contributes the article on Necrosis. Dr. Costello has furnished many most elaborate articles in the third and fourth volumes, among which we would particularly direct attention to those on Œsophagus, Orthopædy, Paracentesis, Phlebitis, *Prothesis*, Ranula, Tetanus, *Writer's Cramp*, Vagina, &c. We cannot omit to remember also the excellent article of Paul Broca, on Tumours, in which he embodies everything that can in any way contribute to the elucidation of this interesting subject.

It is scarcely possible to have a just idea of the value of this great work without looking over its pages, in which will be found many and valuable contributions which cannot possibly be noticed in a Review; but the contents of the Four Volumes present a connected series of articles arranged in alphabetical order, to which the student or practitioner can refer, with the certainty of finding much valuable information in every branch of Surgery.

Dr. Costello has by his labour and research rendered a great service to the science of Surgery, and his name will always stand in the first rank amongst his fellow labourers in the cause. His great work the 'Cyclopædia of Practical Surgery,' will stand as a lasting memorial of his industry and perseverance.

In conclusion, we most heartily congratulate him on the result of his labours, and strongly recommend the 'Cyclopædia' to the notice of every member of the Profession, and we may truly say that no Medical Library can be considered complete without it.

On the Diseases and Injuries of the Hyoid or Tongue Bone. By Geo. D. Gibb, M.D., M.A., F.G.S. Illustrated with engravings on wood. London: John Churchill.

In the little work before us the Author has, by much labour and research collected together a number of cases, illustrating the dis-

cases and injuries to which the tongue bone is subject, and which have hitherto been almost entirely overlooked in Medical and Surgical works. He has demonstrated the necessity of being acquainted with those affections which explain many anomalous symptoms referred to the throat by the patient and have been attributed to the larynx, but which *post-mortem* inspection has proved to be caused by some abnormal condition of the hyoid bone.

The diseases treated of are, 1st, Inflammation and its consequences, such as Necrosis, and Expulsion. 2. Sub-hyoid abscess. 3. Thyro-hyoid cysts. 5. Osseous tumours. 6. Tumours springing from the hyoid periosteum. 7. Eburnation of the hyoid bone. 8. Diseases of the thyro-hyoid articulation, relaxation of the ligaments producing dislocation, hydrarthrosis, anchylosis, spontaneous rupture of the ligaments. 9. General displacement of the entire bone. 10. Diseases of the bone or its periosteum by extension from the tongue and neighbouring parts. 11. Hyoid neuralgia. The injuries are, Fracture of the bone from manual violence, fracture from accidental causes, fracture from hanging. 12. Laceration of the soft parts attached to the hyoid bone. 13. Wounds of the hyoid bone.

This is a pretty long list of diseases and injuries to be referred to so small a portion of the human skeleton; but Dr. Gibb has proved that they may all occur under certain circumstances, and that it is very necessary that the Medical Practitioner should be acquainted with them, in order to remedy the inconvenience and danger arising from them, and to prevent his doing harm by treating the symptoms as belonging to some other affection.

The cases given are very curious and interesting, and show that the author has bestowed great pains on the subject.

We recommend a perusal of the book by those who wish to gain useful information, and can assure them that they will not regret the time thus spent.

GENERAL CORRESPONDENCE.

MYSTERIOUS POISONING CASE IN ISLINGTON.

To the Editor of the Medical Circular.

Sir,—On Tuesday, August 19th, Mr. Humphreys resumed an inquiry into the death of Sarah Ryan, aged twenty-four, who was found one Sunday afternoon, about five weeks back, in articulo mortis, in the back kitchen of a house in which a friend was in service, this friend having gone to church, and there being no other person in the house, save and except Mr. James B. Greening, a gentleman lodger.

The evidence was very conflicting in the following particulars:—

Her servant-girl friend, on being told of her illness, said she was *liable to fits*. This the mother *denied*. It was clearly proved that a medical man attended within *a few minutes* of death; yet this gentleman affirmed she had been dead *from one hour and a half to two hours*. He gave no evidence of perceiving the fumes of prussic acid; yet a *trace* of this, discovered in the stomach, was pronounced the cause of death, whilst the head symptoms would have denoted either *natural disease* or more than a trace of the poison.

Near the deceased was found a cup which had contained a solution of cyanide of potassium, and a glass containing a brown powder in some water (ergot of rye?), which unfortunately was thrown away.

"The womb presented a peculiar appearance," said Professor Harley. "I detected a *conception* of between second and third week."

Evidence was tendered of the unfortunate deceased having previously been in trouble, from which, it was asserted, *she took means to free herself.*

Does not this fact sufficiently account for her decease, in the utter absence of any motive for taking her life by her own hand, or by that of another? The public are becoming more informed of the properties of cyanide of potassium than formerly. Hydrocyanic acid, Pereira speaks of as having been used as an abortive agency. Dr. Brown strongly favoured this supposition in his evidence before the jury, and fully explained to them how the cyanide of potassium would become converted into hydrocyanic acid by means of the hydrochloric acid evolved during digestion.

The medico-legal points are very fine in this case but I apprehend a medical jury would come to this decision—*i.e., death in attempting abortion.*

OBSERVER.

THE LAUNCESTON MURDER.—The main part of the circumstantial evidence on which the man John Doidge was found guilty of murder was the detection, by the microscope, of blood-stains on his clothes, and of some minute coagula of blood on a billhook in his possession. Professor Taylor rightly allowed that no one could positively distinguish human from animal blood, but added that in this case the blood had all the appearance of human blood. He said that he did not rely upon the chemical examination, but on the microscopic, and in the course of twenty years' practice had never been more satisfied than on the present occasion.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2nd, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

DR. ALFRED H. M. M'CLINTOCK, late Master of the Dublin Lying-in Hospital, read a paper

ON TURNING IN CASES OF DISPROPORTION.

This paper embodied the results of seventeen cases which came under the care of Dr. M'Clintock in the wards of the Dublin Lying-in Hospital. In each of them turning had been performed, at various periods after the commencement of labour, on account of disproportion between the head and pelvis. In none of these cases was there any considerable deformity of the pelvis, though the obstetric histories of the women clearly showed that there must have been some slight narrowing of the superior strait. More or less difficulty was experienced in every instance in bringing down the head into the pelvis, and twice craniotomy had to be resorted to. On one occasion the parietal bone (that next the sacrum) was fractured in pulling the head through the brim of the pelvis. With one exception, all the patients were deeply chloroformed before the operation of version was undertaken. Nine of the children—viz., four boys and five girls—survived birth, though all were alive when the operation was commenced. Of the eight children dead born, five were boys and three girls. The heart continued to pulsate for several minutes after birth in some of the children recorded as "dead born," Dr. M'Clintock not considering a child as saved by an obstetric operation, nor recording it amongst the "live births," unless respiration be fully established. All the women recovered satisfactorily but one, who died of puerperal fever, of which some cases had occurred at the time in the hospital.

In reviewing these cases, Dr. M'Clintock expressed his opinion that the operation was not so favourable for the child as some of its advocates had supposed, and that it was only when the amount of pelvic narrowing was very slight that we could reckon with any degree of certainty upon saving the fœtus. He would, not, therefore, recommend the operation in preference to the induction of premature labour in cases where an option was left us, and a decided contraction of the pelvis was known to exist. At the same time that it was a valuable resource in cases of this class which may have reached the full period of pregnancy, he proved by the fact, that of eighteen boys born to the above patients, and delivered by other modes than turning, only two were alive at birth; whereas four out of the nine delivered by turning survived their births.

Looking to the interests of the mother, the author of the paper considered that the operation of turning in the particular class of cases under notice had stronger claims; for not only did it abridge the labour process, which in itself was no small advantage, but it averted the possible contingencies of craniotomy, high forceps operation, or even of rupture of the uterus. Its great mechanical advantage, Dr. M'Clintock thought, was due, not to the position of the head, nor its greater compressibility when coming through the pelvis with the base foremost, but to the unlimited amount of force which we can bring to the aid of the uterus by traction on the body of the child.

Dr. BARNES expressed his thanks to Dr. M'Clintock for having brought this important practical question before the Society, the more especially as his paper was based on so broad a foundation of facts. Dr. Barnes hoped that as one who had some personal experience of the operation, he might without impropriety respond to the invitation of the President. He observed that the revival of the application of turning to certain cases of disproportion constituted one of the greatest merits rendered by Professor Simpson to obstetric practice. He felt he was justified in calling it a revival, for he thought there was abundant evidence that the great accoucheurs who practised one and two hundred years ago were accustomed to trust to this operation much more freely than was now done. To this course Dr. Barnes said they were almost compelled by the want of those instruments with which in our day we were enabled to encounter cases of disproportion. Having no forceps, and but inefficient instruments of any kind, they were forced to trust to their unarmed hands. With their hands they extricated themselves and their patients from many difficulties, in which we resorted to the perforator or other instrumental aid. He entertained a strong conviction that we should return to a more sedulous cultivation of the hands as an obstetric instrument, and that material improvement in obstetric practice would result. The extension of the operation of turning as a substitute for more hazardous operations, and as a means of extricating patients from a variety of dangers, was especially to be desired. The particular application of turning to cases of disproportion was one of which he had formed a favourable opinion. At first, after Dr. Simpson's proposition to revive it, he distrusted its utility. He tried it by the favourite test of statis-

tics. But he had since learned that we possessed no such statistics as would serve for the determination of any great question in obstetric practice. He had put the question fairly to the test of experience. He might state the general result of his observations as follows:—Disproportions might be divided into three degrees: First, there were slight disproportions giving rise to protracted labour, which admitted of being relieved by the long forceps; but the forceps must be not only long, but double-curved, well-made, and capable of being worked by the two hands. There was then a second degree, or class of cases, lying between the class capable of relief by the forceps, and the third degree, or class, in which craniotomy was necessary. This second or intermediate degree it was that properly admitted of treatment by turning. Beyond the third degree might be added a fourth, in which the Cæsarean section was the resource. It was thus seen that the operation of turning stood between the patient and craniotomy, promising to avert the necessity, in some cases, of resorting to that repulsive operation. It did not appear that the disproportion in most of Dr. M'Clintock's cases was great. It seemed probable that in some of them the long forceps might have been successful. Where there was only slight pelvic contraction, he (Dr. Barnes) thought it right to try the forceps first, and failing in this manner, to proceed to turning. It was true that the practice was necessarily experimental. Dr. M'Clintock had fairly said that we could not determine beforehand the size of the child's head. We could not, therefore, tell beforehand what the degree of obstruction would be. But if the child were born dead after turning, we had at least the satisfaction of reflecting that the child was not sacrificed of necessity by the mode of operating, as was the case in perforation. If it perished, it was because it had to pass through a pelvis whose condition was incompatible with the birth of a living child. He did not assent to the opinion of Dr. M'Clintock, that the head did not come through the pelvic brim more easily when drawn through base first, than in the ordinary mode of entry by the crown. He thought the passage much facilitated. It might seem strange, but he had seen reason to believe that, in these cases of disproportion, the child had a somewhat better chance of being born alive than after turning under ordinary conditions. The common cause of disproportion was slight projection of the promontory of the sacrum; on either side a marked hollow was preserved, in one or other of which the cord would lie protected. A very valuable application of the practice was found in the completion of delivery after perforation. In cases where much difficulty had been experienced in extracting the head by the crotchet and craniotomy-forceps he had, on several occasions, delivered with ease in a few minutes by turning. Much labour to the practitioner, exhaustion and distress to the patient, were thus saved. He would make one more remark; it was that, although great force had occasionally been necessary in extracting, he had never seen the smallest injury result to the mother. The patients had recovered as speedily and as well as after ordinary labours. Dr. Barnes concluded by again expressing his sense of the high value of Dr. M'Clintock's communication.

Dr. KIDD thought that no comparison could be drawn between the statistics of former times and the present, because the influence of chloroform must be taken into account.

Dr. BRAXTON HICKS considered that the cases brought forward by Dr. M'Clintock could scarcely be fairly quoted as examples of the value of turning over the use of the long forceps in either delivering the child or in saving its life. Those cases only could be admitted as absolute proof on that point in which the forceps had been applied, and had failed to bring the head through, but where turning had been subsequently resorted to with success. Dr. Hicks instanced a case which occurred to him recently, in which the long forceps failed to bring the head through the brim, but where, by version, the child was delivered after some detention, its heart pulsating for an hour and a half after, inflation of the lungs being continued till it ceased. In this case the forceps failed. Turning gave the child a chance to say the least, of life, which the only other treatment left namely, perforation—could not.

Dr. GRAILY HEWITT had an observation to make with reference to the difficulty the author of the paper had alluded to of effecting the transit of the body of the fœtus, after turning, where only one foot had been brought down. He believed that the difficulty in question was not confined to cases in which the head had originally presented as the author seemed to infer was supposed to be the case; and that on the contrary, the same difficulty was found in other cases—in transverse presentations, e. g. He had met with a case which bore out this view of the matter. It had been a sort of maxim that the bringing of one foot down was sufficient. He thought that the erroneousness of this teaching should be pointed out, and the necessity of bringing down both feet, in cases of turning, inculcated. In common with other speakers, he begged to express his thanks to the author for the very valuable contribution he had made to obstetric science in the paper now read to the Society.

Dr. M'CLINTOCK replied at some length to the observations of the various speakers, and the meeting then adjourned.

STRICTURE OF THE RECTUM.

Dr. Buck related a case of stricture of the rectum. The patient was a woman, æt. twenty-four, of healthy appearance. On examination per rectum, he discovered about two inches above the anus an annular stricture, not scirrhous in character. Per vaginam he found a firm fibrous tumour, of even contour, in the posterior cul-de-sac: he could sweep with the finger almost the entire circumference of this tumour, and it was slightly movable. The woman suffered occasional bearing-down pains, and the stools were hard and difficult. On distending the anus with a speculum, the stricture was readily observed. This was divided anteriorly, and posteriorly, and by tearing the tissues the finger was carried well above the stricture, so as to reveal the fact that the supposed fibrous was in reality a fæcal tumour. The woman had never had dysentery.—'American Medical Times.'

LEGAL INTELLIGENCE.

A "SUB M.R.C.S." AT ORMSKIRK.—We abridge the following from the 'Ormskirk Advertiser' and the 'Southport Independent:'—

"At the Ormskirk Police court, on Friday, the 8th inst., before H. Gaskell, Esq., J. H. Wrigley Esq., and Captain Webb, Mr. Josiah Archer Bowen, of Bretherton, was summond by Mr. Charles Price Symonds, Surgeon, at the instigation of the Medical gentlemen of Ormskirk and its vicinity, for the following offence: 'That he did, unlawfully, wilfully, and falsely, pretend to be and take the name and use the title of a Surgeon, by giving a certificate of the death of Mary, daughter of William Whittle, and writing thereon, under his name, the letters "Sub. M.R.C.S. Eng.," implying that he was recognised by law as a Surgeon.'

"Mr. Torr (barrister, Manchester), instructed by Mr. Parr, Ormskirk, prosecuted; and Mr. Husband, solicitor, Liverpool, defended.

"Mr. Torr, in opening the case, said the Act of Parliament under which the summons was taken out against the defendant was the 21st and 22nd Vic. cap. 90, which enacted that,—'Any person who shall willfully or falsley pretend to be, or take, or use the name or title of a Physician or Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description, implying that he is registered under this act, or that he is recognised by law as Physician, or Surgeon, or Licentiate in Medicine and Surgery, or Practitioner in Medicine, or an Apothecary, shall upon a summary conviction of such offence, pay a sum not exceeding 20*l*.

"The defendant was the son of a gentleman, who was a Dissenting minister, and devoted the latter portion of his life to the study of Medicine, but he confined himself to the milder and simpler medicines made from the beautiful flowers of the field, which would not kill any one were he to swallow a basketfull of them. By that little bit of pedigree they might perhaps judge of what sort of a breeding the defendant had had. The father taught the son the skill of Medicine, such as he himself had acquired. The defendant commenced business under his father's roof, with the herbs of the field for his medicines, and at length he cherished a desire to become a member of the recognised Profession of Physic. He attended certain classes in Liverpool, in all probability with great benefit to himself; and went to London in May last, but whether he studied there at all, or for any length of time, he could not say. He did submit himself to an examination, and having done so he must have presented certain credentials that he had gone through a certain course of study; and he (Mr. Torr) had been told, whether from nervousness or inability, he could not say which, that he had the misfortune to fail in showing that he was qualified to act as a Surgeon. He would be able to show that in March preceding that date he had the effrontery to put himself forth as a Member of the Royal College of Surgeons. In March last a man named John Whittle had a grand-daughter who was very ill, and he called in to her assistance the defendant. He attended upon her for some time, the last time being a week before her death. When she died it became necessary that the certificate of a Medical attendant should be presented to the registrar of the district. A young man was sent to the defendant for the certificate. The certificate was written and signed by the defendant. Thus the defendant had misled a parochial officer, and got him to receive from an unauthorised person a certificate of the death of the deceased. He had not only got the registrar to receive the certificate, but had signed it.

"'I hereby certify that Mary, daughter of William Whittle, of Burscough, aged 20 years, died yesterday, the 26th inst., from albuminuria, and that she has been duly attended to. As witness my hand this 27th day March, 1862.

'J. ARCHER BOWEN, Sub. M.R.C.S. Eng.'

"Now, he (Mr. Torr) was at a loss to know what on earth was meant by the word 'sub.' If the defendant meant that he was a member of the Royal College of Surgeons of England, he (Mr. Torr) was at a loss to know why he should prefix the title with the word 'sub.'

"John Whittle then proved the attendance of the defendant on his grand-daughter, his payment by 'ready money,' the child's death, and the writing the above certificate by defendant. Mr. Sumner, the registrar, proved the receipt of the certificate. Similar attendance and certificate after death were proved in the case of a boy named Hunter. The registrar wrote the word 'certified' after the entries in these cases. He said, 'I am instructed to write "certified" when the death is certified by a Medical man or qualified Practioner.'

"Mr. Torr: Do you, as a matter practice, write the word 'certified' if the death is not certified by a Medical man?

"Sumner: No; I registrar the death according to the statement of the informer, and write the words 'not certified.' I wrote 'certified' because the certificate sent, as I conceived, was by a qualified Medical Practitioner.

"The clergyman who performed the funeral gave similar testimony. There was much discussion as to the possible meaning of the epithet 'sub' which was put before M.R.C.S. For the defence it was urged that these words were 'rubbish,' and were not intended to imply that the defendant was a registered Practitioner; and witnesses were called who had known him all their lives, and swore that they thought the words 'Sub M.R.C.S.' intended to convey the idea that he was a Medical student. The bench, after consideration, convicted the defendant in the full penalty in one case, 20*l.* with costs, which amounted to 25*l.* 1s. 10d besides.

"On Monday last Mr. Bowen appeared before the bench of magistrates at Southport, and entered into recognisances, together with two sureties to prosecute an appeal against the above decision in the Court of Queen's Bench."

Births, Marriages, and Deaths.

BIRTHS.

BARNARD.—On the 15th inst., at Montague house, Hastings, the wife of T. W. Barnard, M.D. Edin., of a daughter.

BLAGDEN.—On the 11th inst., at Castle villas, Stroud, Gloucestershire, the wife of Robert Blagden, Esq., M.R.C.S., of a son.

DIVER.—On the 15th inst., at Camden terrace, Camden road, London, the wife of Thomas Diver, M.D., of Bombay, of a son.

HARRIS.—On the 14th inst., at Cavendish square, the wife of Francis Harris, M.D., of a daughter.

MORISON.—On the 18th inst., at Wellfield house, Wingate, Durham, the wife of John Morison, M.D., of a son.

MARRIAGES.

BAILLIE—MAIN.—On the 9th inst., at New St. Pancras church, Benj. T. B. Baillie, L.R.C.P. Edin., of Victoria crescent, Haverstock hill, only surviving son of the late B. Baillie, Esq., of Limehouse, to Sarah, eldest daughter of the late John Main, Esq., of Fitzroy square.

JACOB—M'CLEAN.—On the 13th inst., at St. Anne's Parish church, Dublin, Archibald Hamilton Jacob, B.A., M.D., fourth son of Arthur Jacob, M.D., of Ely place and Monkstown, co. Dublin, to Florence Elizabeth, youngest and only surviving daughter of Francis M'Clean, Esq., of Stephen's green, Dublin.

TILTON—ELLIOTT.—On the 14th inst., at Randwick church, Rowland Tilton, Esq., M.R.C.S., of Park villa, Stonehouse, Gloucestershire, to Isabella, third daughter of the Rev. J. Elliott, M.A., Incumbent of Randwick, in the same county.

MOREHEAD—CHASE.—On the 14th inst., at St. Marylebone church, Charles Morehead, M.D., late of H.M.'s Bombay Medical Service, to Georgiana Ann, eldest daughter of Licut.-Col. Chase, of Nottingham place, late of H.M.'s Madras Light Cavalry, and Commandant of the Hon. the Governor's Body Guard.

DEATHS.

HORSMAN.—On the 15th inst., Alfred James Horsman, Esq., of the London Hospital, aged 20.

TANQUEREL DES PLANCHES.—M. Tanquerel des Planches has just died, at the age of 53, on his estate near Mayenne, where he had retired from practice since 1848. He was the author of a classic work on 'Lead Colic,' to which the prize of the Institute was adjudged, and which has been translated by Dr. Dana, an American Physician.

TICE.—On the 10th ult., on board ship, a few hours after leaving Calcutta, Dr. J. C. G. Tice, C.B., Deputy Inspector-General of Hospitals, aged 51.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following are lists of candidates who have passed the respective examinations indicated:—FIRST B.Sc. EXAMINATION (ENTIRE). PASS EXAMINATION.—*First Division.*—Edward Hesketh Birkenhead, Government School of Mines; Dan Isaac Davies, private study; Clement Le Neve Foster, Government School of Mines. *Second Division.*—Edward Louis Barret, Royal College of Chemistry; Richard Bithell, private study; John Broughton, St. Bartholomew's Hospital; James Dale, private study; Edward Divers, Queen's College, Galway; Edward Maxwell Dixon, private study; Walter Flight, Queenwood College; John Joseph Kelly, private tuition; George Walter Knox, University College; John Spink, private study. FIRST B.Sc. EXAMINATION (EXCLUDING MATHEMATICS). *First Division.*—William Lant Carpenter, B.A., private study. *Second Division.*—Fred. George Finch, B.A., School of Mines and University College; William Hetherington Harris, B.A., private study. EXAMINATION FOR HONOURS. *Mathematics and Mechanical Philosophy.*—James Dale, private study. *Chemistry and Natural Philosophy.*—William Lant Carpenter, B.A., private study; Clement Le Neve Foster, Government School of Mines; Walter Flight, Queenwood College. *Biology.*—George Walter Knox, University College. BACHELOR OF MEDICINE.—PRELIMINARY SCIENTFIC EXAMINATION.—PASS EXAMINATION *First Division.*—Bryan Holme Allen, University College; Herbert Ray Archer, St. George's Hospital; Fred. Wm. Armitage, Guy's Hospital; Marcus Beck, University of Glasgow; Charles Berrell, King's College; Joseph Birt, Sydenham College, Birmingham; Thomas Bond, King's College; John Cavafy, St. George's Hospital; Carey Pearce Coombs, St. Mary's Hospital; George Eastes, Guy's Hospital; John Tasker Evans, St. Bartholomew's Hospital; Julien Augustus Michael Evans, University College; Frederick Flint, King's College; Charles Aug. Greaves, St. Thomas's Hospital; Thomas Henry Green, University College; Henry Charles Hilliard, Guy's Hospital; Philip Brooks Mason, University College; Marmaduke John Mayou, Guy's Hospital, Frederick Barham Nunneley, University College; Charles William Philpot, King's College; Revett Coleridge Powles, King's College; Charles Read, University College; Edwin Roberts, King's College; Charles Smith, Guy's Hospital; James William Smith, Guy's Hospital; William Vicary Snow, University College; Francis Thos Tayler, B.A., Guy's Hospital; Geo. Christopher Tayler, St. Bartholomew's Hospital; Arthur Taylor, Guy's Hospital; Henry Trimen, King's College Hospital; Eben Fulham Turner, Guy's Hospital; Thomas Pichard Warren, Guy's Hospital; Henry Willey, King's College; John Williams, University College. *Second Division.*—John Barrett, Bristol and Bath United Hospital; Charles Glen Bott, Guy's Hospital; Thomas Churton, Leeds; Henry Clothier, University College; James John Coxeter, University College; Oliver Thomas Duke, Guy's Hospital; William Soltau Eccles, St. Bartholomew's Hospital; Thomas Fairbank, St. Bartholomew's Hospital; Joseph R. Foster, Manchester; T. Robinson Glynn, St. Bartholomew's Hospital; Joseph Groves, King's College; Walter Anstice Harvey, St. Bartholomew's Hospital; James Pearson Irvine, Liverpool; James Jackson, London Hospital; H. Law Kempthorne, King's College; John Wickham Legg, University College; J. Lloyd, Queen's College, Birmingham; W. G. Vawdrey Lush, St. Bartholomew's Hospital; Edward Mackey, Queen's College, Birmingham; Thomas Murray, St. George's Hospital; C. Perks, Queen's College, Birmingham; C. Howard Prosser, Marlboro' College; J. Prior Purvis, St. Thomas's Hospital; John Henry Salter, King's College; George Henry Savage, Guy's Hospital; Alfred Baird Seaman, King's College; George Edward Shuttleworth, King's College; Robert Sidney Stone, St. Bartholomew's Hospital; Edward Francis Willoughby, University College. EXAMINATION FOR HONOURS.—*Chemistry and Natural Philosophy.*—Philip Brookes Mason (Exhibition), University College; Frederick Barham Nunneley, University College; Bryan Holme Allen, University College; Charles Berrell, King's College; Charles Augustus Greaves, St. Thomas's Hospital.—*Biology:* Philip Brookes Mason (Exhibition), University College; Revett Coleridge Powles, King's College; Edward Francis Willoughby, University College. FIRST M.B. EXAMINATION (Entire)—PASS EXAMINATION.—*First Division*: Alexander Bruce, University College; Wm. Carter, Charing-cross Hospital; Carey Pearce Coombs, St. Mary's Hospital; Gwynne Henry Harries, King's Coll.; John Wale Hicks, St. Thomas's Hospital; Jas. Hinds, Queen's Coll., Birmingham; C. Albt. Hingston, St. Bartholomew's Hospital; H. Law Kempthorne, King's College; George King, London Hospital; Daniel John Leech, Royal Manchester; John Morton, St. Thomas's Hospital; John Albert Nunneley, Leeds; John Jones Phillips, Guy's Hospital; Shepherd Thos. Taylor, King's College; Richard Thorne Thorne, St. Bartholomew's Hospital; John Sebastian Wesley, King's College; Henry Willey, King's College; John Henry Wood, King's College. *Second Division:* William Philipps Bingley, University College; Edward Casey, King's College; Fred. Pooley Edis, Westminster Hospital; Thos. Fairbank, St. Bartholomew's Hospital; James Jackson, London Hospital; Arthur Geo. Mickley, Guy's Hospital; George Oliver, University College. FIRST M.B. EXAMINATION (Physiology only).—Thomas Wemyss Bogg, University College; John Talfourd Jones, University College; George Thomas Mitchell Southam, St. Bartholomew's Hospital; Rickard Patrick Burke Taaffe, St. Bartholomew's Hospital. EXAMINATION FOR HONOURS.—*Anatomy*: Jno. Wale Hicks (Exhibition and Gold Medal), St. Thomas's Hospital; Carey Pearce Coombs (Æq.), St. Mary's Hospital; Charles Albert Hingston, (Æq.), St. Bartholomew's Hospital. *Physiology, Histology, and Comparative Anatomy:* J. W. Hicks (Exhibition and Gold Medal), St. Thomas's Hospital; William Carter (Gold Medal), Charing-cross Hospital; Alexander Bruce, University College; Charles A. Hingston, St. Bartholomew's Hospital; Gwynne Henry Harries,

King's College. *Materia Medica and Pharmaceutical Chemistry, and Organic Chemistry:* Alexander Bruce (Exhibition and Gold Medal), Univ. Coll.; John Wale Hicks (Gold Medal), St. Thomas's Hospital; William Carter, Charing-cross Hospital; Carey Pearce Coombs, St. Mary's Hospital; Charles Albert Hingston, St. Bartholomew's Hospital; Henry Law Kempthorne. King's College.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 14th inst.:—Joseph Brownridge, Hull; Walter Henry Cope, Buckingham street, Strand; John Quilla Couch, Polpuro, Cornwall; Richard Lloyd Robins, Church row, Marlborough road, Dalston.

Pharmaceutical Society of Great Britain.—The following are the names of candidates who passed the Major Examination as Pharmaceutical Chemists on August 20th:—John B. Bailey, Reading; William H. Kitchin, Whitehaven; Sanderson Flesher, Scarborough; Philip Marrack, Crediton; Joseph Ward, Nuneaton; and George Welborne, Grantham.

Appointments.—Dr. T. Bacon Phillip has been appointed Consulting Physician to the London and Brighton Railway Provident Society.—Mr. A. D. C. Walford has been appointed Superintendent of the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children.—Dr. R. Aldridge has been elected Medical Officer for the Union Workhouse and District No. 1 of the Yeovil Union, Somersetshire, *vice* Mr. Wm. F. Tomkyns, resigned.—Dr. F. T. Bond, late Professor of Chemistry and Dean of the Faculty in Queen's College, Birmingham, has been elected Curator of the Hartley Institution, Southampton.—Dr. J. Heygate, Consulting Physician to the Derbyshire General Infirmary, and Justice of the Peace for the County and Borough of Derby, and Dr. J. Hiteman, have been elected to the General Council of the British Medical Association as Representatives of the Midland Branch.—Dr. T. Burnie has been elected Resident House-Surgeon to the Birmingham and Midland Free Hospital for Sick Children, *vice* Mr. Wm. M. Whitmarsh, resigned.—Mr. J. D. Bird, late House-Surgeon, has been elected an Honorary Staff-Surgeon of the Stockport Infirmary, Cheshire; Mr. H. S. Gale has been elected House-Surgeon in his stead; and Mr. W. Barker has been appointed Assistant House-Surgeon and Out-door Visitor, *vice* Mr. T. V. Rayner, resigned.—Staff-Surgeon T. Fraser, of Pembroke Dockyard, has been appointed to Devonport Dockyard, *vice* Staff-Surgeon Wm. Folds, placed on the Retired List; and Dr. D. Lyall has been appointed Staff-Surgeon to the Royal Dock-yard, Pembroke, *vice* Dr. T. Fraser.—Dr. T. T. Pyle has been elected one of the Surgeons of the Seaham Harbour Infirmary, Durham. *vice* Mr. R. Orton, resigned.—Dr. Donald M'Iver has been appointed Resident-Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, *vice* Mr. E. S. Machin.—Dr. J. Locking has been re-elected Medical Officer and Public Vaccinator for the Tealby District of the Caistor Union, Lincolnshire.—Mr. C. J. Trotter has been elected Medical Officer for the new Workhouse at Dean-House, near Holmfirth, Huddersfield Union.—Mr. R. Meredith has been appointed Public Vaccinator by the Guardians of the Dudley Union, Worcestershire.

Miss Nightingale, who has during the summer been hard at work upon the plans for the future training hospital for nurses, has been obliged to cease her labours for the present from ill-health.

To ascertain the Purity of Chloroform. — If a small piece of sodium is thrown into pure chloroform, no action whatever ensues; if, on the contrary, any impurity, such as alcohol, be present, then a disengagement of gas takes place.

Lunatics.—The number of persons who have been certified by the masters to be of unsound mind, pursuant to the Act 16 & 17 Vict., c. 70, is 555. The number of lunatics reported by the masters to the Lord Chancellor under the Act 8 & 9 Vict., c. 100, s. 95, has been 93.

Remedy for Small-pox. — The "Sarracenia Purpurea," or Indian cup, a native plant of Nova Scotia, is described as a remedy for all the forms of small-pox, by Dr. F. W. Morris, of Halifax, N.S. The peculiar action of the medicine, it is asserted, is such that there is seldom any pitting left to tell the story of the disease. It has been successfully tried in the hospitals of Nova Scotia.

Coloured Doctors in New York.—A short time ago Dr. Ray, a physician of colour, practising in the suburbs, applied for admission to the King's County Medical Society, his colour not being known to the majority of the members. He was on the point of being elected, when the fact was divulged, and a select committee was appointed to consider his eligibility. This, too, in a free republic!

The New Lunacy Act, just printed, contains an important provision for the privilege of allowing persons to be absent on trial, which extends to all classes of lunatics, whether in asylums, hospitals, or licensed houses. The power is entrusted to two commissioners in respect to hospitals and licensed houses; to two of the committee of governors of any hospital, and to two visitors of licensed houses. If after fourteen days the person do not return, he is liable to be retaken, as in the case of an escape, unless a certificate that his detention is no longer necessary be forthcoming.

The Case of Ovariotomy at Strasburg.—We have read with much interest the details of this case in the 'Bulletin de Therapeutique,' of the 30th ult., and from them we find that the incision made first was only a little more than three inches long; the operator was, however, in a later stage of the proceedings, obliged to increase it by another inch and a half. The cyst was multilocular, and when the principal tumour had been evacuated, M. Koeberlé attempted to tap the smaller cyst from within the large one, which proceeding caused a good deal of glutinous matter to fall into the peritoneal cavity. Nor was the tapping of the large cyst satisfactory, as the canula of the trocar was connected with an india-rubber tube, which was somewhat in the way. Adhesions between the cyst and the omentum had to be divided, the latter becoming the seat of some venous hæmorrhage. After the pedicle had been secured by a clamp, the bleeding omental veins were tied, and the latter returned into the abdomen, with the small intestines which had protruded. The ligatures were fixed to the clamp, and the abdominal wound closed by the twisted suture. Much uneasiness was occasioned by obstinate vomiting after the operation, and severe tympanitis occurred subsequently. The pins were gradually removed on the fifth, sixth, and seventh day, and replaced by bands secured to the abdominal walls by collodion; the ligatures became loose on the fifteenth and the nineteenth day. The clamp was removed on the sixth day, and replaced by pieces of bougies, which remained until the pedicle became detached; and on July 3rd, just one month after the operation, the lady, who is twenty-six years of age and married, was presented by the operator to the Medical Society of Strasburg.

The Colonial Hospital, Trinidad.—We have lately received the Report of the Colonial Hospital at Trinidad for 1861. This Institution, which is situated on the old site of the Orange Grove Barracks, has, during the last four years, received on an average 883 patients per annum. The patients have been from every quarter of the globe, and of every variety of man. The great mortality amongst the troops at the Orange Grove Barracks promised ill for the salubrity of an Hospital erected on the same ground. The experience of the last four years has, however, shown that the fault was in the building, not in the site. The average mortality of the troops in the barracks was 7 per cent., whilst that of the patients admitted into the Hospital has been 3 per cent. less. The report gives full particulars of the drainage, locality, and resources of the Hospital. The building is thus described:—"The Colonial Hospital consists of a main building with a façade 390 feet in length, running north and south, including the administrative offices, and at each extreme of the main building two short wings project into the rear. There is a ground-floor and an upper story. The ground-floor is divided by a grand central staircase into two wards, capable of accomodating 30 patients each. These wards are each 63 feet in length, 32 in width, and the space between the foot of each bed is upwards of 16 feet. They each contain 28,590 cubic feet of space, with 646 superficial feet of wall aperture, giving to every patient 953 cubic feet, or upwards of 317 cubic yards of air, being six times as much as the average amount of air allowed for each patient in the wards of five of our London Hospitals, and nearly eight of the Parisian Hospitals. The upper floor, accommodating 60 patients, contains 221,676 cubic feet, with 1,882 superficial feet of wall aperture, giving to each patient 3,695 cubic feet, or 1,231 cubic yards of space, being twenty-four times more than the English, and thirty times greater than the French Hospitals before named. This great space in the upper story arises from the space occupied by the front and back galleries of the basement story being embraced by the flooring of the upper story. On the score of ventilation then, and in absence of overcrowding, the Colonial Hospital is, perhaps, as perfect as could be desired, going in these respects far beyond the Model Hospital of the Royal Commissioners, as well as the principal Hospitals of England and France." The following extract, giving a picture of the hygienic and moral conditions of the Chinese labourers contrasted with that of the other coloured population is worth notice:—"As compared with their own section of the population, the Chinese show, from a total of 217, no less than 17·05 per cent. on admissions; and when it is considered that one-half of the Chinamen who came into Hospital are syphilitic patients, and that the remainder of those who came under treatment are more or less debilitated, if not absolutely enervated and ruined in constitution by depraved and immoral habits, more particularly those destructive habits of smoking and chewing opium, the question arises whether it be not possible to devise means, altogether apart from mere Hospital treatment, which deals only with effects, for remedying this state of things among that fractional part of the population. It is highly probable that the exclusive prevalence of syphilis among these immigrants is traceable to the difficulty experienced by Chinamen in forming matrimonial alliances with the coloured Creoles of the island, as well as to the non-introduction to the colony of Chinese female immigrants of their own class simultaneously with the males. This difficulty, however, is gradually undergoing the modification which time usually produces, and, though still existing to a large extent, yet some inter-

marriages of a recent date show that the antipathy of the industrial class of coloured Creole women is not so strong towards the Chinese settlers and immigrants as formerly. Nevertheless, many of them have sunk into an effete state of physical debasement; and illicit association with the most abandoned class of our population is not uncommon amongst them. It is with this class of females they contract the disease referred to, which would scarcely have formed an appreciable element in our Hospital practice for the past year, were it not that 200 Chinamen, out of a mixed population of 56,000 people, contribute no less than 33 per cent. towards the total number of syphilitic cases treated. It affords me great pleasure to place on record, in juxta-position with this disagreeable fact, that the native population of Port of Spain and neighbouring wards, numbering, as I have said, 55,000 persons, less the 200 Chinese referred to, contribute only four cases of syphilis out of the 58 treated during the year." The report, as a Medical state-paper, is highly creditable to its author, Dr. Richard Mercer, the Resdient Surgeon.—'Medical Times and Gazette.'

The Gorilla Controversy.—M. Du Chaillu, during his late residence in Paris, has brought to the verge of publication a translation of his travels in the Gorilla country, in which the narrative of the voyage is placed in the order of actual events. The work will be published in a few weeks. Stuffed specimens of the red-rumped variety of the female gorilla and of the young male have been placed for some weeks in the large glass case with the old male, in the Zoological Gallery of the British Museum. It is said that the kooloo-kamba and nschcigo m'bouvè varieties of chimpanzee will also be shortly exhibited in a stuffed state. The specimen of *Cynogale* (s.g. *Potamogale*) *velox*, alleged by M. Chaillu to have been a fish-eating carnivore like the otter, but allied to the Maimon (*Cynogale Bennettii*) of Borneo, a conclusion in which that gentleman was supported by many zoologists, both in Europe and America, has been placed by Dr. Gray amongst the musk-rats, and erected into a new genus, described in the Transactions of the Zoological Society as *Mystomys*, Gray.

M. Claude Bernard.—M. C. Bernard, Professor of Medicine at the Imperial College of France, and Professor of General Physiology at the Faculty of Sciences of Paris, has been promoted to the rank of Officer of the Legion of Honour.

Academic relations of Professors and Tutors.—I apprehend that we shall all aim at sound medical culture. Now this implies two things—namely, competent teachers, with sufficient means and encouragement for teaching; and sufficient curricula and plans of study for the student. I will not now venture to give an opinion whether in teaching we should adopt the professorial or the tutorial method, but it will be useful to know what is a tutor and what a professor in the academic body. The professor, I apprehend, is a teacher who, starting from the knowledge already acquired in his department, continually adds to it or corrects it by new researches. He leads the way to "fresh fields and pastures new" of science and art; by both precept and example he incites the student to thought and inquiry; and thus he not only maintains the reputation of his university by his own labours, but widens its fame as a school by the reputation of his scholars. The tutor I apprehend, occupies relatively a less advanced position in the academic ranks. His duty is to communicate positive knowledge (or what is held to be such) to the student, who is at the university not simply to acquire knowledge and be subject to mental discipline, but to acquire knowledge to the end that he may pass those academic examinations which are intended to test the amount of his acquirements. Hence the tutor has to follow and digest the results of original researches, rather than engage in them himself, to the end that they may be presented in a convenient form to the student for a degree. Now this kind of teacher already exists, and is popularly known as a "grinder," and it may be worthy consideration whether a recognised academic position should not be given to this class. For my own part, I should be glad to encourage academic tuition in my own department in every practicable way. Unfortunately, two difficulties meet us in the outset—namely, the want of time, and the want of money on the part of the student. Still, these are not so insuperable that the attempt to provide this kind of tutorial teaching should not be made.—Dr. Laycock.

University of Edinburgh.—Degrees in Medicine.—The "capping" of 109 graduates of the University of Edinburgh, who had passed the examination for the degree of Doctor of Medicine, took place on Friday, August 8, in the Assembly Hall, in the presence of a large number of spectators. Principal Sir David Brewster presided on the occasion, and he was surrounded by the other members of the Senatus Academicus. The proceedings having been opened with prayer by the Rev. Professor Crawford, the names of the graduates were intimated by Professor Balfour, and the young men were "capped" in succession by the Principal. The following is a list of the graduates—those who obtained prizes for their dissertations being marked *a*; those deemed worthy of competing for the dissertation prizes, *b*; and those commended for their dissertations, *c*:—Scotland.—*a*James Watt Black, M.A., Aberdeen; *c*Thomas Brisbane, *b*James Crichton Browne, Thos. Cairns, *c*William Watson Campbell, James Christison, Robert James Blair Cunynghame, Alexander Dewar, James Dewar, *c*Forbes Dick, James Dickson, *c*John Duncan, M.A., Edinburgh; *c*George Fyfe, James Gentle, Peter Gentle, James M'Ewan Girdwood, William Gordon, James Grant, James Hardie, John Hope, Patrick Cruickshank Houston, M.A., Aberdeen; *c*William Ketchen, *c*John Lightbody, John Macdougall, *b*Alexander Johnstone Macfarlan, James Robertson M'Iver, John Mackenzie M'Lean, B.A., Edinburgh; Roderick Macleod, *c*Robert Macnair, M.A., Glasgow; John Vicary Thatcher Malcolm, Peter Maxwell, *c*John Laidlaw Milligan, Peter Muir, *c*Claud Muirhead, William Muir Muirhead, David Murray, James Neilson, Andrew M'Lennan Rattray, Arthur Grant Reid, David Renton, Adam Robertson, James Davison Robertson, *c*David Ross, William Russell, John Shepherd, Francis Skae, *c*Andrew Smart, John Smith, *c*John Gordon Smith, *c*Walter Somerville, Andrew Stephen, *a*Ramsay Heatley Traquair, *c*John Wallace, M.A., Aberdeen; John Watson Wemyss, George Vint Wright. England.—John Lovell Arnott, *c*Percy Boulton, *c*Thos. Lewis Brittain, Wm. Turnbull Brody, *c*Edward Clapham, *b*Richard Davy, Charles Maslen Deane, *c*William Henry Dixon, Harry Foote, Frederick Augustus Palmer Hains, William Jones, David Makin Kennedy, *c*Robert Turner Land, Richard Lord, Frederick Blabesly Mallett, William Nash, John Nicholson, *c*William George Ross, Edward Julien Sharood, *c*Ellis Frederick Thorold, William Nealor Thursfield, Richard Sobey Veale, George Edward Wright, William Smith Wright. Ireland.—*c*Robert Alexander, Alexander Tertius Carson, Alexander Carson Clarke, Robert Jolly, John Todd. South Wales.—John Williams. North Wales.—*c*Thomas Henry Hughes, *c*John Turner. Florence.—A. Arthur Gamgee- Canada.—Donald Maclean, George Whyte. New Brunswick.—Peleg Wiswall Smith. Nova Scotia.—Clinton James Morse. Jamaica.—John Duncan Niven. East Indies.—Charles Martin Russell. Bengal.—James Henry George Hill. Calcutta.—*a*Thomas Richard Fraser. Cape of Good Hope.—John De Smidt, *c*Duncan Reid, James Gerhard Reid. West Indies.—Henry Armstrong Cheesbrough. Mauritius.—Jules Labonté. Demerara.—Augustus Carmichael Forte. Monte Video.—*c*Valentine O'Connor Conyngham. Barbadoes.—*c*John Sealy Lynch Thomas. Bahamas.—Joseph Benson Corlett. Tasmania.—James Sommerville Hope. New South Wales.—Richard Fortune Blackwell. The following candidate received the degrees of M.B. and C.M.:—Charles Henry Groves, B.A., T.C.D., England. At the conclusion of the ceremonial, an address, "On the Academic Position of Medicine," was delivered by Professor Laycock.

Isle of Wight Infirmary.—A ball is to take place on Friday, the 22nd inst., under the usual patronage, in aid of the funds of this institution, which are in straitened circumstances, *according to a printed statement issued by the Chairman of the Committee, Augustus F. Leeds, Esq. The paper is a mysterious one*, and does not say much for his acquaintance with "Cocker." There is a deficiency of 534*l.* in the adding up of the expenditure (or else a wrong entry), which would make the balance, in round numbers, *against the Infirmary* 861*l. instead of* 328*l., as stated.* It is to be hoped that it is the smaller sum, and that those gentlemen who have taken upon themselves, as a class, to manage the Institution, will bestir themselves and get the money, or make way for those who will, by amending its laws and constitution.—'Hampshire Independent,' August 16th, 1862.

Barbarity at Pittsburg Landing.—We were greatly pained, as we passed along the road traversed by thousands, to see dead bodies lying in the mud of the path, day after day. They were privates cast off from the boats, or thrust out of the tents to which they had been taken when wounded, and where they had died. Some of them were bodies of rebels. Their open eyes and gradually blackening faces were a horrible sight, especially amid the crowd which always hung about the landing. After remonstrating with several officers on the inhuman practice and its bad effects on the soldiers, who saw how little they were cared for when dead, we succeeded in having them buried. A very similar scene was still in view when we left, at the log hospital on the hill, where was a pile of amputated limbs, just outside the back door! An admiring officer assured us, as we sorrowfully gazed, that it was the result of the labour of Dr. —— within, the famous operator from Ohio. We hope the trophies of his skill will not much longer be publicly exhibited.—'Chicago Sanitary Commission Report.'

Royal Medical and Chirurgical Society.—The Library was closed on Monday, August 18, and will be re-opened on Monday, September 15.

Discovery of a Human Skeleton at Kellet, in Lancashire.—A human skeleton has been discovered in a fissure in the limestone formation of this locality. No iron, bronze, or stone remains were found with it, nor any evidence of clothing or pottery. The fractured condition of the bones of the skull, from which a considerable proportion of the mineral substance has been abstracted, precludes any immediate conclusion as to the cranial conformation of the individual; or as to the possible period which has elapsed since the intentional or accidental burial in the fissure.

A Public Drinking Fountain has been erected in memory of the late Sir P. Crampton, at the junction of D'Olier-street, College

street, and Great Brunswick-street. It bears the following inscription, by Lord Carlisle:—"1862. This fountain has been placed here, a type of health and usefulness, by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to Her Majesty's Forces. It but feebly represents the sparkle of his genial fancy, the depth of his calm sagacity, the clearness of his spotless honour, the flow of his boundless benevolence.

Fanny Warboy, aged thirty-two, a widow, was found guilty, on Wednesday, at the Central Criminal Court, on the charge of having been accessory before the fact to the felonious using of an instrument upon herself, in order to produce miscarriage. In consideration of the suffering she had already undergone, she was sentenced to only three months' imprisonment.

Dr. Strachan on Illegitimacy in Scotland.—The 'Montrose Review,' to which we are indebted for the notice of Dr. Guthrie's jubilee festival, gives an account of a lecture to young women on "Illegitimate Births," delivered by Dr. Strachan, of Dollar. He stated that want of chastity was prevalent almost solely amongst women of the working classes. He describes the disgrace as befalling, for the most part, the excellent seemingly pious young woman, well instructed in religion and morality. Of these, the most prone to fall are those who have longest hours of work, and least leisure, and especially domestic servants. He believes that in a certain district specified, 12 per cent. of the young factory women, and 36 per cent. of the domestic servants had illegitimate children. "The two classes are identical in education and early training, the only difference being that factory girls have abundant leisure after working hours, and unrestrained intercourse with their acquaintances. In the middle and upper ranks, free and open intercourse amongst young people of both sexes is quite unrestrained. Young men are permitted to visit freely, to spend the evenings, to enjoy amusements; they meet and walk with ladies in the streets, there being no false shame of being seen together. And it is found that all this has not the slightest tendency to diminish, but, on the contrary, greatly increases, mutual respect. It yields much enjoyment and reciprocal benefit. Gentlemen are refined and purified, and their manners polished, and ladies, I hope, have their intellects strengthened and improved. You cannot expect that girls will not only abandon all social enjoyment, but also all hopes of marriage, which they must do were they kept entirely from male acquaintances. You must therefore see the unreasonableness of the usual prohibition of 'no followers.' No followers! God Almighty, by his immutable laws of nature, has declared that they should have followers. Can we imagine that these immortal beings, with the same constitutions as ourselves, with intellects as great, with affections as keen, were sent into the world merely to minister to our needs and to submit to our caprices. It is the greatest tyranny to attempt to deprive them of the sweetest earthly bliss, that of virtuous love. And what must be the consequence? Try it on your own daughters. Tell them they must have no followers, no friends, no acquaintances, and, within a week, they will have entered on a course of concealment and deception, the first step on the road to ruin. I would also refer to the remarkable fact of the comparative freedom from this sin of young women of the working class in Ireland. I had lately an opportunity of talking with an intelligent Scotchman who had for many years been in a large farm in Tipperary. He assured me that no illegitimate birth had occured among his servants or workpeople, and that such births are so rare as to be a matter of wonder to the neighbourhood. After endeavouring to ascertain from him the reason of this, I became convinced that one great cause of this freedom from immorality is the number of saint days and holidays in the Roman Catholic Church. On these days, after a short time in church, the day is spent in dancing and other amusements; the young men and women mixing freely together; the maids uniformly returning home about nine in the evening; such a thing as young men and women meeting together at a late hour being quite unknown. These facts clearly prove that intercourse at timeous hours would not promote, but greatly diminish the prevailing immorality."

Testimonial to the Resident Medical Officer of the Guildford Dispensary.—Mr. J. M. Bright, the late Resident Medical Officer of the Guildford Dispensary, has received a substantial proof of public respect, in the shape of a testimonial letter from the clergy and principal inhabitants of the town, enclosing the sum of fifty pounds. The following is a copy of the letter:—"Guildford, July 15, 1862.—Dear Mr. Bright,—We have much pleasure in presenting you with the sum of fifty pounds, 'contributed by a few friends who have had opportunities of observing the unwearied zeal and intelligence with which you have laboured to promote the interests of the West Surrey Dispensary and of the new County Hospital.' We append the names of those who have joined in this work, and we trust that with God's help, and by pursuing the same honourable and useful course, you may attain that position in your profession which never fails those who give their hearts to their work. You have already experienced this result, which has obtained for you the esteem and regard of all classes, including those Medical friends who can best appreciate your care and skill in tending the sick, as well as the poor themselves, who have benefited thereby. We wish you God-speed in your new sphere of usefulness, and remain, your very sincere friends, R. J. Shephard, Treasurer of the Surrey County Hospital; Richard Eager, Senior Honorary Medical Officer of the West Surrey Dispensary; Giffard Wells, M.A., Honorary Secretary of the West Surrey Dispensary; T. Goodwin Hatchard, M.A., Rector of St. Nicholas, Guildford; Thomas Luldam, M.A., Rector of St. Mary's and Holy Trinity; Richard Shepherd, M.A., Stoke; R. B. Matthews (Oxon), M.A., Vicar of Shalford; and thirty-five of the principal inhabitants of Guildford." Even more gratifying, if possible, than the above, was the presentation made on the same day from a number of poor persons who have experienced Mr. Bright's skill and kindness. When they heard that Mr. Bright was about to quit Guildford, they determined that they would not be behindhand in the expressions of their gratitude, and accordingly a subscription was quietly set on foot amongst them, and carried on by persons entirely of their own class. In a few hours 2*l.* 7s. 3d. was contributed by 91 poor people, in sums varying from 1d. to 1s. With this they purchased a set of three silver spoons, and having had his initials engraved thereon, presented them to him with a suitable address. Mr. Bright has in his possession the little book with the names and subscriptions of all these poor people set down in their own handwriting.

Dublin Lying-in Hospital Statistics.—It appears, from a tabular statement issued by the Dublin Lying-in Hospital, the observations extending over the whole period of the existence of the hospital, that the proportion of male to female children born is about 12 males to 11 females; children dying in hospital, about 1 to 28; still-born, about 1 in 18; women having twins, or more, about 1 to 62; women dying in child-bed, about 1 to 80; women having three and four children at a birth, about 1 to 4,500.

APPOINTMENTS FOR THE WEEK.

Wednesday, August 27.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, August 28.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m. London Surgical Home, 2 p.m.—Ruptured Perinæum; Vesico-Vaginal Fistula.

Friday, August 29.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, August 30.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, September 1.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, September 2.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Physiological Treatment of Fractures. By W. Parker, Esq., M.R.C.S., &c. Bath: Noyes and Son.

Self-Supporting Dispensaries, their Adaptation to the Relief of the Poor and Working Classes. By John Jones, Esq., M.R.C.S., Senior-Surgeon to the Derby Self-Supporting Dispensary. London: John Churchill, New Burlington street.

NOTICES TO CORRESPONDENTS.

H. H.—We doubt if M. Trousseau's suggestion to attack morbific sporules in wounds with caustic will answer the end. There are two things to be remembered, the nidus as affected by the constitution, and the sporule that is deposited in it. Then again, the wound may be in an internal mucous surface—the lungs for example—and it would be difficult to cauterise that.

Chirurgus—The Society cannot be compelled to pay the fee, unless a written promise to pay can be shown. It would be a desirable thing if the Profession in this country would combine as they do in France not to give a certificate to any office without a fee.

W. C.—1st. There is no blame whatever.—2nd. You will in all prebability be obliged to pay your own costs, even if successful.

The Licence of the College of Physicians.

To the Editor of the Medical Circular.

Sir,—Not content with the creation of a new class of Licentiates, the London College of Physicians have I learn, thought proper to grant diplomas to these gentlemen as qualified in Medicine, Surgery, and Midwifery. How is it that whilst thus certified as competent in all branches of the healing art, they are not to be allowed to call themselves members of this potent institution? Many of the members were admitted without any examination, because they *then* happened to be University graduates,—a fact which would lead to the supposition that such qualification ranked in the eyes of the authorities as superior to any they could themselves confer,—and the remainder, unproven as such to be possessed of any surgical knowledge whatever.

Are these gentlemen, the Licentiates, proved by examination qualified in Medicine, Surgery, and Midwifery, to be considered as inferior to the members who are qualified in Medicine only? Surely, there are but few who will covet such distinction.

The recently concocted bye-law which prohibits the use of the title of Doctor to the whole college who are not graduates, is itself the best proof that all physicians have the "right by custom" to that designation; the University degree formerly gave the right to teach, the College diploma the right to practise, these things are altered, but the truth of the adage remains, "it is better to practise than to preach."

London, Aug. 19, 1862. I am, &c., LOOKER ON.

Mr. BAKER.—1st. No.—2nd. No.

Mr. NEWTON.—Received.

Dr. PHILLIPS.—Yes.

Mr. MASKELL.—Received, and attended to.

AN OLD SUBSCRIBER.—On the assumption that the hæmorrhage was slight, and dependent upon hepatic congestion, it would *not* be advisable to administer strong astringents at first. The state of the portal circulation should be attended to. Much depends upon the *amount* of the hæmorrhage.

W. H. B. writes:—"May I trouble you to inform me in your next impression under 'Notices to Correspondents,' in which number of your Journal there is a County Court action brought by a Surgeon, to recover his fee, for an *engagement* to attend a patient during her confinement, the patient afterwards calling in another Medical man to attend her."

[We have not time to hunt through the copies of the MEDICAL CIRCULAR to find the report of the case. We have a distinct recollection of it, however, and that the decision was in favour of the surgeon who was a party to the original contract. Perhaps one of our readers, having leisure, will assist our correspondent in his search.]

QUERIST.—The amount is made up by receipts from advertisements. We regard the conduct of the Association as mean and derogatory.

A FIRE EATER.—Your letter is amusing, but we have no space for it. Perhaps the Editor of the Association Journal would publish it. Try.

MEDICAL EDUCATION.

To the Editor of the Medical Circular.

SIR,—Independently of the many palpable injustices consequent on the present exclusive system, let us for a moment contemplate a case, that of a highly-educated Medical man with several sons, and plenty of time at his disposal; however much time he might have devoted to the education of those sons in particular departments of knowledge, and however much they have profited by his teaching, he is nevertheless bound to purchase attendance on lectures and certificates for those sons from other men, possibly less competent than himself. Surely there is something radically wrong in this. Then again, as advocates of the Cottage Hospital system, by the introduction of which a large proportion of lives will be saved after the great operations as demonstrated by the results of operations in private practice, what chance is there of the correct principle being adopted, whilst the Colleges and Universities only recognise the Medical and Surgical practice of huge hospitals? It is preposterous to say that an intimate knowledge of Medicine and Surgery cannot be gained in well-conducted Union Workhouses with proper wards set apart for the sick, as well as in small hospitals. In such institutions, and in private practice, I for one gleaned far more practical knowledge than in huge hospitals, where patients are usually surrounded by a mass of students, and only to be satisfactorily seen during the visits of the surgeons and physicians, by very few, and the same patient, possibly, not so seen by the same student two days in succession. I am, &c., M.D.

Mr. D. O. EDWARDS.—Your communication came to hand at the time we were going to press.

St. Bartholomew's Hospital and MEDICAL COLLEGE.—The WINTER SESSION will commence OCTOBER 1, with an Introductory Address by Dr. MARTIN, at Four o'clock p.m.

LECTURES.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey, and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chymistry—Dr. Frankland.
Demonstrators of Anatomy—Mr. Callender & Mr. Smith.
Demonstrator of Morbid Anatomy—Dr. Andrew.

SUMMER SESSION, COMMENCING MAY 1, 1863.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chymistry—Dr. Frankland.

The Hospital contains 650 Beds, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Skey and Mr. Paget; and on Diseases of Women, by Dr. Greenhalgh.

Collegiate Establishment—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the Teachers connected with the Hospital also receive Students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.*, are awarded annually. Further information respecting these and other details may be obtained from Mr. Paget, Dr. Martin, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomica Museum or Library.

Human Osteology. Messrs. MILLIKIN & LAWLEY, Surgical Instrument Makers, 161 Strand, "adjoining King's College," have a large assortment of Skeletons, Skulls, Hands, Feet, separate Bones, &c.

Articulated Skeletons, from £5; Disarticulated, from £3; Skulls, from 15s.

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N.B.—A variety of specimens of Cutaneous Diseases.

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Aloina.—The discoverers of this (vide 'Edinburgh Monthly Journal of Medical Science,' for Feb. 1851), the crystalline purgative principle of Aloes, continue to prepare and supply it. They have the gratification of knowing that the most eminent of the profession prescribe it, to the exclusion altogether of the various kinds of aloes.

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Surgeons' Account Notes Wrapping Papers, Envelopes, &c.

Grosvenor-place School of MEDICINE, No. 1 Grosvenor place (adjoining St. George's Hospital).—Session 1862-63.

The Introductory Lecture was delivered on WEDNESDAY, OCTOBER 1st, at Three o'clock p.m., by Dr. CHOLMELEY.

WINTER SESSION.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Mr. Sharman.
Practical Anatomy—Mr. Lomas.
Chemistry—Dr. Wood.
Principles and Practice of Medicine—Dr. Leared and Dr. Cholmeley.
Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.

Further Information may be obtained of Dr. Richardson, 12 Hinde street, Manchester square, W.

EXTRAORDINARY BARGAINS,

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St. Mary's Hospital Medical SCHOOL.—The WINTER SESSION will commence WEDNESDAY, OCTOBER, 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr. SIEVEKING, after which a CONVERSAZIONE will be held.

As an incentive to Clinical Study, the Medical Appointments in this Hospital, including FIVE HOUSE-SURGEONCIES, have always been open to its Pupils without additional Fee or expense of any kind: thus offering advantages, both professional and pecuniary, of far more value to the Student than any system of Scholarships or Prizes.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.

Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. J. Lane.

Physician-Accoucheur—Dr. Tyler Smith.

Ophthalmic Surgeon—Mr. White Cooper.

Aural Surgeon—Mr. Toynbee.

Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Medicine: Dr. Chambers, and Dr. Sibson. Surgery—Mr. Lane and Mr. Spencer Smith.—Physiology: Dr. Broadbent.—Anatomy: Mr. Gascoyen.—Operations on the Dead Body: Mr. James Lane. — Dissections: Mr Norton and Mr. Coombs.—Chemistry—Mr. Field.

SUMMER SESSION.—Midwifery: Dr. Tyler Smith and Dr. Grailly Hewitt.—Materia Medica: Dr. Sieveking.—Botany: Dr. Dresser. — Medical Jurisprudence: Dr. Sanderson.—Practical Chemistry: Mr. Field.—Ophthalmic Surgery: Mr. White Cooper.—Aural Surgery: Mr. Toynbee. Dental Surgery: Mr. Sercomb.—Comparative Anatomy: Mr. Mivart.—Natural Philosophy: Mr. Smalley.

Clinical Lectures on Medicine and Surgery are delivered twice a week, throughout each Session by the Physicians and Surgeons.—A Maternity Department is attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers in each Session during the last two years of their curriculum.

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St. Mary's Hospital, August, 1862.

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JOURNAL

OF

Practical Medicine and Surgery.

ART. 6276.

Success of Ovariotomy in France.—Indications of Treatment in Extra-uterine Pregnancy.—Conflicting Opinions on the Subject of Consanguineous Unions.

Two operations of ovariotomy have been almost simultaneously performed with success in France. We related one in our last number (ART. 6275); the particulars of the other are as follows:—On the 2nd of June, Dr. Kœberlé, Fellow of the School of Medicine of Strasburg, removed a multilocular cyst of the ovary, and the cure was completed on the 25th of the same month. Mr. Nélaton announced to the Academy on the 24th of June the happy issue of the ovarian excision performed by himself on the 17th at Neuilly, and is therefore entitled to claim priority of success in the new era ovariotomy appears to have entered in France. (*a*)

It is but just to remark that some of our provincial operators resorted to the procedure before Messrs. Démarquay, Kœberlé, and Nélaton, with results most gratifying to French surgery; but it is no less equitable to establish the fact that the operations performed at Saint-Germain, at Strasburg, and Neuilly, are the first which have been instituted in a scientific manner, in harmony with the precise indications supplied by recent, and searching inquiry into the nature and pathology of ovarian cysts.

Having made this distinction between the origin and the restoration of ovarian excision in France, we cannot but offer legitimate congratulation to the two skilful provincial surgeons, who preceded in the path of success the eminent Professor, whose exertions have revived a question which had been allowed to drop, and who, by promulgating fixed rules for its performance, has reinstated in popular opinion an operation condemned by many of his illustrious colleagues. We therefore join the *Union Médicale* in stating that in 1847 Dr. Vaullegeard, of Condé-sur-Noireau, effected a cure in the case of a girl aged twenty-five, by the removal of a plurilocular cyst of the right ovary. We find, at a more distant date, recorded in the present journal (ART. 3349), an extremely interesting case of ovariotomy, performed with success, May 1, 1844, by one of our subscribers, Dr. Woyeikowski, at Montfort, near Quingey, in the Département du Doubs.

The case was, at the time, noticed in various French and foreign periodicals, and it may possibly have suggested in America and in England, the attempts which were so harshly treated at the Academy of Medicine in 1856 and 1857, when the solitary voice of the much-to-be-regretted Cazeaux was alone raised in their defence.

The reprobation showered at the time on ovariotomy doubtless arose from temporary prejudice, and from too sanguine anticipation of the curative effects of the iodine injections. Since this period only, have surgeons become convinced of the inutility of these injections into cysts containing a ropy fluid, and Messrs. Jules Worms, and Nélaton, disheartened by unvarying failure, have instituted a more careful inquiry into the value of ovarian excision. It is needless to dwell on the subject, but we will briefly allude to Mr. Woyeikowski's operation, for the benefit of those among our readers who may not possess the eighteenth volume of the collection of the present Journal.

The diagnosis of the case was somewhat obscure. Extra-uterine pregnancy was suspected, deceptive pains analogous to those of labour had set in, and it was in some measure accidentally, that in his endeavours to extract by the Cæsarean section a fœtus supposed to exist in some part of the abdominal cavity, the surgeon happened to find a scirrhus of the ovary which he boldly removed at once.

The patient was also affected with ascites, and thirty-two quarts of citrine-coloured fluid were withdrawn with the trochar. Gastrotomy was then performed by Dr. Woyeikowski, in the presence of Messrs. Mourcey, Matusewiez, and Gannard. The linea alba, aponeurosis, cellular tissue, and peritoneum, were cautiously divided in succession, and upwards of twenty-eight quarts of liquid escaped from the incision. A scirrhus, involving the right ovary, was then found attached to the fundus of the uterus, by a pedicle three inches in length and half an inch in thickness; this was secured with a ligature sufficiently long to lie outside the wound, and the tumour was extracted. It weighed seven pounds and a half, its structure was lardaceous, and interspersed with abscesses, and the remnants of the Fallopian duct, and of its fimbriated extremity were plainly discerned.

The operation lasted eight minutes.

"I hastened," said Mr. Woyeikowski, "to close the wound with the quilled suture (eight threads and four diachylon bolts), and cold-water embrocations, renewed every five minutes, were applied throughout the day. Strict abstinence from food was enjoined, and only a few spoonfuls of cold lemonade were allowed. On the 2nd of May, twenty-four hours after the operation, neither feverishness nor abdominal pain were present. The patient slept during the following night, and on the 4th, healthy suppuration set in. The ligature soon fell away, and twenty-five days after the operation, the woman was enabled to walk about, the abdomen being supported with a belt similar to that used in pregnancy for a similar purpose."

The author further remarks that this patient has since given birth to two fine boys, a circumstance which invalidates the assertion of Hippocrates that the male fœtus originates from the right, and the female fœtus from the left ovary. In the present instance, the right ovary had been removed.

— We shall leave to persons addicted to such inquiries, the task of ransacking scientific works for some previous instance of success of ovariotomy in France. For the present, we must consider the case above related as the earliest on record, and it will perhaps suggest some valuable hints calculated to guide the practitioner in the course to be adopted when the discrimination between extra-uterine pregnancy and ovarian tumour is a source of difficulty and embarrassment. When death is impending, it seems obvious that the surgeon's duty consists in resorting to gastrotomy as the only resource capable of prolonging life.

Baron Paul Dubois expressed in his lectures in 1846 a contrary opinion, which elicited from Dr. Woyeikowski the communication to which we have just referred:—

"It is often very difficult," said the learned Professor, "to distinguish extra-uterine pregnancy from ovarian disease, but the distinction is not one of considerable practical importance, because, in either case, surgical interference is equally perilous" (ART. 3252).

When extra-uterine pregnancy was unequivocally ascertained to exist, Baron Dubois deemed that the vaginal section was the only available resource, and he resorted to this procedure with success in January 1840, in a woman who had borne the fœtus for eighteen months. Gerdy was equally hostile to the performance of gastrotomy, and he stated before the Academy in 1841, that if labour-pains set in in a woman affected with extra-uterine pregnancy, and rupture of the sac was impending, it would be far better to allow matters to take their course, and let the woman die, than to kill her by useless interposition. This was likewise Mr. Danyau's sentiment. The contemporary authorities on the subject of obstetrics displayed marked aversion for gastrotomy as well as for ovariotomy; but the motives which now operate inversely in favour of the latter procedure, also tend to reinstate the former in public opinion: we, therefore, recommend the perusal of a paper illustrative of this tendency, recently published by a former interne of the hospitals of Paris, Dr. Lesouef, a pupil of Dr. Bernutz, entitled *Remarks on Three Cases of Extra-uterine Pregnancy* (*a*). The original intention of the author was to embody in a full description of this obscure subject, the results of his clinical observation; but he was

(*a*) We learn with much regret that Mr. Nélaton's patient has just died during a convulsive attack totally unconnected with the operation.

deterred by the difficulties of so arduous a task, and has confined himself to the communication of the cases which he has met with, and of the remarks they suggest. By a singular piece of good fortune, however, the three cases recorded in the memoir correspond to the three periods of the disease, and supply a sufficiently clear delineation of its symptoms, and of the most appropriate treatment.

In the first period the physician is perforce, inactive, because the abnormal pregnancy is not indicated by any definite signs, and the patients not unfrequently perish from some accident which no foresight could have guarded against. This actually happened in Mr. Lesouef's first case. But so untoward an occurrence in the early stage of gestation is not by any means constant, and five, six, and even seven months may elapse without peril to the patient's life. At this date, the elements of a correct diagnosis are attainable, and it is the unanimous opinion of all authors who have addressed themselves to the question, that the life of the mother may then be preserved by sacrificing that of the fœtus.

Mr. Lesouef does not inquire into the surgeon's right thus to destroy the infant, but assumes with most authors that the life of the mother must in the first place be secured by preventing the rupture of the fœtal sac. Various methods have been recommended for the premature destruction of the fœtus; the system which Mr. Lesouef considers the best, consists in reiterated and copious blood-letting, performed in such a manner as to abstract a large quantity of blood in the course of a few hours; he also recommends the application of pounded ice over the sac, and if necessary in the vagina, and of electricity, accumulated in a moderate sized Leyden jar, or by means of small batteries supplied with an electrometer; this latter mode is described as follows by the author, who has had recourse to Mr. Duchenne de Boulogne's great experience of the subject.

"The conductors should be covered with a thick layer of wax, leaving the olive-shaped extremities bare. One of the rods is inserted into the rectum, previously cleared of its contents by an enema, and is applied as closely as possible to the fœtal sac, carefully avoiding the mother's lumbo-sacral plexus. The other rod is then carried into the vagina, and the knob placed in contact with the anterior and inferior portion of the tumour. After these preliminary procedures, the rectal conductor is connected by an isolated chain with the outer coating of the Leyden jar, and the surgeon establishes the communication between the vaginal rod and the interior of the jar, with a conductor borne on a glass handle. The electric current is thus caused to pass through the sac, and must inevitably reach the fœtus."

Extra-uterine fœtation is not, however, always a cause of immediate death, and in some instances a fœtus has been known to remain, almost indefinitely, a harmless occupant of the abdomen. But before this state of innocuity can be attained, a critical time must be passed, viz., the period of labour which marks in these as well as in natural pregnancies the full development of the fœtus. Mr. Lesouef more especially directs his attention to the line of conduct to be adopted by the surgeon under these embarrassing circumstances, both as regards diagnosis and treatment. In Mr. Woycikowski's case, a strong suspicion of the existence of extra-uterine gestation was entertained. Mr. Lesouef invites attention to a fact pointed out by Mr. Huguier as calculated to dispel all doubt; it is the dark purple colour of the vulva. This symptom Mr. Huguier regards as a most reliable sign of pregnancy whether intra or extra-uterine, whereas the growths developed either in the womb or its appendages, never give rise to the discoloration alluded to.

Mr. Lesouef then proceeds to inquire into the most appropriate course to be adopted when the preternatural nature of the pregnancy has been discovered, and here addresses himself to the very essence of the question. This part of his paper deserves every attention, and reproduces a host of considerations entirely applicable to the important operative procedures which have of late much preoccupied the Profession. The author begins by establishing as a principle that in all cases in which death is inevitable, surgical interposition must be immediate.

"Providentially," says he, "in many instances the fœtal portion of the cyst protrudes considerably into the vagina. It is then obviously appropriate to perform the vaginal section in which the peritoneum may escape injury. But should this procedure be impracticable, gastrotomy is the only resource. In the cases witnessed by the Author, the patients were allowed to perish unassisted, and this circumstance has powerfully impressed him with the necessity of active interference. But he concludes from his personal investigations, that the existence of peritoneal adhesions of long standing tends to diminish the perils of the operation, and he justly remarks that a knowledge of the fact has suggested the idea which some practitioners have carried out with occasional success, of imitating the proceedings of nature; Dr. Martin, of Lyons, for instance, opened a fœtal cyst with caustic potash, at the tenth month of extra-uterine gestation, and his patient recovered. (*a*) One year before, Mr. Rousseau, surgeon of the hospital of Epernay, resorted with benefit to six successive applications of the actual cautery in the course of one month, before attempting to penetrate into the amniotic cavity with the knife. (*b*). Mr. Rousseau did not remove the membranes or placenta, which in his opinion, assist the process of cicatrisation and should not therefore be violently detached. The method recommended by Récamier for the evacuation of the contents of hepatic cysts, is therefore here sometimes applicable. But in very urgent cases, when death is imminent, the surgeon must not allow himself to be influenced by the fear of compromising the interests of surgical art, but promptly have recourse to the knife, and listen only to the dictates of his conscience.

(*a*) 4to, pp. 145, with three coloured engravings; Coccoz. Paris, Rue de l'Ecole de Médecine, 30.

* * *

— A fresh communication has been made to the Academy of Sciences on the perils of consanguineous unions, by Dr. Brochard, physician to the Deaf and Dumb Institution of the city of Nogent-le-Rotrou. It confirms in every respect the notions expressed by Messrs. Boudin, Devay, Bemiss, Stow and other French and foreign observers. These opinions, however, are not universally adopted, and among the writers who question the accuracy of the prevalent views on the subject, we may more particularly quote Dr. Gilbert W. Child, whose mode of reasoning cannot be passed over without notice.

In a paper published by the *British and Foreign Medico-Chirurgical Review*, April 1862, Dr. Child maintains that an impartial inquiry into the manifold aspects of the question by no means justifies the sentence of absolute reprobation passed by physicians on marriages of this description. We are informed by the most antique tradition, that Abraham married his half-sister, and that Isaac and Jacob his son and grandson were each united to their first cousins. Now, if the unfavourable views entertained on the subject of consanguineous marriages were founded in fact, the twelve patriarchs, several of whom were the issue at the third generation of such unions, must have presented the signs of considerable physical and moral deterioration. And yet says Mr. Child, we may safely assert that such was not the case, when we reflect that these very men gave birth in the course of fourteen generations to a nation counting six hundred thousand fighting men, and forming, therefore, a population of ten millions at the lowest computation.

This is not Mr. Child's only argument; he inquires into the real value of the analogy alleged to exist between consanguineous marriages in the human species, and the crossings of domestic animals. Among animals well known in England, he adduces the instances of Comet, one of the most celebrated of ancient short-horns, and the sire of the best of actually existing races. The following is Comet's genealogy: *Foljamb* bred out of *Bolingbroke* and *Phœnix*, was the sire of *Favourite; Favourite* and *Phœnix* produced *Phœnix junior*, and the latter and *Favourite* were the sire and dam of *Comet*. A celebrated heifer called *Barmton* was the issue of four generations, of each

(*a*) 'Gazette Médicale de Lyon,' 1856.
(*b*) 'Gazette Hebdemadaire,' 1855.

of which the bull *Favourite* was the head. As a more recent illustration, Mr. Child mentions the bull *Sir Samuel*, bred in 1855 out of *Crown-Prince* and *Charity*, *Crown-Prince* being the issue of *Charity* and *Fitz-Leonard*. The Equine race would supply a host of similar instances, and to adduce but one, *Flying-Childers* one of the most famous thorough-bred horses on record, was the brother of his maternal great-grand sire.

Consanguineous intercourse between animals, is not, moreover, in itself contrary to natural laws, and the stock Dove is an illustration in point. As might, however, be expected, this mode of pairing has a tendency to exaggerate individual characteristics, and when the latter acquire morbid development, the race may degenerate; but if the parents are healthy, consanguineous intercourse, according to Mr. Child, in no wise leads to the production of disease in their issue, but only entails possibly a diminished degree of fecundity. These remarks must theoretically apply to the human kind as well as to the brute species, but are less susceptible of demonstration. The experiments which can be conducted with the closest attention in the case of animals, cannot pertinently be brought forward in support of a theory relating to man. It is not in our power to submit the circumstances of reproduction to predetermined rules, to select the parents, to eliminate diseased subjects, or to counterbalance a defect in one by the opposite quality in the other; neither can we place the infant in the conditions most favourable to its development and improvement. Direct experiment is, therefore, impracticable, and we have naught but statistical returns to guide us in our judgment. Now, Mr. Child considers these statistics as unsatisfactory; in the tables adduced by Mr. Bemiss, for instance, consanguinity, it is true, is taken into account, but not the state of health of the parents, nor the hereditary transmission of morbid tendencies. On the other hand, many conditions such as albinism, should more properly be viewed as personal singularities than as diseases. Further, how can we be expected to admit that the facts brought forward are simple facts of every day occurrence, when Mr. Bemiss's figures show but four idiots out of one hundred and ninety-two children, the issue of thirty-four consanguineous marriages, whereas in Mr. Stow's tables, bearing on ninety-five children born of seventeen marriages, the number of idiots is not less than forty-four—*i. e.*, upwards of forty-six per cent.? If in both these returns the idiotic condition of the children must be viewed as the consequence of the relationship of the parents, how are we to account for so widely different a result?

Mr. Child conceives that the opinion prevalent as to the perils of consanguineous unions has originated in purely theological grounds. The interdiction still maintained against them by the Church of Rome, was raised in England, says he, in 1540, by the Eighth Henry. This concession to human weakness was the object of much censure, and the infelicitous results of a few marriages between cousins were represented as a visitation of Heaven. Thus the legality of such marriages has proved an unavailing protection against a reprobation originating in religious feeling, which at a later date would seem to be justified by the teachings of comparative physiology.

But the doctrine is not, according to Mr. Child, fairly borne out in the human subject by impartial observation, and the following is his final opinion on this delicate question. Consanguineous intermarriages, *per se*, have no tendency to induce degeneracy of the species. For instance: a grandfather A. is affected with scrofula, and transmits the disease to his two sons, B. and C.; B. has two sons, D. and E.; C. has one daughter, F., who is first cousin to D. and E.; D. chooses a wife in a family entirely unconnected with his own, and free from any scrofulous taint; E. marries his cousin F.; in this case, says Mr. Child, the children of D. will have a far better chance than those of E., of enjoying a sound constitution, not, however, because E. has been united to his cousin, but because he has married a person in whose system lurk the same morbid tendencies he has himself inherited, and because her constitution is, in many respects, the counterpart of his own. Reverse the conditions, and the chances will be altered in a corresponding manner, and thus, according to Mr. Child, it would sometimes be safer for a man, as far as the health of the future children is concerned, to marry his cousin, than to select a wife whose family precedents are unknown.

Hence, a physician consulted on the point at issue, must above all take into consideration the data relative to hereditary transmission, inquire into the hygienic history of the family, endeavour to detect the peculiar features of each case, and frame his answer in accordance with the results of a carefully conducted inquiry, instead of evading responsibility by a general reply. This latter course would, doubtless, save him some trouble, but although more convenient, it is not equally consonant with a proper appreciation of professional duty.

Mr. Child not having read Mr. Devay's book, nor the more recent communications forwarded on the subject to the Academy of Sciences of Paris, was not called upon to notice the argument founded on the frequency of deaf-muteness among children born of consanguineous marriages; indeed, in the tables supplied to the public by Messrs. Bemiss and Stow, only two cases of dumbness, and one of deafness are to be found in a total number of two hundred and ninety-seven children, the issue of fifty-one marriages. On the other hand, our readers will find in another part of our present issue, a protest signed by the Chief Rabbi of the Paris Consistory, from which it would appear that in Israelite families the number of deaf and dumb subjects is by no means so considerable as Mr. Boudin's statistics would imply.

Art. 6277.

HOSPITAL OF LA CHARITE.

(MR. BEAU'S WARDS.)

Imperfect Systolic Contraction.—The Action of Digitalis on the Heart.—Angina Pectoris.—Valerian Baths in Diseases of the Nervous System.

We related in our last number various interesting cases of *angina pectoris*, attributed to the immoderate use of tobacco, and we now reproduce some of Mr. Beau's remarks on that disease. Angina pectoris being, however, closely connected with deficient systolic contraction, we must, in the first place, explain the nature of the functional disturbance which the Professor calls *Asystolia*, and mention the remedies which he usually prescribes for its removal.

By the term *Asystolia*, Mr. Beau designates a comparative inability of the heart to propel into the arterial system the blood received from the auricle. The left ventricle contracts inefficiently, the blood is incompletely expelled from its cavity, and the circulation is impeded both above and below the heart, in a manner characterised by the following symptoms: the patients complain of a feeling of *extreme tightness* about the heart; this sensation is an exaggeration of what is experienced on the receipt of unwelcome or distressing news, in which case a transient impediment in the systolic contraction of the heart, is undoubtedly produced. The ventricle contracts inadequately, nature attempts to compensate by increased frequency for diminished power, and the pulse becomes quick, small, and uneven. While these symptoms are induced by the empty condition of the arteries, an opposite series of manifestations is observed in the venous system. The over-burdened veins are filled to excess; the jugular veins are distended, and the countenance is swelled and acquires a purple hue; jugular pulsation, the venous pulse of Lancisi, is present, and indicates that the blood is thrown back from the right side of the heart, and if the overcharge is excessive, hæmorrhagic congestion, apoplexy, or serous effusion may be apprehended.

To this list of symptoms we may add pains transmitted to various parts of the trunk, neck, or arms, along the pneumogastric nerve, and by the intricate network of the cervical plexus.

These morbid phenomena are of course aggravated by violent exercise, walking, the ascension of a hill or staircase, because whenever the muscles are exerted, blood is forced out of their tissue, and as this fluid rushes towards the heart, it augments

the local obstruction. For a moment, that viscus by a temporary effort succeeds in getting rid of the overcharge, its pulsations become more frequent and assume the character of palpitations; but exhausted by this unnatural exertion, which it is incapable of keeping up beyond a short time, the heart again fills with the blood which has in the meanwhile accumulated at its inlets, and the oppression and distress become excessive. This may frequently be observed in cases of stricture of the aorta or of regurgitation, when the heart has expended all its energy in endeavouring to overcome the physical impediment created by the disease to the passage of the blood.

Asystolia is frequently, but not invariably, connected with valvular disease of the heart. Grief may sometimes directly impair the power of contraction of the muscular fibres of that viscus, and the same effect is occasionally induced by the contact of its tissue with impoverished blood; indeed, it is not improbable that dyspepsia, and its physical and moral causes, bring about in this manner a diminution in the vital energy of the central organ of circulation.

For anatomical change in the structure of the heart, medicine has no direct resources, but mere debility and feebleness of its contractile action is fortunately not beyond the power of our art. In the latter instance, the appropriate remedies are those calculated to restore its energy to the cardiac muscle, and this, general tonics and digitalis supply the means of doing.

In Mr. Beau's opinion, digitalis is a stimulant and not a sedative of the heart. It allays irritability in the same manner as food, which sometimes checks the delirium and convulsions consequent on extreme exhaustion. Digitalis was formerly resorted to merely in cases of palpitation, but Mr. Beau prescribes this drug whenever symptoms of enfeebled power of the heart are present. When, for instance, the turgidity of the countenance coincides with jugular pulsation, dyspnœa and an uneven, frequent, feeble pulse, Mr. Beau exhibits every day a teacupful of infusion of digitalis, and the symptoms speedily subside, the obstructed circulation recovers its freedom, the pulse returns to its wonted regularity, fulness and slowness, because, under the influence of the remedy, the power of propelling into the arterial system the whole amount of blood supplied by the auricle, has been restored to the heart.

It is, as we have just stated, in the shape of an infusion, prepared with four or five grains of digitalis leaves for a teacupful of boiling water, that Mr. Beau administers the medicine in question. One cupful is taken every morning, and if necessary, repeated in the course of day.

Digitalis is open to one objection which we must notice; it disturbs the gastric functions and occasionally causes loss of appetite, and a distaste for food. It is, if we except this drawback, a valuable remedy from which much benefit may be derived, and which effects surprising cures when the feebleness of the heart is unconnected with valvular disease. Its good effects become apparent on the third or fourth day of its exhibition, which may fearlessly be proceeded with, as long as it does not disorder the stomach.

We will conclude by a brief allusion to venesection which, under the circumstances we have described, would seem to be obviously indicated. Its efficacy is but temporary and deceptive. It relieves the patient promptly, it is true, by removing undue pressure from the venous system, but in this instance, as in chlorosis, the symptoms are merely palliated for a short time, and soon return with two-fold violence, because a corresponding diminution of the power of the heart follows increased anæmia, and the circulation becoming more and more impeded, dropsy, œdema, and, finally, mortification of the anasarcous textures rapidly supervene.

Testimonial. — The friends of Mr. Shorland, M.R.C.S., of Yeovil, have presented to him a superb tea-service, made by Hunt and Roskill, as a testimonial of the esteem to which forty years of professional service have entitled him.

Alcohol from Coal Gas.—A method of extracting alcohol from coal gas has been discovered by a young Frenchman, named Cotelle. The cost is stated to be 25 francs the hectolitre—about one-third of the usual cost.

The Medical Circular.

ON THE DIGNITY OF ANCIENT PHARMACY.

By M. DONOVAN, M.R.I.A.

Honorary Member of the Philadelphia College of Pharmacy.

As the discovery of direct remedies for derangements of health would be the natural object of research amongst those who, in the infancy of society, interested themselves in the relief of human suffering, so pharmacy would be cultivated long before the slower process of investigating the nature of diseases, or distinguishing them.

Pharmacy is, therefore, the most ancient branch of the medical art. Were a proof required of the dignified position which it occupied in the early ages of the world, it would be found in the preservation of its records from remote antiquity; for its benefits were universal, and all mankind was interested in their perpetuation.

There are many historical proofs of the honour in which pharmacy was held: not only did the physicians of emperors invent and compound medicines, but emperors themselves: princesses addicted themselves to the same pursuits; nay, we find prophets and apostles occupied in compounding formulæ. A few of the more remarkable instances will sufficiently establish this point.

The Emperor Aurelius, on the death of Demetrius, appointed Galen to be the compounder of the celebrated Theriaca. Galen was held in the highest estimation by the Emperor, and the appointment was a token of his friendship; for so much venerated was the art which produced a medicine of such extraordinary, or, as might well be said, extravagant virtues as it was supposed to possess, that none were raised to the office of compounder but physicians of the highest reputation.

Avicenna was physician to the Sultan of Bokhara, and also his grand vizier: he was the companion of princes and nobles, the first physician of his day, and the great leviathan of philosophy in the universities of Europe. There is evidence that he compounded with his own hands.

Menecrates, physician to Tiberius, invented and prepared the celebrated Diachylon—a plaster which has preserved an undiminished reputation for eighteen centuries, and will probably continue to do so for as many more.

Dioscorides, of Anazarba, the great authority for materia medica for ages, was physician to Nero, or, as some think, to Anthony and Cleopatra. Antonius Musa, of celebrity inferior to few, was physician to Augustus, from which prince he received honours and many proofs of friendship, in return for his having saved his life in a dangerous disease. Pliny says the disease was inflammation of the bowels, but Suetonius calls it a disease of the liver. His practice is worth mentioning in this case. This celebrated physician prescribed lettuces, cold baths, and cold drinks!

Menecrates, of Syracuse, the physician, friend, and intimate of Philip of Macedon, not content with the highest honours that could be conferred on him by his patron, assumed to himself the style and dignity of a god. He named himself Jupiter Menecrates, and appeared in public attended by an Apollo, and an Esculapius of his own creation. Philip, however, brought him to his senses by inviting him to a feast, where, while the other guests were enjoying the delicacies of the table, this new Jupiter was regaled with incense and perfumes at a side table. The god understood the hint, did not like the jest, and retired in confusion.

Democedes of Crotona, was the intimate friend and constant guest of Darius the Great, and such were his talents that, from being an obscure person of indigent circumstances, he rose to the highest rank, and was the founder of the reputation of the Medical faculty of Crotona. His history is curious, and a sketch of it will illustrate the treatment which Medical practitioners sometimes experienced at the hands of power. The facts are related by Herodotus.

Democedes when young was compelled by the irritable temper of his father to leave his home and seek his fortune. He settled at Ægina, but was so poor as to be unable to procure the instruments necessary for his Profession; yet such was his skill, and so great the character which resulted from it, that his income for the fourth year amounted in our money to nearly 1,000*l*. Polycrates, usurper of Samos, became his patron and retained him as his physician; but Polycrates, becoming an object of the unjust anger of Orœtes, governor of Sardis, was barbarously crucified by him, and Orœtes detained Democedes and others as slaves. Darius, disgusted at the crimes of Orœtes, caused him to be assassinated, and all his treasures and slaves, amongst whom was Democedes, to be brought to his capital. Darius one day in the act of alighting from his horse after hunting, chanced to overstrain his ankle, and having some Egyptian physicians about him on whom he placed great

reliance, he put himself under their care. These, however, according to the practice of their country, used rough measures with the limb, and twisted it about in such a manner as greatly to aggravate the injury. On the eighth day, the Monarch having passed a restless night, and being in great pain, commanded Democedes to be brought before him, for he had been informed of his skill. The latter, found amongst the slaves, was led forward in his rags and fetters. He at first denied his skill, fearing that to avow it might cause his further detention. But Darius was not to be trifled with, and he ordered the doctor's faculties to be cleared by the application of whips and goads, the very naming of which induced Democedes to confess himself not quite so ignorant. In fine, by the application of mild remedies, according to the Grecian practice, which was in this instance opposed to that of Egypt, the ill effects of the previous violent measures subsided, and a complete cure was effected. As a reward for his services, he received from each of the wives of Darius a goblet full of gold pieces. He soon became possessed of a spacious house, lived in splendour, and was a constant guest at the king's table; but the Egyptian physicians were not forgotten; their ignorance excited the wrath of the monarch, and for the crime of being excelled in skill by a Greek, Darius was about to spit them on stakes of wood—a sentence which would certainly have been executed but for the intercession of Democedes, who at length procured their pardon. A short time after, he proved equally successful with Atossa, the wife of Darius, who had a tumour in the breast, and having cured her, she aided him in a stratagem, and he escaped to his native city Crotona, where he founded a school of medicine. Owing to the great talents of its founder, this school soon acquired a high character, and shed its lustre on the whole Profession at Crotona, the physicians of which were at length considered throughout all Greece the most eminent of the faculty.

The crowned heads of antiquity personally devoted much of their attention to pharmacy, and contributed not a little to its *éclat*. A prince who had the welfare of his subjects at heart could not do better than encourage by precept and example the improvement of an art than which none ranks higher in point of utility to mankind.

We are informed by Josephus that King Solomon was celebrated for his knowledge of natural history. He spoke parables about beasts, birds, fishes, and trees, from the cedar to the hyssop that springs from the wall; of course their medicinal properties were a chief object of his study. When the celebrated Alexandrian Library was burnt during the siege of the city by Julius Cæsar, it is said that Solomon's "History of Plants" fell a sacrifice to the flames along with some fragments on magic. There is evidence that even before Solomon's time some of our most powerful and useful medicines were known, and their application in certain instances well understood. There is on record a prescription of those times, which is the earliest in the medical annals of the world, being 3,000 years old. If we can rely on the testimony of Nicolaus Alexandrinus, who lived perhaps 1,600 years ago, this prescription was originally compounded for no less a person than King David. From the little that can be collected on the subject, it would appear that the king had a consultation of physicians, and that they compounded for him a formula consisting of opium, aloes, saffron, lignum aloes, myrrh, and various spices made into an electuary with honey. Amongst its enumerated virtues, we find that it relieves melancholy—a state of mind under which the royal Psalmist seems in no small degree to have laboured at different times, and it is probable that nothing more effectual for procuring temporary relief could be produced in the present day than this most ancient prescription.

King Antiochus favoured the world with the invention of a supposed antidote to all sorts of poisons; for the despotic monarchs of antiquity seem to have lived in constant apprehension of the infusion of some mortal dose into their food. It consisted of some seeds and herbs, and instead of possessing the power of counteracting poisons, it could scarcely have had medical virtue of any kind. Absurd as its pretensions were, such was its attributed value that the prescription was engraved on stone at the entrance or most conspicuous part of the temple of Esculapius. Antiochus prescribed it for his son to whom he was exceedingly attached.

Attalus, the last King of Pergamus, famous for his knowledge of metallurgy, was also well skilled in medicine and pharmacy. He invented several medicines which acquired great celebrity, and compounded poisons and antidotes, the effects of which he proved upon sentenced criminals. Our present ointment of white lead, and some other formulæ which have descended to us, are of his invention. Marcellus has preserved the following prescription which this prince used to prescribe for diseases of the liver and spleen, for dropsy, and for improving a lurid complexion. It consists of crocus, nardus, indicum, cassia, cinnamum, myrrha, schœni flores et costus. These are to be made into a confection or electuary with honey to be kept in a silver box. The king's knowledge of metals taught him that the medicine would be injured by any other readily procurable metal.

Mithridates, King of Pontus, perhaps invented the celebrated antidote called "confectio Mithridati;" but he might have improved it only, for some ancient authors think that the worthless secret was communicated to him by the physician Zopyrus. This might have been the same Zopyrus that compounded an antidote against mortal poison, and against pain of the stomach, liver, or spleen, for Ptolemy, King of Egypt, probably Lathyrus. It consisted of costus, thus masculum, piper album, flores junci rotundi, cinnamomum, cassia, crocus, myrrha et nardus, made into an electuary with honey. It was named "Ambrosia." It is related that certain criminals having been compelled to swallow poison, some got the Mithridate confection and recovered, while others who did not get it died. Avicenna seems to have believed that Mithridates composed his antidote with his own hands, at least we may judge so from the emphatic language which he uses. He says, "Confectio Mithridati nobilis est confectio quam *fecit* Mithridates rex Ponti, et nominavit suo nomine, et *composuit* ipsam." The use of the words *fecit* and *composuit* in the same sentence seems emphatic. Mithridates dosed himself with this wonderful alexipharmick, but by constant use of it he became inconveniently poison-proof; for when he found it necessary to poison himself he could not, and was obliged to apply to a friend to stab him.

Juba the Second, the amiable and accomplished King of Mauritania, wrote books on natural history and on the virtues of herbs. Evax, a king of Arabia, wrote a book on medical botany, which he dedicated to Nero. Nero himself was a proficient in a branch of medicine which occasionally stood his friend. This imperial reprobate was in the habit of wandering about the streets of Rome at night in disguise, creating riots and committing all sorts of disturbances. He used on these occasions to get involved in pugilistic contests, during which he was often soundly thrashed, and seldom escaped without a black eye or two, and a face vying with the rainbow. Believing that this was not a very reputable appearance for an emperor, he had the grace to keep by him in stock an ointment which he made of an acrimonious herb called thapsia, or deadly carrot, mixed with frankincense and wax. After these drubbings he smeared his face with his ointment, and next morning was quite free, as Pliny affirms, from all proofs of his well-merited punishment.

Agrippa, King of the Jews, invented an ointment for debility of the nerves, which encumbered the Pharmacopœias of Europe until a few centuries ago. It bore his name, and so much did this narrow-minded monarch prize this secret, that he never could endure to communicate it to his subjects.

The Emperor Adrian is said to have possessed considerable knowledge of medicine and pharmacy, and he also favoured mankind with a royal antidote against all sorts of poison. It was called "Adrianum," and consisted of opium, henbane, euphorbium, and thirty-eight other ingredients of little power. The last royal medicine to which I shall allude is one composed in the sixth century by the Emperor Justin, which continued in use for nearly one thousand years.

The medical art was also understood and used for purposes which were not always the best by princesses. From Diodorus Siculus we learn some historical facts, disguised in fable, it is true, but probably having reference to real persons and occurrences. Hecate, the daughter of Perses, studied the compounding of poisons, and was the discoverer of aconite or wolfsbane. She made trial of every composition by mixing them with the food which was given strangers; for it was the custom to destroy all strangers that came to or were cast on the island. Being thus grown skilful in the art, this accomplished lady poisoned her father and usurped his crown. According to Diodorus she had two daughters named Circe and Medea. Circe was much addicted to the compounding of all sorts of medicines; she discovered the efficacy of various roots and herbs; learned much from her well-practised mother, but much more by her own industry; so that, as Diodorus believed, she left nothing to be learned by any that came after her that could advance the art. She, imitating the example of her excellent mother, turned her skill to an equally good account, for she poisoned her husband and usurped his crown, but perpetrated so many cruelties on her subjects that she was at length expelled the kingdom. Medea, however, turned her knowledge to humane purposes.—(Diodor, Sic. c. III.)

Cleopatra, Queen of Egypt, wrote treatises on medicine, especially on the diseases of women. She made extensive experiments on poisons, and contrived various cosmetics, which in her own case she turned to good account.

Beside crowned heads, the profession of medicine enumerates in its list some of the most eminent philosophers of antiquity, who also invented and compounded remedies. Pythagoras and Democritus travelled all over Persia, Arabia, Ethiopia, and Egypt, and had conferred with the world in the form of a book. Both of them publicly professed magic, but kept its mysteries secret. Pythagoras was certainly an extraordinary character: endowed with qualifications of the highest order, personal and mental, he commanded admiration and respect wherever he appeared. He was a celebrated wrestler, then a popular accomplishment, and was skilled in oratory, rhetoric, poetry,

music, and philosophy. On his return from his travels, he settled at Crotona in Magna Græcia, where he founded a school, as well as a new sect of philosophers. His celebrated doctrine relative to transmigration, he, in all probability, purloined from the Egyptian priests; but it is certain that he supported it in a manner which he himself must have known to be false. He pretended that the soul of his deceased friend Calliphon, conversed with him night and day, and gave him the important advice not to pass over a place where an ass had fallen down. On the whole, one would be disposed to consider this celebrated character as a highly talented and successful impostor. The following specimen of his pharmacy may be interesting. It was famed under the name of "Antidotum Pythagoras;" and we are informed that the great philosopher, having proved its efficacy, prescribed it for such of his dear friends as laboured under stomach complaints, in *all* kinds of which it was affirmed to be successful. Recipe, Iridos drachmas octodecim et scrupulos duos; gentianæ drachmas quinque; zingiberis drachmas quatuor cum semisse; melano-piperis drachmas quatuor; mellis q.s. Detur in modum nucis. Pythagoras also invented vinegar of squill; but the medical use of the squill was taught him by Epimenides.

Empedocles of Agrigentum, a philosopher and an eminent poet, was celebrated for his knowledge of medicine. Of such consideration was he amongst his countrymen for his talents and social virtues that they offered him the crown, but this proof of their affection he had the magnanimity to refuse. He was a believer in a modified doctrine of transmigration: according to his own account he had been a girl, a shrub, a fish, and finally, a philosopher. Could he have sincerely believed this?

Democritus, who had travelled to the same countries as Pythagoras in search of knowledge, seems to have been an equally eccentric genius; and such were his peculiarities that he was at one time supposed to be mad. He seems to have had a taste for chemistry; for he found solvents for different stones, made artificial gems and coloured them with metallic oxides, and invented an atomic hypothesis, which, however, had little resemblance to that at present known. The following is one of his prescriptions; it does not evince much skill in the selection of remedies: take the spinal marrow of a hyæna, mix it with his gall, and some old oil; and boil them all together: it was employed for all pains of the nerves.—(Marcellus.) In the book written after his travels, he has given a prescription which inevitably leaves him in the dilemma of being accounted either a most credulous fool or a consummate knave. It is a composition which enables a man to have handsome, virtuous, and fortunate children (Pliny). Miserably for the votaries of beauty, the prescription is lost. The characteristic of the ancient physicians is the attributing of inordinate powers and too many virtues to inconsiderable remedies; Chrysippus and Dienches each wrote a book, wonderful to say, on the medical virtues of cabbage.—(Pliny, Galen.)

I shall give but two or three more instances of illustrious persons of ancient times who occupied themselves with the practice of pharmacy. The prophet Esdras, while in exile at Babylon, amused himself with compounding a medicine of his invention, which, up to a few centuries since, retained a place in the Pharmacopœias in Europe. It consisted of no less than 150 ingredients, and one of these consisted of 40; out of which number the prophet calculated that one at least should be capable of curing. He might have shortened his prescription and his labours by directing a little of all the medicines known in the world at that time to be mixed together. Those who wish to compound this polychrest formula of 190 ingredients will find it in full detail in the work of Nicolaus Prœpositus.

It is not perhaps generally known that St. Paul was an amateur in physic: yet Nicolaus Prœpositus gives a formula which he calls Potio Sancti Pauli, and which, he says was invented by that learned apostle. It is the same heterogeneous medley as all the medical prescriptions of that age. St. Luke as is well known, was a physician; but I have not been able to gain any insight into his practice.

On consideration of this list of emperors, princesses, philosophers, physicians-royal prophets, and saints, who have in different ages of the world pursued the knowledge of medicine combined with pharmacy, we cannot fail to be struck with the antiquity and grandeur of the art, as it was then practised—a noble art cultivated for its own sake, without fee, but not without reward—as a branch of philosophy, and as an element of a liberal education.—'Dublin Medical Press.'

THE FRENCH CHAMBER OF DEPUTIES.—Twelve Doctors of Medicine are members of the Chamber of Deputies.

RUSSIAN HOSPITAL AT JERUSALEM.—Among the works now in execution at Jerusalem, under the auspices of the Russian government, is a hospital to contain sixty beds. The building has now reached the first floor, and will be completed during the present year.

REVIEW OF BOOKS.

Lectures on the Principles and Practice of Midwifery. By Edward Wm. Murphy, M.D. 2nd Edition, Enlarged and Revised.

Numerous books have appeared within these few years on the theory and practice of Midwifery, each having its peculiar merits. We read Dr. Tyler Smith's, to study what he has said about the physiology of parturition; Dr. Churchill's, to learn the statistics of obstetricy; Johnson and Sinclair's work, to get a knowledge of the practice of the Dublin Lying-in Hospital; then we have Dr. Simpson's numerous contributions, and, lastly, the copious Transactions of the Obstetrical Society, which is an "*omnium gatherium*" from all ranks of the Profession. Dr. Murphy has now presented the Profession with a new treatise on this popular subject. It is apparently his aim to give a census of the teachings and opinions of practitioners on difficult points in Midwifery, and to guide the judgment of the reader by the light of his own experience. This is a duty eminently conformable with the good sense and reflective cast of mind of the author, and we may add, therefore, that it is generally well discharged. We remark some omissions, however. Our readers know that an interesting discussion has been carried on for some time on the relative merits of turning, and the forceps in difficult cases; now, on opening the part of the work where we should expect this subject to be handled, we do not find a word about it. We conclude, of course, not that Dr. Murphy is unacquainted with the discussions that have been held, but that not valuing the new doctrines, he does not consider it necessary to enter into the controversy until more facts have been collected.

There is one point, however, of great practical importance, especially with reference to the dogmas beginning to prevail respecting the indications for the use of instruments; we allude to the statement originally made by Professor Simpson, that the danger to the patient is in direct relation to the protraction of the labour. Professor Simpson's dogma was framed upon the supposed authority of the statistics of the Dublin Hospital. Dr. Murphy has carefully examined the evidence on this subject, and has, to our mind, successfully attacked this position.

This being a second edition, it is unnecessary to give a detailed analysis of the work; we may add, however, that it is copiously illustrated with diagrams, is comprehensive in its scope, judicious in its counsels, and on the whole, the best hand-book for the practitioner, with which we are acquainted.

Enuresis (Incontinence of Urine) in Children and in Adults, &c. By Wm. Abbotts Smith, M.D.

The author has given us a brief outline of nearly all that can be culled from various sources on the limited subject of this *brochure*. Incontinence of urine is a very common, and generally a very obstinate affection; and the modes of curing it are necessarily as various as the manifold causes that produce it. We can recommend this little book to our readers.

Notes on Spa, &c. By Thomas Cutler, M.D. Fifth Edition.

The numerous editions which this hand-book has passed through, is the best testimony of its utility. To the scientific man, the pleasure-seeker, or invalid, visiting Spa, this book is indispensable.

General Debility and Defective Nutrition, &c. By Alfred Smee, F.R.S. Second Edition.

This little book contains many sensible observations, and shows a general acquaintance with the physiological, chemical, and practical bearings of the subject. We quote the following remarks because they have a personal interest for our readers:

"And now a few words upon the debility which is observed in the Medical Profession, which so often cuts off its more gifted members at a premature age. Beginning as students, they have to give the most intense study to the largest range of subjects that can possibly fall to the lot of the educated man. The burden of memory in anatomy—the debilitating effects of the dissecting-room—the exercise of high mental thought in the study of physiology and psychology—the complicated and widespread range of chemical and physical knowledge—the exposure to bad air, and anxiety in the wards of the hospital—the fear of passing the examinations necessary to become legally-qualified practitioners; and, when the diploma is obtained, the harass of maintaining a position, without adequate means, in the first years of practice, exhaust the nervous system, and draw off the power of nutrition before the period of success arrives.

"In the prime of life, overworked and unnourished, he follows his extensive business with a mockery of state; and got up, in manner and dress, with orthodox punctiliousness, he is compelled to roll incessantly all day long, and every day, over the London stones, in a carriage with fancy-coloured wheels, to let everybody know when the doctor passes by; and at the close of his day's labour he too often finishes at a banquet at one of his patient's, to which he

is sure to be welcome from the respect which he commands from his standing and knowledge.

"Such a career, sooner or later, is apt to bring on debility, which leads to disease, or produces a state which is unable to resist disease, which prematurely removes him from his family, and deprives the patient of his services.

"So much for the cause; now for the remedy. Ride less, walk more. If patients cannot be cured without a carriage, send one either before, or during, or after your visit. Steal a few hours, when best they can be spared, to unbend the mind, and develop the muscular system. Dig or walk, ride on horseback, row, fish, shoot, or hunt; or do anything which shall, though only for a few hours, once or twice a week, alter the current of the ideas, give freshness to the thoughts, fill the lungs with the pure air of heaven, and give strength and vigour to the muscular system.

"Depend upon it such a course is money gained to the Medical man, as he would take during a longer period a larger sum. It is a life gain, as it would prolong the duration of his existence. It is a gain to his patients, by enabling him to exercise freshness of intellect upon their ailments. It is a gain to his family, who would retain him amongst them for a longer period. It is a gain to society; for it takes not only great natural abilities, but many years of experience and study, to form a skilled Medical practitioner."

Medical Evidence in our Law Courts, &c. By Dr. James G. Davey.

Dr. Davey as an alienist, feels a deep interest in this question as affecting that class of practitioners. He is of opinion:

"'It is desirable for the sake of science, and not less for the honour of the Medical Profession, that, in all cases, of whatever kind, involving in any degree a knowledge of the principles and practice of medicine and its collateral branches, a plain statement of all the facts should be drawn up and submitted to a MEDICAL ARBITRATION,' and that then the 'various opinions' of Medical men 'would be found to approximate, and the Medical chasms which now appear would now be bridged over in an easy, graceful, and truthful manner.'"

No doubt this would be a reasonable and dignified method of settling the difficulty.

On the Therapeutic Action of Atomic Doses. By Arthur De Noé Walker.

We refer the curious in these matters to the pamphlet published by Mr. Walker; for our own part, we have no inclination to criticise a *brochure*, whose author would neither be corrected by our censure nor thankful for our praise.

On the Prevailing Ignorance of Materia Medica. By Arthur De Noé Walker.

Again, in the homœopathic interest, Mr. Walker's arguments could find no sympathy from Medical readers.

Medical Terrorism in 1862. By Wm. Bayes, M.D.

The author defends himself and Mr. Wm. Adams against the reproof of the Medical press. The case is too fresh in the remembrance of our readers to require further reference to it.

Vichy, &c. By Edwin Lee, M.D.

A very interesting account of Vichy and its waters, in Dr. Lee's usual perspicuous style.

Cocoa: its Growth and Culture, Manufacture, Modes of Preparation, &c. By Charles Hewett.

If anybody should desire all the particulars, botanical, chemical, geographical, dietetical, and physiological, connected with this favourite and useful food, he cannot do better than peruse this little work, which contains a marvellous amount of information in a very small space.

Notice of Menton, &c. By Edwin Lee, M.D.

We have already favourably noticed this pamphlet in another form; it is a compendious account of this favourite watering-place.

OUR NOTE BOOK.

SYNTHESIS OF ACETYLENE.

Berthelot's recent researches on acetylene have led to results which nullify the distinction usually made between inorganic and organic chemistry. We are indebted to Dr. Atkinson for the following notice of these researches, which cannot fail to gratify our scientific readers:—Of all the carburets of hydrogen, acetylene, $C_4 H_2$, is the most stable. It can be formed from olefiant gas or marsh gas by the action of heat, or by that of the induction spark; and it is also formed under the influence of the former agent from benzole and naphthaline, which have usually been regarded as the most stable carburets. Berthelot has succeeded in preparing this gas artificially by the direct union of its elements, hydrogen and carbon. Hydrogen may readily be obtained pure and dry, but this is not the case with carbon, which usually contains a variable proportion of hydrogen. This, Berthelot found, was best removed by the action of chlorine at a high temperature, which has further the advantage of removing sulphur, aluminium, and silicon in the form of volatile chlorides. Purified carbon is not acted upon by hydrogen under the influence of the highest heat alone, even when carried to the point of melting the porcelain tube in which the carbon was placed. Nor were experiments made with the induction spark more successful. But when the electric arc is formed between two charcoal electrodes is an atmosphere of hydrogen, combination takes place as soon as the spark commences to pass. Acetylene is formed, and is the sole product of the reaction, and its production continues as long as the electric arc is maintained; it can be reproduced indefinitely by the same charcoals so long as the transport of matter between the two poles has not entirely disaggregated them.

$$C_4 \text{ (carbon)} + H_2 \text{ (hydrogen)} = C_4 H_2 \text{ (acetylene)}.$$

The acetylene formed around the poles is carried away by the current of hydrogen, and is condensed in an ammoniacal solution of protochloride of copper, producing a red precipitate of cuprous acetylene. It is easy to obtain large quantities of acetylene in this way; under the conditions of the experiment, Berthelot was able to prepare about ten cubic centims. of acetylene in a minute. The compound of acetylene was treated with pure hydrochloric acid, by which acetylene was liberated in a free state; both its analysis and the comparison of its properties identified it. Acetylene is not an isolated substance, but presents a starting point for the formation of other bodies. Berthelot has shown that, by simple addition of hydrogen, it can be changed into olefiant gas; by means of olefiant gas, alcohol can be formed, and thus a commencement made with the chain of compounds which constitute organic chemistry. To all syntheses and progressive formations, that of acetylene furnishes the first step.—'Chemist and Druggist.'

NEW TEST FOR MORPHIA.

Mr. John Horsley, F.C.S., has noticed that morphia reduces nitrate of silver with great rapidity, and has come to the conclusion that this reaction is a most delicate and unexceptional test for the alkaloid. If one drop of solution of acetate or sulphate of morphia (one per cent. strength) be mixed with ten or fifteen drops of a solution of nitrate of silver (four grains to the drachm), and agitated for a minute or so, a fine white crystalline precipitate of frosted silver shortly takes place, the liquor acquiring a slight yellow colour, from the reaction of the liberated nitric acid upon the morphia; and on decantation, or filtration, and the addition of strong nitric acid, the usual orange-red colour of morphia is developed. If a white porcelain dish, containing the nitrate of silver solution, be slightly warmed previous to adding the morphia, the reduction is almost instantaneous, and the vessel coated with a film of silver. Gallic and tannic acids need never lead to any confusion with morphia, as their reaction upon silver solutions is very different, an intense muddy-black or brownish-black colour being produced almost immediately, and a flocculent precipitate forms, which is not the case with morphia, to say nothing of the other characteristics by which they are readily distinguished.—'Chemist and Druggist.'

IRONSTONE AND COAL MINING.—The medical officers appointed to report upon the trades and occupations of Wolverhampton state that bronchial affections and phthisis exist extensively amongst the miners. The prevalent chronic bronchitis appears to be slower in its progress than is the case among tin, copper, and lead miners—that the miners suffer in a mitigated form, and are more likely to recover.

LUNATICS IN 1861.—On the authority of the Sixteenth Report of the Commissioners in Lunacy just published, there were in county and borough asylums in England and Wales in 1861, 18,592 lunatics; in hospitals, 2150; in metropolitan licensed houses, 1953; in provincial licensed houses, 2150: total, 24,845. Of these, 4952 were discharged, 3138 having recovered; deaths, 2648. The total number of patients on Jan. 1st, 1862, was 26,200.

TYPHOID FEVER AT ROTHERHAM.—The Local Board of Health at Rotherham, some time since, adopted a system of drainage and water-supply calculated to effect a most complete sanitary improvement in the town; but owing to a deficiency in the funds, the water requisite to supply the increased demand arising from the great extension of the sewerage cannot be procured. The result is a most alarming spread of typhoid fever, most prevalent amongst the more wealthy portion of the community, who have been the first to secure a connection with the new sewers. The present number of fever patients cannot be less than 600 or 700. In six weeks there have been no less than fifty-six deaths arising from fever alone. There appears to exist, however, a determination to remedy the evil as early as possible.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 3, 1862.

MODERN THERAPEUTICS.

There is a general notion that we moderns infinitely surpass our ancestors in the arts of life; and Medical men in particular are prone to congratulate themselves upon the great advances which the practice of medicine has made during this nineteenth century. In illustration of the barbarous ignorance of our predecessors, some erudite archæologist will occasionally reproduce for the satisfaction of the curious, a prescription written by Dr. Caius, or Revirius, or perhaps, even his own great grandfather, who pottered away his time and industry among his simples and mineral oxides in some remote country village a hundred years ago.

We have all of us seen such prescriptions, including some dozen or twenty different articles, which have been dried and boiled and squeezed and macerated, and in numberless other ways subjected to thaumaturgical processes by which their marvellous virtues have been extracted, so as to be made operative on the peccant humours of the animal frame. We laugh and think ourselves much more sensible men than our grandfathers. We prescribe, now-a-days, in a far simpler manner. Three or four drugs in one prescription are quite sufficient to satisfy our ingenuity and cure our patients. Pathology is better understood, chemistry has revealed to us its many wonders, the correlation of forces is a new discovery. Though we despise homœopathy from the bottom of our soul, we still believe in occult influences, and look forward with hope to the grand climacteric of Medical science, when the laws of the conservation or conversion of forces being well understood, we shall be able to replace loss of heat in aged persons with a suitable dose of electricity, and re-excite motion in a clot of blood by the aid of a rarified sunbeam.

In our progress to this happy state of therapeutical perfection, we content ourselves with prescriptions of a very simple character. We abide strictly by the adjuvants, corrigents, and dirigents of Dr. Paris, and are satisfied with the results. Let us ask if there may not be a little delusion in the matter? Are our prescriptions really so simple as they appear? Have we any right to laugh in such a self-satisfied way at the elaborate combinations of our forefathers?

Here is a prescription:—

℞ Tinct. cinchon. co.	℥j.
Sp. ammon. arom.	℥ss.
Aq. Anethi	ad ℥iss.

ft. haust.

Few modern prescriptions are simpler than the foregoing; it contains but three pharmacopœial preparations, is reasonable in its design, and would in all probability prove efficacious. Does the reader know how many simple articles contribute to form this very simple prescription? Does he know further the actual quantities of the separate articles entering into it? If he do not, we will try to enlighten him—begging, however, beforehand, that we may be excused from solving the difficult arithmetical problem of the quantities. We do not profess such a mastership of the subject.

An old pharmaceutist—say the venerable Huxham—would have written the prescription in this ridiculous manner:—

℞. Rad cinchon. (Flav.)	q.s.
Cort. aurant	q.s.
Rad serpentar.	q.s.
Croci stigmat.	q.s.
Cocci	q.s.
Sp. vin. rect.	q.s.
Aq. destill.	q.s.

Macera &c., &c., et cola &c. Deinde.

℞ Amm., hydrochlorat.	q.s.
Potas. carb.	q.s.
Cort cinnam.	q.s.
Caryophill.	q.s.
Cort. limon.	q.s.
Sp. vin. rect.	q.s.
Aq. destill.	q.s.

Misce et destill., &c. Deinde.

℞ Sem. Anethi.	q.s.
Aq.	q.s.

M. et destill. Denique misce omnia pro haustu.

The last part of the prescription might have been varied by ordering the oil of dill and a little powdered flint.

This is the anatomy of the corpus of our simple prescription. We see that it is just as elaborate and minute as the most pedantic old pharmacologist could desire. Here are combined in one prescription, cinchona, serpentary, orange-peel, lemon-peel, saffron, cochineal, cinnamon, cloves, dill-seed, hydrochlorate of ammonia, carbonate of potass, spirits of wine, and water. It would be very easy to write a prescription, not over long, that should contain twice as many simple ingredients; in fact, the wholesale druggists now do the work which was formerly done by the apothecary himself in his laboratory.

We have given the details of these magistral preparations, not with any intention of dissuading our readers from employing them, because in the present state of therapeutics they are almost indispensable; but to show that our present habits of prescribing, as sanctioned by the highest authority, originate rather in a reliance upon the experience of others than in a personal observation of the action of individual drugs. We have been nurtured in an artificial system. We are the slaves of the manufacturing druggists, and our science is subordinated to a trade. Can we not alter this practice and adopt a greater simplicity in prescribing? After Dr. Parkes and Dr. Bennett have proved to us that pneumonia may be successfully treated by the mildest means, have we not a solid argument for recommending a closer attention to the action of separate drugs? Is it not very probable that three-fourths of the ingredients in the prescription we have just given are either superfluous or of no real use? There is no drug in more constant employment than ammonia; yet to this hour its operation in the animal economy is only vaguely apprehended. It is thought to be "good for the stomach," to relieve spasms, or revive from syncope; but apart from its properties as a "nervine," what is generally known of its action? How does it affect the blood? Is it a cure for scarlet fever, and for certain cutaneous diseases as stated by some authors?

It is unnecessary to dilate upon this subject. It has frequently occupied our attention in these columns, and the general tendency of our arguments must be well understood. We desire to know the specific qualities of drugs, and these can never be ascertained with precision whilst one drug is given in combination with a dozen others either resembling or differing from it in action. For this reason we hope that the Committee of Therapeutics appointed by the British Medical Association will receive the assistance of our readers, so that an ample body of evidence may be collected for future guidance.

THE WAKLEY TESTIMONIAL.

We have been asked to publish a statement relating to the proposed Wakley testimonial; but, as it is unnecessarily lengthy, we prefer to include the substance of it in an article. The upshot of the "Statement" is, that the attempt has failed. The Committee desired to collect one thousand pounds clear of all disbursements; and they now find that, when the expenses shall be paid, they will have in hand a balance of only 240*l*. The honorary secretaries were very diligent, for they sent letters to members of the legislature, to all the coroners in England and Wales, and to every member of the Profession; periodical meetings were held, a voluminous correspondence was maintained, canvassers, book in hand, visited the Profession in London, and the result of it all is thus described:

"The first disappointment was experienced from Mr. Wakley's parliamentary colleagues, for, with the exception of the members for Middlesex, with Lord Llanover and Mr. Edwin James, no encouragement was received from that quarter. Mr. Walter (of the 'Times,') M.P., in a frank and friendly letter to Mr. Edwards, appeared to express the general opinion of those gentlemen, and which was to the effect that, much as they respected Mr. Wakley, they did not consider his senatorial career so pre-eminent as to merit such an exceptional distinction as a public testimonial; and further, in Mr. Walter's opinion, that his services as editor of the 'Lancet,' 'had been sufficiently rewarded by the great success of that publication.'

"The conductors of the public press were equally cold, for setting aside the kind aid of the editor of the 'Morning Advertiser,' no notice was vouchsafed in any of these journals of the tribute designed for Mr. Wakley. Out of the several county coroners, too, not more than thirty sent subscriptions.

"It now became clear that the success of the subscription must depend upon the profession alone, but no doubt was entertained of the friendly intentions and goodwill of the various sections of this respectable body, or of their ability to accomplish the purpose proposed; nor is there any misgiving now.

"After some months, however, of exertion and active correspondence, accompanied, of course, with considerable and inevitable expense, the disagreeable conviction forced itself upon the minds of the committee, that the smooth course of the enterprise was impeded by obstacles."

The honorary secretaries describe the nature of these obstacles. Mr. Lawrence and Dr. Elliotson, who were alienated friends of Mr. Wakley, disapproved of the testimonial, and counteracted the efforts of the Committee. Dr. Watson, Professor Sharpey, Dr. Todd, Mr. Wells, and Dr. Ross, were unfriendly to a proposal to present a testimonial to a living man; and the honorary secretaries consider it a reproach to the editors of the Medical journals, that they refused admission, except in their advertising columns, to articles advocating the cause.

"Dr. Winter alone in England, and Dr. Jacob in Dublin, were generous enough to bestow any commendations upon the design and exertions of the committee."

We are happy to place on record the ineffectual generosity of those gentlemen. The 'Lancet,' too, appears to have been guilty of lukewarmness; for, with singular candour, the honorary secretaries inform us that, although Mr. Wakley seized upon the proposal with "characteristic frankness," yet the proprietors of the journal "exhibited from the first a nervous anxiety, lest the interests of the journal should be compromised by any shortcoming in the case of the testimonial." Earnest appeals were made to our personal "magnanimity;" and if we, as an ancient opponent, manifested only a moderate portion of that great quality we were expected to exhibit, the honorary secretaries ought not to be surprised, seeing that among Mr. Wakley's personal friends they could obtain no support.

Then there were difficulties of a subordinate character, one of which is stated to have been that of determining the nature of the testimonial, some wishing one thing and some another, the honorary secretaries wishing only that they had the money. It is now determined that the funds shall be applied to the foundation of a "Wakley Scholarship."

Although the document that has been forwarded to us is garnished with phrases imputing malice, literary jealousy, and other evil passions, as the cause of the failure of the project, we do not feel that these ill-timed and unbecoming expressions apply, in any degree, to the Medical Circular. We disapproved of the testimonial; we said so; but we allowed the promoters to succeed if they could. We neither helped nor marred, but we kept ourselves independent. We could not be hypocritical enough to praise a man who had exerted through a course of years all his talent and influence, direct and indirect, to do us wrong; nor would we degrade ourselves by standing between him and the testimonial which his friends might think he deserved. We were neutral; we threw personal feelings behind our back, and we allowed the movement to take its coure. Its failure shows that the profession did not want any prompting to condemn the project.

Do these honorary secretaries not perceive that it was their own imprudence that placed Mr. Wakley in a false position They failed to estimate the status of their idol both within the Profession and without, and were not satisfied until they had demonstrated in a manner most painful to the object of their indiscreet zeal. Every man makes his own place in the world, and that place is silently recognised by the public. Flatterers may pretend that it is higher or better, and seek, by testimonials, to perpetuate the fiction, but the attempt is vain. The memory runs rapidly over the events of a man's career, and judgment is passed instinctively upon his character and place.

Mr. Wakley was amply paid for what he did. He was eminently a successful man, as men of his mould commonly are. He did not labour for the public from a magnanimous motive, do patriotic deeds, confer great blessings, and die a pauper. He attained a political position, valuable office, and a large income; did his friends want a testimonial to bear witness to this success? Or to that wide and general esteem which attaches to purity of heart, disinterestedness of motive, self-sacrificing effort, and generosity of soul? All that he received in every way, he earned, and wherein he laboured he was paid in full. Mr. Wakley is dead, and it is not we who would revive memories that should be buried in his grave. The best service his friends can do him is not to disturb his ashes. There can be no objection to a "Wakley Scholarship," and we presume that so much, at least, will be accomplished.

THE BRITISH MEDICAL ASSOCIATION.

The Editor of the Association's Journal has made his defence. In doing so, he has indulged his taste for invective, but he has not refuted a single statement we have made, nor has he even attempted to rebut our most important accusations. He has kicked up a cloud of dust, and sloped away behind it.

He has associated the Medical Circular with he 'Lancet;' and, speaking of the latter journal, says, "He has even joined himself, for the business, in partnership with an acquaintance with whom he has heretofore lived on terms of the strictest *enmity!*" We did not imagine that we were so cordially hated by our contemporary; we knew, of course, that the editor of the 'Lancet' did not entertain friendly feelings towards the Medical Circular, and that he was not unwilling to do us an ill-turn when an opportunity offered,

but we had no conception of the intensity and strictness of the enmity of which it seems we are the objects. Is it not likely that the "enmity" is reflected upon the pages of the 'Lancet' from a certain disagreeable atrabilious source, not far from the inkstand of the editor of the 'British Medical Journal.'

The editor of the 'British Medical Journal,' whilst proposing to reply to our exposures of the journal, has been guilty of the artful subterfuge of associating us with the 'Lancet,' that he may pretend to have answered our arguments and statements, although noticing those of the 'Lancet' alone.

Our statements are unaffected by the abusive rigmarole of our contemporary. The facts remain that the liabilities of the Association are 666*l.* 17s. 2½d., every shilling of which must be paid, and that the assets from subscriptions (exclusive of other items) are 500*l.*, which it was admitted at the meeting must be regarded as bad debts! The Journal is the incubus of the Association, and the editor sits with all his weight to increase the load.

Are you content, members of the Association, to see your resources squandered upon a Journal, while your vital interests, as practitioners, are either disregarded or betrayed? We speak advisedly. On which side did your chief representative vote in the "Medical Council" on the Pharmaceutical question? With the College of Physicians, as against the interests of the provincial hospitals and the rural surgeons of England! Ask Sir Charles Hastings, and your Reform deputation of that day, whether they were not accessory to the introduction of the words "according to his qualification or qualifications," in the thirty-first clause of the Medical Act.

The editor boasts that London hospital physicians and surgeons are joining the Association. This is a bad omen for you, as you will find on the first occasion that the question of Medical Reform is discussed—*if it ever should be!* If you regard your own interests you will leave the Association to the "London Hospital Physicians and Surgeons."

Since this article was written we have perused another editorial lucubration on the subject in the 'British Medical Journal,' which, for undisguised coarseness, is unsurpassed. The 'Lancet' is charged with "sanctified dishonesty" and "unscrupulous malevolence;" we hope the members of the Association feel, for their own credit sake, some emotions of disgust, however slight, at this nasty "savour" of "Billingsgate," which the editor repudiates.

SUMMARY OF THE WEEK.

RICHARDSON ET UXOR *v.* POLLARD.

A report of this trial is given in another column. Our readers will see that Mr. Pollard was cast in damages to the amount of 120*l.* with costs for alleged malpraxis. The charge was that Mr. Pollard, in using undue force to deliver his patient, ruptured the perineum so that the rectum opened into the vagina, and that he did not discover the state of his patient for several weeks after the accident. Mr. Pollard denied the use of the violence ascribed to him; but in consequence of the meagreness of the report, we are unable to judge of the manner in which the manual force was used, or the probable degree of it. We know this—that nurses and attendants—and the patient too—often imagine that a great degree of force is employed when none is exercised. We do not place the least reliance upon the evidence of women in such cases. Again, is it clear that great force must have been used when there is extensive laceration of the perineum? We deny the proposition altogether. Laceration will take place under ordinary circumstances, and even during the exercise of the utmost care on the part of the practitioner. It is not necessary that the labour should be quick, though when the laceration takes place the expulsion of the fœtus is sure to be sudden, as an effect of the laceration, not a cause. Lacerations often take place after the head has been lingering long on the perineum. A surgeon may have his hand on the perineum; he may feel the tissues giving and cracking as the head advances; he may be sure that laceration of the integument will take place; he may see the commencing rent in the fourchette; he may manipulate in every possible way to prevent the coming catastrophe, or he may let it alone, and on a sudden the perineum will split under his fingers. The extent of the rupture must be discovered afterwards. The causes of this misfortune we cannot enumerate. It is only in recent years that this accident has received much attention from Medical men. The practice has been to throw the clothes over the patient, and give her time to recover; but this case shows that these accidents must be watched as one of the incidents of the labour. We can only blame Mr. Pollard for having omitted to examine his patient after her delivery; but then, as the evidence showed, this omission is customary. It ought not to be so. Still, we assert that Mr. Pollard is the victim of an unjust sentence. The law has treated him cruelly; and his punishment renders every other man unsafe. This accident requires closer observation than it has received, and we are quite certain that when the matter has been fully investigated, the old propensity, even among accoucheurs, of casting blame upon the practitioner whenever a laceration has been *discovered*, will be proved unjust.

MILITARY HYGIENE IN AMERICA.

The 'American Medical Times' gives a melancholy account of the sanitary condition of the troops in the Northern armies. It says:—"Within the short space of three months it is estimated that 50,000 men were sent to the rear of the 'grand army of the Potomac.'" During this time it was within twelve hours' sail of the capital, commissary stores were in unlimited quantities, and there was no prevailing epidemic which a careful attention to the simplest laws of hygiene would not have prevented. It then attributes this extensive sickness to the mustering of weak and unfit persons, to encamping in unhealthy sites, a disregard of camp police, and improper and badly-cooked food.

CODEIA.

M. Aran has been making experiments with codeia, which he extols above opium, morphia, or any other sedative. He says that it lulls pain without inducing nausea, or constipation, or heavy agitated sleep, or perspiration, or any of the other inconveniences attending ordinary opiates. If this testimony should be confirmed by other observers, we shall have added a valuable agent to our therapeutical resources.

ACCIDENTAL POISONING.

An inquest has been held upon the body of a poor man who resided near Gray's-inn lane, and who died from taking oxalic acid in mistake for Epsom salts. His wife went to a druggist's shop in Leather lane to purchase some salts and senna; but on returning home found that she had, what she believed to be, two packets of Epsom salts. She then went back to change one packet, but, the shop being closed, she returned home, and gave her husband the oxalic acid. The packet containing the oxalic acid was labelled "poison," but the woman was unable to read. The evidence of the poisoning was clear, and the jury censured the druggist for not using sufficient caution in the sale of his drugs.

REVIEW OF THE PERIODICALS.

The 'Medical Record' (Australia), June 26. There is a good article (by the Editor, we presume) in this number, on *Diseases of the Heart.* We quote the following comparative statistics :

"Inflammation of the pericardium is more common in the colony than in England, and the deaths are more numerous. Thus about 1 out of every 359 deaths which ensued in Melbourne during twelve months was from this disease ; while in London it amounted to only 1 out of every 532 of the deaths, and in England to only 1 out of every 889.

"Aneurism, again, is both more frequent and more fatal in the colony than in England. The deaths in Melbourne in twelve months from this disease were 26 out of 3,593 deaths from all causes—about 1 in 138 ; while in London the number was only 68 out of 59,103 of the deaths from all causes—about 1 in 869 ; while in England the deaths were 321 out of 419,865 of the deaths from all causes—about 1 in 1,349.

"The number of deaths registered from diseases of the heart are, however, less in Melbourne than in London and England. Thus in Melbourne 72 deaths ensued in twelve months out of the 3,593 deaths from all causes—about 1 in 50 ; while in London they amounted to 2,092 out of the 59,103 deaths—about 1 in 28 ; and in England to 13,885 out of the 419,815 deaths—about 1 in 30. We are inclined to think, from personal observation, that diseases of the heart are more frequent here than in England. The reason that they do not appear numerous in the Melbourne returns arises from the patients dying of some secondary disease, such as pulmonary congestion, dropsy, or cerebral disease, which have been returned as the cause of death.

"The following table will show the number of deaths from these diseases, all causes, and the population of Melbourne, London, and England :—

	Pericarditis.	Disease of Heart.	Aneurism.	All Causes.	Population.
Melbourne . . .	10	72	26	3,593	139,991
London	111	2,092	68	59,103	2,361,640
England	473	13,885	326	419,815	19,304,887

"With reference to the relative liability of the two sexes—in Melbourne, as in London, males are rather more susceptible than females to pericarditis, but this depends on more males following out of door occupations than females ; thus, out of twenty-seven cases which have fallen under our observations here, having suffered from pericarditis or endocarditis, fifteen of the number were males. The females were either servants or they were compelled to do domestic work, and the males, with the exception of two, followed out-of-door occupations. The two who did not follow out-of-door employment slept or worked in damp rooms.

"Of the 111 deaths registered in London in one year there were 55 males to 46 females ; and of 473 registered in England there were 289 males to 284 females.

"Both sexes here, as in England, are nearly equally susceptible to diseases of the heart. The Registrar-General's returns for Melbourne do not give any information on this subject. Of 2092 deaths registered in one year, in London, 1009 were males, and 1083 females ; and of the 13,885 registered in England, 6779 were males, and 7106 females.

"Males are much more liable than females to aneurism. Of twelve cases which have fallen under our notice in the colony, eleven of the number were males ; the female was a prostitute. She died of congestion of the lungs. There were warty growths on the aortic valves, and an aneurismal pouch of the size of a small walnut, containing layers of fibrine immediately behind these valves. Of the 68 deaths from aneurism registered in London, there were 54 males to 14 females ; and of the 326 registered in England there were 244 males to 82 females. In the colony the aorta, innominata, and the subclavian are the vessels most liable to aneurism, while in England it is the femoral and popliteal.

"Here, as in England, rheumatism and pericarditis are most common in the cold wet months, Of the ten deaths registered in Melbourne last year, six occurred in June and July."

Again, the author says :

"The causes which favour the occurrence of aneurism here, and, as we before observed, the aorta and subclavian are the arteries most commonly affected, is the early appearance of ætheromatous deposit in the coats of these vessels. When this deposit is situated in the aorta, it is not uncommon to find the lining membrane of the left side of the heart more or less opaque and fibrous, and the valves denser than usual. Exposure to cold and wet, habits of intemperance, and rheumatism favour its occurrence early in life here, while severe and long-continued violent exertion with the arms, wheeling a heavy barrow, carrying heavy weights, and falls on the back, or strains, causes the middle and internal coats of the vessel where the deposit exists to rupture, and the external coat to yield from its elasticity, and form a pouch.

"Another circumstance favours the formation of aneurism here, and at an earlier age than in England, and this is the early occurrence of fatty degeneration. It is characterised by a sallow, tallowy aspect of the skin, feeble pulse, and the existence of an arcus senilis, more or less strongly marked. It is very apt to occur in those whose habits are, or have become, sedentary, and who eat and drink rather freely. We are acquainted with a case in which the patient, a gentleman between 50 and 60, presenting this aspect, after rolling off his horse, from the animal putting his foot into a hole, became affected with aneurism of the aorta. He experienced slight pain in the chest at the time. The pain continued, and his breathing became short on exertion, and four or five months after the accident he noticed a pulsatory swelling to the right of the sternum.

"Diseases of the heart occur under the same circumstances here as in England, but the valves of the heart have a much greater tendency to become implicated here in rheumatic pericarditis than in England, for, out of twelve cases which we have had an opportunity of observing, the valves became implicated in eleven of the number. Severe and long-continued exertion, such as wheeling a heavy barrow, or working with a pick when not previously accustomed to it, or after a long rest, colonial fever, great mental anxiety, pulmonary emphysema, albuminuria, and blows on the chest may excite it.

"Inflammation of the pericardium is a much less active disease here than in England, and it is not so liable to prove fatal ; but, from the tendency of the aortic and mitral valves to become affected during its progress and remain, disease of other organs is very liable to appear and induce a fatal result.

"The morbid changes observed in pericarditis differ somewhat from those observed in England, inasmuch that adhesions between the heart and pericardium are somewhat rare. Injection of the pericardium, with effusion of serum, seems to be the most frequent ; deposit of false membranes on the surface of the heart is also common. The latter may vary in extent and in thickness, and is more or less irregular from the rubbing of the pericardium against it. We have several times noticed them in cases in which there was no friction sound during life. The patients in these cases had disease of the valves of some duration. The deposits were dark mahogany coloured, easily stripped from the surface of the heart, and, although irregular on their surfaces, they were smooth and lubricated by serous fluid. The smoothness, and the presence of the serum would account for the non-existence of the friction sound. The disease being less active here than in Europe renders it liable to assume a more insidious course, and if not recognised before the lymph or serum is deposited, especially the former, it may escape the observation of the practitioner. The increased extent of dulness on percussion, compared with that of the heart in health, being the only guide which will enable him to diagnose its existence ; but unless he has examined and determined the size of the organ at the commencement of the rheumatic attack, it is a very uncertain one."

'American Medical Times.' Dr. JACOBI'S Lectures are continued on *Dentition and its Derangements.* He treats especially in this number of the Nervous System. After giving the proportions of the cranium at birth, he remarks :—

"After all, the several parts of the head do not grow at the same rate. The parietal bone has its full circumference at four years, while the frontal bone still continues growing. For this reason, the parietal portion of the large hemispheres of the brain is soon left behind by the anterior frontal lobe. The cranial cavity of the new-born is about a fourth or a third of that of adults, but already in the second year grows from 482 cubic centimetres up to 999, while the weight of the scull at that period reaches already three times its original amount. The occipital portion of the cranial cavity is very small in the newly born, being only 5 per cent. of the whole. The frontal portion is as much as 13.89, the parietal 81.11 per cent. But as early as the second year, both the occipital and the frontal vertebræ grow each by 0.5 per cent. All these facts you will find to be in strict correspondence with the remarks I shall have to make on the relative development of the single portions of the brain.

"The dura mater adheres tightly to the cranium, in infantile age, partly by means of blood-vessels, and partly by conglutination with the sutural cartilages. In the newly born it is loosely attached opposite the parietal tuberosities. It is firmly adjacent to the cerebral surface, strongly injected, bluish, and transparent. With advancing age it gains in solidity, but loses its transparency and injection. The arachnoid membrane and pia mater are very thin, colourless, transparent, and fragile ; they show large veins filled with dark blood ; there is a good deal of cerebro-spinal fluid, but no Pacchionian granulations are observed. The choroid plexus are of a similar nature to that of the meningeal membranes ; they are delicate, and contain more blood. All these facts constitute just as many differences from the condition in which the same parts are found in more advanced childhood, in adults, and in senile age.

"The brain shows a lower degree of development. Its substance

is less white, more transparent, and of a reddish-greyish colour. It is almost of gelatinous consistency, at all events much less solid than in advanced age, and the division into medullary and cortical substance is less distinct. Only some parts excel by their proportionate hardness and their white colour, viz., medulla oblongata, corpora quadrigemina, corp. mamillaria, thalami, and pons Varolii. The fibrous appearance of the large hemispheres is not yet recognisable; the gyrations are thicker, less prominent, and fewer. The lateral ventricles exhibit less serous contents, and their walls are more even. The substance of the brain, finally, contains but little serous blood; only near the borders of the thalami there are a large number of blood specks.

"Not only are these general differences between the brain of the infant and the adult recognisable in every specimen, but there are some which are of quite a specific anthropological importance. The relation of the several parts of the brain to each other changes according to age, as is well proven by accurate measurements, and weighing. The relative weight, for instance, of the large hemispheres, and the occipital portion of the brain, are particularly instructive. According to Hnschke, the cerebellum of the newly born weighs 25 grammes, that of the adult from 180 to 193 grammes; that is, seven or eight times as much as the former. The large hemispheres of the newly born weigh 300 grammes, those of the adult from 1,200 to 1,400, that is, four or five times as much as the former. The per-centage drawn from the foregoing are these:—In the newly-born the cerebellum weighs 6 or 7 per cent., the large hemispheres 94 or 93, of the weight of the entire brain. Already after seven or twelve weeks these figures have been found to vary; the per centage of the cerebellum increasing to 9 or 11 per cent. At ten or fifteen years it has been found to be 12 or 13, nearly as much as in adults, where the percentage of the cerebellum is 12 or 14, of the larger hemispheres 88 or 86.

"A few other percentages are given by Huschke, viz:—Male fœtus of five months, 5·14; female fœtus of seven months, 6·05; of eight months, 7·06; new-born female, 7·32; females of three years, 12·20; male of three years, 11·91; and female of fifteen years, 12·29. The figures of Chaussier differ somewhat: the proportion of cerebellum to the large hemispheres being from 1; 13 to 1; 30, or from 3·28 to 7·7 per cent. The same proportions, with all the astonishing differences, have been found to exist by Gall.

"The forehead of the newly-born infant is narrow and low; the anterior lobes of the large hemispheres must consequently be expected to be proportionately small. Weighing and measuring confirm this conclusion. The anterior lobes in a prematurely born female, yielded only 16·5 per cent. of the weight of the entire large hemispheres; in the new-born, at full term, 22·09; in some who were from eight to twelve weeks old, also but from 16·7 to 18·9 per cent. This figure increases to 22·4 in the first twelvemonth. Whenever a similar figure, for instance 21·8 at seventy-seven years, occurs at advanced ages, circumstances must be peculiarly unfavourable. The remaining, especially the parietal portion of the large hemispheres, must necessarily show the reverse proportion. You remember the figures I gave for the frontal and parietal vertebræ. Now, the anterior lobes of the large hemispheres in the newly-born, weigh from 60 to 70 grammes; in the adult 300—that is five times as much as in the former; the remaining parietal and inter-parietal portion, however, in the newly-born 250, in the adult 1,000 grammes, that is four times as much as in the former."

Dr. Homer O. Hitchcock reports some cases in surgery, from which we extract the following:

CARIES OF OCCIPUT AND TEMPORAL BONES—OPERATION—ENTIRE RECOVERY.

"Case I.—On the 30th of April, 1860, R.M., a man of 60 years of age, but of strong and vigorous constitution, and uniformly good health, came to my office, suffering with very severe pain in the right side of the head, particularly just behind the ear. On examination I found some fulness, redness, and slight tenderness over and behind the mastoid process. The pain was not throbbing, but sharp, lancinating, and paroxysmal. Four or five days before, he had consciously contracted a severe cold, on which this pain supervened. I prescribed for the neuralgia, expressing my fears at the same time that there might follow suppuration, and suggesting, if he should not soon experience relief, that I should see him at his house and apply leeches. I saw no more of him. He had fallen into other hands.

"Eight weeks after, he came again to my office. He appeared much worn out by intense suffering and sleepless nights. For all this time his treatment had been poultices, superficial openings and anodynes, with no benefit, and scarcely a minute's relief from pain.

"He now begged of me to *do something* for him. I reluctantly consented to take the case, insisting, however, upon a consultation as I found on a slight examination a much deeper seated disease than I at first apprehended. The probe could be passed into a circuitous fistula just behind the mastoid, downwards and inwards nearly two inches impinging upon denuded bone. One free straight opening down to the bone was now made, followed by considerable relief to the patient. Within a week, however, the terribly severe neuralgia came on again, with loss of appetite and difficult deglutition. A further and more complete operation was now proposed and accepted. The complexus, the rectus posticus major and the obliquus superior muscles were severed very near their attachments, and a surface of one to one and a half inches in diameter was found carious. By a suitable instrument we endeavoured to scrape off all the diseased surface that could be reached with safety. The disease appeared to extend under and behind the mastoid process, and to have already affected some of the pharyngeal muscles. Just underneath the obliquus superior the disease appeared to have extended entirely through the occiput, and its whole thickness was removed. I feared after all that far under the mastoid process there was some part of the diseased bone unremoved, but on account of the condition of my patient, a further prosecution of the operation was not deemed advisable. The wound was kept well open and thoroughly syringed. The neuralgia was greatly relieved, but my patient suffered severely from a post-pharyngeal abscess. After this had discharged his power of deglutition increased as well as his appetite, and he slowly but constantly improved. The wound was not closed for many months: but has now, two years after the operation, entirely closed, and has been so for a year, and the patient has entirely recovered, except a little stiffness of the neck."

M. Pihan-Dufeillay also contributes some cases to show the relation which exists between *Puerperal Fever and Epidemic Erysipelas*. The cases occurred in the Hospital of St. Louis, Paris. We quote the substance of the article:—

"During the second half of January and the first half of February of this year, puerperal fever raged with an extreme violence in the lying-in wards of the Hospital of St. Louis. This service presents, however, excellent hygienic conditions; repaired a short time ago, it is well aired, having numerous windows to the north, the south, and east, isolated from the other buildings, and composed mostly of separate rooms containing only two beds each; the space reserved to each patient is more than sufficient to prevent any crowding. However, the epidemic made such progress that Dr. Hardy was obliged to interdict the admission of any new women. A good many of those already confined in the ward died, and a few were able to leave after some slight symptoms. In a word, the service was evacuated in a few days, with the exception of six women still suffering from serious puerperal symptoms, and who were placed in the small rooms, while the ward underwent cleaning, and the bedding was partly changed. This took place from the 20th to the 25th of February. The large number of women in labour who daily come to the hospital St. Louis were permitted to close the *service d'accouchements*. M. Hardy had the fortunate idea to give to the lying-in-women one of his rooms usually destined for women affected with diseases of the skin, and situated in a part of the hospital remote from the pavilion of the *maternité*. The latter, having been dried for a few days, thirty-two patients affected with diverse skin disease were transferred in it from the 8th to the 12th of March, and as their removal took place from the Salle Henri IV. to the Salle St. Ferdinand, they were replaced by lying-in women who came from the outside. These filled the thirty-two vacant beds at Henri IV., from the 4th to the 11th of March; and notwithstanding the apparently unfavourable conditions of this new ward, low room, with stone ceiling, dark, badly aired, almost entirely deprived of isolation, the epidemic was cut short in its march. While a few days before almost all the lying-in women were attacked at St. Ferdinand, many died, and those who survived had a long and painful convalescence after labour. The subjects admitted at Henry IV. experienced no accidents of any kind. Their labour was natural; and it was only a month later that, for the first time in that room, two lying-in women died. They had successively occupied the same bed, and both had been submitted, the first in town, before their admission, and the other in the hospital, to painful obstetrical manipulations.

"But at the same time that the sudden and complete cessation of an epidemic extremely intense marked the passage of the women delivered into the Salle Henri IV., the removal into the ward infected by the miasma of puerperal fever of the women affected with diseases of the skin, was becoming the origin of a grave epidemic of erysipelas, which may well be called spontaneous; it attacked indifferently all subjects, whatever their strength, energy, and power of resistance, the previous condition of their health, the nature of the cutaneous disease which had brought them to the hospital, roseola, syphilitic papula, accidental erythema, herpes circinnatus, &c.

"The diseases had not the same gravity in all cases, or at least the erysipelas did not manifest itself in all the patients with the same degree of intensity. As in the most part of epidemics, the first attacked presented the gravest symptoms. We will, therefore, confine ourselves to relate the history of the three first subjects in whom the affection developed itself with an extreme vigour, adding that the other cases of erysipelas we observed, apart from their in-

tensity and duration, presented the same characteristics, the same march of the eruption, and the same symptoms."

We extract from the same Journal the subjoined reports of cases read before the Medical and Surgical Society:

"CEPHALIC VERSION IN BROW PRESENTATION.

"Dr. Elliot, after alluding to the difficulty of cephalic version in cases of brow presentation, related a case which illustrated strikingly to his mind the difficulty of the operation. In this case he replaced the hand and arm, and succeeded with a single blade of the forceps, conjoined with abdominal manipulation, in converting it into a head presentation. On returning to the patient after a few hours absence, it was found that the head had slipped back, and the effort was again made by the vectis to bring down the occiput, but this time without success. Podalic version was then resorted to, the head resisting delivery either by manipulation or forceps; the labour was terminated by perforation, pulsation having ceased in the cord during arrest of the head.

"Dr. Elliot alluded to a second case to which he was called soon after the last, where he found the head and arms in the vagina and the brow presenting. The child was dead. In this case he performed craniotomy, not being able to convert it into a head presentation."

"RUPTURE OF UTERUS.

"Dr. Elliot related a case of labour to which he had been called in consultation. The woman was pregnant with her eighth child. The presentation was normal, and the labour had progressed naturally until six hours previous to Dr. Elliot's arrival, when she complained of acute abdominal pain, and labour pains suddenly and entirely ceased. There was no nausea and no hæmorrhage. The child was dead, and the placenta detached, except at one point. Dr. Elliot delivered the child. No hæmorrhage followed; the uterus contracted well, and no laceration was detectable. Symptoms of peritonitis ensued with coffee-ground vomiting. She died on the third day. No autopsy was obtained. Dr. Elliot was sustained by the members of the society in the opinion that there had been a rupture of the uterus."

"IMPERFORATE ANUS.

"Dr. Post detailed a case of imperforate anus, in which he had been obliged to resort to the operation for making an artificial anus. The anus was perfect for half an inch. There had been vomiting of yellow matter previous to the operation, and the effort was first made to dissect through the septum and reach the distended gut from below. This failing, the descending colon was exposed in the left lumbar region behind the peritoneum. An opening was made into the gut, and the edges of the opening were attached by sutures to the skin. The meconium escaped freely for twenty-four hours after the operation. The following day erysipelas attacked the wound, extending to the genitals, also erysipelas of the face, and the child died."

"ANEURISM OF INTERNAL MAMMARY ARTERY.

"Dr. Clark related the case of a man æt. forty-five who presented himself at the clinique four months since with a tumour in the left breast. The tumour was as large as his fist, hard, having a slight pulsation and a very feeble double murmur at the apex, and synchronous exactly with heart sounds. There was no expansive pulsation, and no pulsation between the tumour and the heart, or between the tumour and the subclavian. There was no fluctuation, but a broad base of dullness extending equally on all sides. It was supposed to be an accumulation of fluid between the pleura and ribs, or between adventitious pleuritic membranes and ribs. At the end of three weeks a conical tumour over the middle of the sternum, the tumour opened and discharged freely. The dulness was considerably diminished, but the pulsation remained, and the murmur continued. Now, after four months, during which pus has been discharged more or less freely, the distinctness of aneurismal disease of the internal mammary artery is clearly marked."

The 'Lancet' opens with a lecture by Dr. T. K. CHAMBERS, on a *Case of Diabetes*. We extract the following remarks on the treatment:

"To accustom this patient to leave off by degrees vegetable aliments, I allowed him first captain's biscuits for a fortnight. During that time scarce any weight was gained, and the urine was but little altered. He liked these biscuits very well. I then ordered him bran biscuits; but he said they were so nasty he could not eat them, and he wasted some of his milk in trying to make them palatable. However, he increased in weight by two pounds during two weeks, and he made eleven pints less urine weekly than on his first admission; and this although he drank as much fluid as he felt disposed to take.

"After this, Mr. Van Abbott was good enough to give him a supply of the gluten bread sold by that firm. For a week he tried hard to eat it in addition to his former allowance of meat; but I am sorry to say he failed in acquiring a taste for it. His appetite fell off during the experiment; he lost half a pound of the weight he had acquired; and was so annoyed at being pressed to eat the gluten bread that he insisted on returning home on July 12th.

"My own feeling is, that we do not act wisely in enforcing a dietary which is really unbearable by the patient in any chronic disease. The great object to be gained is to conciliate the stomach, appetite, and fancy, into taking the greatest possible amount of animal food; and if practically you find that the patient eats more by having a biscuit or a crust, or even vegetables, with his meals, it is better to allow it him than to act the tyrant.

"As to drugs,—opium was given to this patient for a week. It did not seem to exercise any influence at all. However, in some cases it certainly does seem to diminish the excretion of urine, for the amount did not increase again after it was left off. But is that any advantage? or is it only from our education in allopathic prejudices that we reckon on help from such inteference? I confess it seems to me that if the blood gets loaded with sugar, as analysis proves that it does, it is better that it should be washed out by an ample diuresis, then that it should remain at the risk of poisoning the tissues. I have never distinctly traced any harm to opium, truly; but I have traced harm to a drug whose action is similar. Cinchona also diminishes the flow of urine; and I once gave that to a diabetic patient. After a short time he got comatose, and died with effusion in the ventricles. The effused serum was loaded with sugar, which I suppose it was the business of diuresis to have washed away.

"For this reason I avoid cinchona in diabetes, even when I desire to give tonics for the sake of increasing appetite. I prefer iron and strychnine. An elderly patient of mine, with moderate diabetes, is now taking those drugs with advantage to his strength and digestion, and without any deleterious action on the kidneys.

"The iodide of potassium which you see prescribed on his medicine-card was given on purely empirical grounds. There are no drugs known to do good to the essential phenomena of diabetes; there were no secondary symptoms demanding special medication, so I thought it a fair case for an experiment. The result was, that at all events no harm was done; the patient continued to increase in weight and strength, and did not exhibit any of the usual symptoms of intoxication by iodine.

"This is not like substituting an experiment in search of a possible specific in place of rational treatment; such conduct is, indeed, most reprehensible. But here there is no medicine omitted, for there is none to be given that offers any hope of its possessing an alterative agency, and it is a question between either something new or a mere placebo. I shall try the iodide of potassium again on the next similarly pure and uncomplicated case."

MR. HENRY HANCOCK continues his observations on *Division of the Ciliary Muscle*, in which he gives some interesting examples of the operation. The following case of *Malignant Pustule* is reported by DR. ROBERT HARPER, of Holbeach:

"On the 5th of September, 1860, at two a.m., I was requested to visit J. G——, aged thirty-six, a farm labourer, residing seven miles off. The case was represented to be a very serious one, and I therefore went at once. I found the patient in the following state:—The penis of an enormous size, hard, and of a livid purplish colour; hardness to a less extent over the pubes, and tenderness over the same region and extending upwards towards the umbilicus; scrotom not inflamed. At first sight, it looked like a case of extravasation of urine; but the history of the case at once set this matter at rest. It appeared that he had been employed for two days in dressing diseased sheep; that during the operation he had occasion once or twice to pass urine, and thus touched his penis without washing his hands. About eighteen hours previous to my visit he first noticed an extreme itching at the end of his penis, soon followed by pain, and which induced him to look at the part; when he 'found a pimple on the foreskin, with the head gone, and a slight watery discharge proceeding from it.' There was also hardness and redness at the base; inflammation quickly spread upwards; and, the patient becoming very ill, I was sent for. There was great constitutional disturbance, evidenced by confused intellect, a loaded tongue, excessive thirst, hot dry skin, full, quick, bounding pulse, etc. The patient was a steady temperate man, much respected by his master, with whom he had lived for fifteen years.

"I made an incision from the pubes along the dorsum of the penis to the prepuce; ordered twelve leeches to the abdomen between the pubes and umbilicus, hot fomentations and poultices, calomel purgative, etc.

"It would take up too much space to enter into the daily state of the patient. Suffice it to say, I very soon adopted the supporting and stimulating plan of treatment; stale beer ground poultices, etc. The skin of the penis died and came off like the finger of a glove; extensive suppuration took place above the pubes. The patient was very ill for several weeks, but ultimately recovered.

"I have sent the case of J. G—— for publication in consequence of reading the very interesting paper of Dr. W. Budd in 'The Lancet,' and thus to assist in corroborating his statement, that the

disease is not of such rare occurrence in England as the silence of medical and surgical authors on the subject would lead many to suppose. Two other cases have come under my own notice, both fatal. One was under the care of Mr. South, in St. Thomas's Hospital, when I was a dresser under him, eighteen years ago. Mr. South at once pronounced it to be a case of malignant pustule; and his prognosis that the patient would be dead in three or four days, was equally correct.

"It is true that the case of J. G—— differs in some respects from the general history of such cases. In the first place, the disease was situated on a part not exposed to the air like the face, hands, etc.; but the manner in which the poison was conveyed to the part is very evident. And secondly, the gangrenous inflammation set in more rapidly, but did not go on to a fatal issue; the patient, however, was so ill, and the history of the case so clearly pointed to malignant pustule, that I at once informed the friends of the usually fatal character of the disease, and was much surprised at the favourable termination.

"It is worthy of observation that J. G——'s master attended to him and poulticed him at first, but at the end of five days was seized with extensive suppurative inflammation of the hand and arm (as far as the axilla), and was very ill for several weeks, but also ultimately recovered. There was no discoverable lesion to give rise to the inflammation."

The 'Medical Times and Gazette.' Dr. Ramskill on *Epilepsy* opens this number. We extract the following two cases:—

"I. D. (vol. E. p. 57), aged thirteen, has had epilepsy eighteen months. Had no fits in infancy, no nervous affection up to the period of present illness. Family history good. First attack occurred after eating some crab-fish for supper. It was long and violent. The second occurred after two months' interval; cause of this not known. The third occurred in fourteen days, and they have recurred at varying intervals—from one week to three weeks. They always occur during the night. He screams sometimes, and not unfrequently bites his tongue. Latterly his mother has noticed that some days he rubs his left cheek, complaining of face-ache, after which the fit follows. He is a healthy-looking boy; tolerably well-fleshed, although the muscles feel somewhat flabby. He is intelligent, and does not appear to have suffered in apprehension or memory; no headache nor vertigo. Organic functions tolerably well performed; no inter-paroxysmal phenomena. On examining the mouth, there is to be seen a molar tooth considerably decayed, with a swollen gum around it, and partly growing over into the cavity; it is not very tender to touch, and the examination does not give rise to toothache. On questioning, I find the sensation which the boy experiences before a fit does not seem to be one of pain, but rather of an indefinite uneasiness. He always has a fit the night on which this uneasiness comes on. Has never felt it during the day; it is always about seven to eight o'clock. I desired the mother to have the tooth extracted, and ordered a simple saline with a quarter of a grain of belladonna, to be taken twice daily. This was in June. The tooth was extracted next day. I saw this boy once a fortnight from that time for four months, but he has had no recurrence of the fit.

"In this case I believe an unfelt aura commenced about the gum surrounding the tooth, and was not recognised till some degree of inflammation arose, and thus a modification of pain became associated with the aura, and directed attention to it. I have at the present moment another and very similar case to this. The extraction of the tooth has not yet been performed, so that I cannot give you the result. When epilepsy occurs in children, I always examine the mouth with the twofold view of observing the vault as to height, narrowness, &c., inasmuch as no observation about the cranial development can be complete without such examination, and of ascertaining whether any cause of eccentric irritation may spring from decayed or crowded teeth. I would observe here that, later, the *dentes sapientiæ* often become a source of considerable irritation, and, therefore, of complication at least in the epilepsy of young persons.

"I would now direct your attention to very bad cases of epilepsy, and in illustration give you a short history of unfortunately a very unsuccessful one:—J. T. (vol. E. p. 129), aged twenty-eight, married eight years, has three healthy children, and the last had convulsions from soon after its birth to the time of its death, which occurred when nine months old: family history otherwise good. Does not know that he had fits as a child nor chorea. Was healthy until the occurrence of epilepsy. Attributes it to a fright he received when travelling in Spain. The party, of which he formed one, was attacked by robbers. Had a fit at the time. They recurred at varying intervals until a few months ago; since then they have come on regularly twice weekly, always at night, and in batches of three or four fits. He does not scream, neither does he bite his tongue; he is generally and equally convulsed, and his wife fears he will sometimes die, because he holds his breath so long. Sexual indulgence is almost always followed by a fit. The fits come on regularly on Tuesdays and Thursdays. Has not the least warning of an approaching attack. Has great wearing pain in the back for some days after each illness. No interparoxysmal phenomena beyond occasional involuntary starting; then small clonic convulsions occur in various parts of the body. Memory very bad; power of attention very feeble; apprehension slow. He is tall, very thin, of worn, languid aspect; slow in speech and motion. He has the appearance of suffering from the effects of great sensual indulgence, and confesses that this supposition is true. He was at first treated with quinine and belladonna without success, then by mineral acids, chlorie ether, and cod-liver oil, afterwards with belladonna in increasing doses nightly, also by the actual cautery to the spine, still without avail. I galvanised this patient all over the body with a view of discovering an aura, without succeeding. Lastly, I directed his wife to apply a ligature around the left arm, directing its position to just below the insertion of the biceps. The ligature was to be applied on the Friday following, to be pulled tight on getting into bed, and relaxed for a few minutes every half-hour. The fits came on as usual two hours after applying the ligature, and at a time when it was tight, and the arm swollen from the pressure. On the following Tuesday the same process was applied to the right arm, afterwards to the left thigh, and finally to the right thigh. On this night no fits occurred. For five weeks fits were averted, when without any sort of warning, a violent one came on during the day; it was followed by delirium, extending over two days, terminating in arachnitis and death. I failed to procure a post-mortem, otherwise I should give you the details of the terminal illness.

"The point to which I wish to attract your attention is this: That an aura may exist in every case. I believe it does exist, not necessarily associated with sensation or irregular motion, and yet discoverable, if it exist in the extremities. The means whereby you may discover it are those mentioned in this case. To find an aura in any one of the extremities is a matter to me of great rejoicing, since the discovery doubles the chances of curing the patient.

"Amongst the patients who have attended, or who are attending as out-patients here, many of whom are cured, I find the following who had these premonitory symptoms of a fit:—(Vol. E. P. p. 57) sensation of a peculiar kind, indescribable, in both hands; twitching in legs (p. 89); pain in pudenda (p. 100); jerking of left arm (p. 116); shaking and temporary palsy of fingers (p. 188); squint for two days (p. 196); trembling and paralysis of left leg and hand (p. 234); shaking and tonic contraction of both hands (p. 248); only trembling of both hands, especially of fingers (p. 256); strong contraction of fingers of right hand (p. 282); strong contraction of right thumb (N. p. 16.)

"Vol. E. Extreme coldness of all fingers (p. 8); coldness of fingers and cold perspiration (p. 11); pain at the back of the neck (p. 12); itching at the anus (p. 16); pricking in right hand (p. 126); pain on micturition (p. 134); cramp of arm and forearm (p. 163); pain at the seat of a blow or fall on the side of the head (pp. 193, 200, 270)."

Dr. Julius Althaus contributes an article on the *Therapeutical Use of Electricity and Galvanism.* Dr. Henry Dick a paper on the *Operation for Phimosis*, which we reproduce:

"In the year 1855 I published in the 'Medical Times and Gazette' (No. 284) an article 'On Operation for Phimosis,' and drew the following conclusions, viz.:—

"1. That congenital phimosis consists in contraction of the orifice of the prepuce (integument and mucous membrane) and of its mucous lining.

"2. That for the removal of phimosis, incision of the orifice and subcutaneous incision of the mucous membrane are quite sufficient.

"3. That this operation involves no mutilation.

"I still adhere to these conclusions, even more strongly than when I wrote the article alluded to, because since then I have performed the operation eight times, and each time with the most complete success.

"My last operation was upon the child of a Medical man, and I performed it in the presence of my friend Mr. William Adams and Mr. Baillie, of the Bengal Medical Staff, and they can testify not only to the simplicity of the operation, but to its full success.

"I still adhere to the same rules in operating which I stated in 1855, but only in the adult, because in children the knife cannot be easily managed: in such cases I prefer to use scissors in cutting the orifice and the contracted mucous membrane. The orifice in children is generally so much contracted, that it is with the greatest difficulty a very small grooved conductor can be introduced under the prepuce, and on this conductor I divide the orifice of the prepuce.

"After dividing the orifice the operator will find it more convenient to lay aside the conductor, and whilst the assistant is drawing back the prepuce, the operator should cut with the scissors the contracted mucous membrane. One blade of the scissors should be rounded in order to avoid wounding the glans penis.

"In the adult I still adhere to the same rules which I mentioned in 1855. There is hardly any bleeding worth speaking of.

"In some rare cases the frenum must be cut, because it seems too short; but from this rule I have begun to depart occasionally, because in the case of the Medical man's child I wanted to cut the frenum, but the father was opposed to my doing so, as he feared the effect of loss of blood from the small arteries of the frenum, the child not being very strong. After some weeks the frenum spontaneously yielded by the prepuce being drawn back several times a-day.

"In order to ensure success, after the operation is performed the prepuce should be drawn back, and some oil applied to the divided mucous membrane. I do not use any other dressing, neither is any bandaging required. After eight or ten days all is well, and not the least multilation can be observed.

"In justice to Mr. Skey, I must state, that in his work on Operative Surgery he admits that the simple incision of the mucous membrane is sometimes sufficient.

"Congenital phimosis is a deformity arising from the mucous membrane being too short, and sometimes from the frenum not being sufficiently long. Circumcision, or any modified operation of circumcision, whatever name it may bear in works of Surgery, is wanton. Cutting away the prepuce, or a ring of the prepuce, stitching together the cut skin and mucous membrane, are irrational operations, and are just as absurd as is amputation of the limb for the cure of club-foot, as the old Surgeons used formerly to advise.

"In conclusion, I would state that enuresis nocturna and other symptoms of irritation of the urino-genital organs in children have very often their origin in phimosis. In children phimosis is not so easily detected as in adults. In two of my cases in children, enuresis and irritation of the bladder completely ceased after the removal of the phimosis.

"I must add, that after the operation the prepuce should be drawn back very frequently during the first six months, to prevent recontraction, which otherwise would be likely to ensue. I have found this precaution very necessary to be taken in the cases of children, in whom this tendency of the mucous membrane to recontract is stronger than in adults. As the operation, when performed in the manner I have now and previously (1855) described, is attended with so little pain, it is not at all necessary to administer chloroform."

On the Action of Certain Substances upon Phthisis. Dr. PAYNE COTTON gives his experience of the use of quinine. He says:

"With the view of testing, so far as practicable, the general therapeutical value of quinine in the treatment of consumption, I prescribed it for twenty-five patients, in various stages of that disease; avoiding, as in all my previous experiments, any selection of cases, and excluding only those unfitted by the existence either of acute symptoms or special complications. The dose consisted, according to circumstances, of one or two grains two or three times a-day; and was continued for periods varying three to ten weeks. Notes were regularly taken by Dr. Harington, resident clinical assistant.

"Ten of the patients were in the first, six in the second, and nine in the third stage of phthisis. Sixteen were males, and nine females. Their ages varied from twenty to fifty years.

"During the administration of the quinine seven improved *greatly*, five improved *slightly*, and thirteen either did not improve at all or became worse. Of the twelve improved cases, seven were in the first stage, two in the second, and three in the third stage; and, of the thirteen cases in which the quinine seemed to be inoperative, three were in the first stage, and ten were the subjects of more or less advanced tubercular softening. Thus it would appear that whatever good may have resulted from the quinine, it was the most decided in the early stage of the disease.

"In fourteen of the cases cod-liver oil was taken during at least a portion of the time. There was an increase of weight in ten out of the twenty-five patients; such increase occurring in five who had taken the oil, and in five who had not taken it, but being most marked in the former.

"In four cases the quinine appeared to disagree, producing dyspepsia and loss of appetite. In six instances patients who had made little, if any, progress under the quinine by itself, were more or less benefited when steel was added to it. Two of these cases were remarkably good illustrations of the combined influence of quinine and iron; one was in an early and the other in an advanced condition of disease, but both left the Hospital with every local and general sympton in abeyance, and their health fairly good, after taking for several weeks two grains of quinine twice a-day, and a tablespoonful of steel wine immediately after dinner.

"From these facts, compared with previous observations on other remedies, the following are the conclusions at which I have arrived:—

"1. That although quinine may be well adapted to certain cases in which there is an evident cachexia, it is greatly inferior, as a general remedy in phthisis, to some other tonics, whilst in a few instances it is unsuited to the disease.

"2. That the combination of quinine and iron is sometimes very beneficial."

GENERAL CORRESPONDENCE.

PETRIFIED HUMAN SKULL.

To the Editor of the Medical Circular.

This globular-shaped skull was found in Rosswell Hill,* in the Isle of Ely, Cambridgeshire, during the removal of the rising ground to fill a railway embankment. It has all the characteristics of a human skull which has undergone petrifaction through the interchange or infiltration of flint layers, which has left beautiful crystals during the conformation in many parts—viz., eye-sockets, nasal openings, temporal regions, and on the hard palate arch.

Its weight is 13½ lbs.

Circumference, 21½ inches.

Transverse diameter, from each auriculur opening, 14½ inches.

Antro-posterior, from root of nose to spine of occiput, 12 inches.

While taking these measurements, a lady from Leipzic happened to be present, and she, having a truly Saxon skull, I asked permission to measure it. The proportions are as follows:—

Circumference, 20½.

Diameter, 13 inches.

From individuality to philoprogenitiveness, 12½ inches.

The approach in size bears a close proximity. Both are of the square-headed type.

This fossil human skull has been more or less altered in shape during the change, owing to the pressure of some incumbent earth coming on the right side of the head, and thereby flattening the occipital region on the left side, and causing a complete obliteration of the articulating fossa on the right side, and deepening the temporal region on the left. The groove over the left orbit is perfect for the frontal nerve; also the opening of the nasal duct, which is decorated with flint crystals, which have permeated the ethmoid bone. The alveolar outline is well marked, and the arch is unmistakeably defined, leaving on the anatomical mind, after this detailed examination, no doubt as to its identity with that of a true human skull.

Man has recently been found among the mammoths, also flint stones, supposed to have been fashioned by human hands. Who will now venture to place an age on this skull? How many thousand years did it take to produce this change?

(Signed) R. TUTHILL MASSY, M.D.

P. S.—The hydrocephalic appearance of the frontal and parietal bones is due to the pressure above referred to.

A question arises in the mind when comparing this fossil with the myriads of the Isle of Portland, is the brain formation within perfect as we find the fish formation perfect when the shell is broken in these innumerables of which the Weymouth breakwater is formed, and built up of those now cast forth from the prison island?

The above was written in June, after the discovery of the cranium, which has since passed through many learned hands, some doubting the possibility of such a thing as a fossil human head. The lapidary has at last passed his saw through 30 inches of the fossil, making an antro-posterior section, which has placed all further argument out of the question, for here I find the distinct bony outline and arch of the skull defined by an infiltration of silicious earth, also the *falx cerebri*, or that portion of the *dura mater* which separates both lobes of the brain, and beneath this fibrous membrane the *brain-like appearance was visible*, and also that part which occupies the section and spongy tables of bone within the nose.

Surbiton, Surrey, August 26, 1862. R. T. M.

LEGAL INTELLIGENCE.

NISI PRIUS COURT, LIVERPOOL.—(Before Mr. Mellish, Q.C.)

RICHARDSON ET UXOR *v.* POLLARD.

Mr. Pope appeared for the plaintiffs; Mr. Overend, Q.C., and Mr. Gully for the defendant. This was an action brought by the plaintiffs to recover damages from the defendant, who is a Surgeon at Chorley, for unskilful and improper Medical treatment of Mrs. Richardson, the female plaintiff. The husband was a booking clerk of the Lancashire and Yorkshire Railway at Blackburn. The wife carried on the business of a milliner in the same town. On the 9th of April, 1861, defendant was called in to attend Mrs. Richardson in her first confinement, she then being thirty-one years of age. In attempting to assist the delivery he employed manual force, and it was in doing this that the alleged want of skill had been manifested. The result of the violence used was shocking in the extreme. The perineum and the adjacent muscles were ruptured, and a wound caused which extended to and through

* L. Banett, Esq., of Cambridge, has kindly forwarded to me a geological section of Rosswell Pit, near Ely, which has five distinct geological formations:—1. Lower chalk. 2. Gravel. 3. Boulder clay. 4. Lower green sand. 5. Kimmeridge clay.

the rectum. The child was born half an hour afterwards. The consequences of the wound were dreadful, and the poor woman suffered the most excruciating pain. The defendant said she would soon get better, and it was not until the end of the twelfth week, when she could no longer bear her agony, that he examined her. Mr. Morley, Surgeon, was called in, and found that she was suffering from ulceration and an abscess, and that if proper means were not at once taken, Mrs. Richardson would all her life be subject to pain and unnatural inconvenience. A sister of the female plaintiff and several other female witnesses testified to the ulceration and violence that was used. Three Surgeons were called to speak to the proper mode of treatment under the circumstances. They deprecated the use of manual force in the way described. For the defence Mr. Overend called Mr. Pollard. He stated that he had been in practice at Chorley forty years, and positively denied the use of the violence ascribed to him. He was not aware after the birth that there had been any rupture of the perineum, nor did the woman inform him of the injury until after he had ceased to visit her for three weeks, and he was then called in to attend her for a gathered breast, when she told him of the unnatural state she had been in from the first. He said that the female plaintiff and the other female witnesses had been guilty of falsehood. Dr. E. G. Craik, M.D. of the University of Edinburgh, and Licentiate in Midwifery of the Royal College of Surgeons, and Dr. W. Pilkington, a Physician residing at Chorley, testified that no want of skill was manifested by an Accoucheur in not being aware of such a rupture, the former gentleman saying, however, that the symptoms and inconvenience experienced by Mrs. Richardson denoted that the passages had been torn into one throughout. Mr. Overend having summed up his evidence, and Mr. Pope replied, his Lordship summed up the case to the jury, telling them that a professional man like a Surgeon was bound to bring to the performance of his duties a reasonable amount of care and skill; at the same time cautioning them against a verdict involving such serious consequences to the defendant, without the fact of his having committed gross negligence being brought home to their minds beyond all reasonable doubt. The jury found a verdict for the plaintiff—Damages, 120*l*.

Births, Marriages, and Deaths.

BIRTHS.

HUBBARD.—On the 12th ult., the wife of Henry Hubbard, L.R.C.P. Lond., of St. Peter's Lodge, Kensington park, of a son.

KEBBELL.—On the 22nd ult., at Upper Brunswick place, Brighton, the wife of William Kebbell, M.D., of a daughter.

LAVIES.—On the 23rd ult., at Warwick square, Belgrave road, the wife of J. S. Lavies, M.D., of a son.

WALKER.—On the 24th ult., at Blakesley house, Towcester, Northamptonshire, the wife of T. Osborne Walker, Esq., M.R.C.S., of a daughter.

MARRIAGES.

BENTLEY—BOURNE.—On the 21st ult., at St. Matthew's, Bayswater, William T. C. De Bentley, M.D., to Matilda, second daughter of Timothy Bourne, Esq., of Claughton, Birkenhead.

DEATHS.

ARBUCKLE.—On the 24th ult., at Auchenhay, Kirkcudbrightshire, Robt. Arbuckle, M.D., of Auchenhay.

ARROTT.—On the 21st ult., at Almericelose, Arbroath, William Arrott, M.D., aged 89.

FOOTE.—On the 18th ult., at Gnadau, Prussia, W. Vivian Foote, Esq., second surviving son of the late W. H. Foote, M.D.

SHAW.—On the 20th ult., at Hampstead, William, eldest son of William Shaw, Esq., M.R.C.S., aged 19.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—William Henry Cocker, Blackpool, Lancashire; Edward Cookson, Notting hill Dispensary; John Ellerton, Wakefield, Yorkshire; Robert Fouracre, Perriman, Plymouth, Devon; John Harvey, St. Mary's Hospital; Frederic Blakesly Mallet, Bolton-le-Moors; Arthur Trehern Norton, St. Mary's Hospital; Maurice Jas. O'Connor, Morpeth Northumberland.—The following gentlemen also on the same day passed their first examination:—John David Frankish, Guy's Hospital; Thomas Edward Mason, Guy's Hospital.

THE PROPOSED LUNATIC ASYLUM FOR CAERMARTHEN, CARDIGAN, AND PEMBROKE.—The plans for this asylum, though approved by the Secretary of State, have not been proceeded with on the score of expense.

INSANE INMATES OF WORKHOUSES.—During the year 1861 there were reported in the several workhouses throughout England and Wales 6071 insane, idiotic, and imbecile inmates. As returns were not given from two or three places, the entire number may be stated to be about 6100.

THE DANGERS OF ACROBATISM.—Miss Selina Young,—known as the female Blondin,—aged thirty-two, was admitted into St. Bartholomew's Hospital (Queen ward), under the care of Mr. Lawrence, on the 15th instant, having sustained severe injuries the day before at Highbury Barn, by falling from a tight rope. She was much bruised about the body, especially on the left side, and had sustained a fracture of the neck of the left thigh bone *within* the capsule. There was much swelling and bruising about the right shoulder and scapular region; but she was too sore to permit of a minute examination at this part. Crepitation was heard in the scapular region, between the scapula and the chest, and a fracture, either partial or complete, was suspected to have occurred in that situation, especially as she felt sharp pain on deep inspiration. The fractured limb was properly put up in a long splint, and for some days it was necessary to support the patient's strength with brandy and other stimulants. On the 26th inst. she was much better in every respect, and expressed herself as feeling tolerably well. Much of the bruising and swelling had already disappeared, and she could throw out and move the right arm and shoulder with perfect freedom and without pain. She has now no pain anywhere, and is expected to make a good recovery. The fractured limb is extended to nearly the same length as the opposite one; she has borne extension pretty well; and it is anticipated that in all probability there will be but very little shortening ultimately. The patient stated that she was suddenly seized with cramp in the fingers, which compelled her to let go the pole previous to her fall. Under the assiduous attention of Mr. Butler (Mr. Lawrence's house surgeon), and Mr. Battye (the patient's dresser), she has progressed most favourably. No internal injury of any kind was sustained. The chief force of the fall seems to have been spent upon the left side of the body, more particularly over the hip and thigh. She is apparently a stout, well-built person, of short stature, but with powerful limbs. Mme. Jas. Potter, the daring wire-walker, who, by a singular coincidence, was precipitated to the ground at the Hipprodrome on the same day that her intimate friend the "female Blondin" met with her terrible accident at Highbury Barn, is, we are happy to learn, progressing favourably towards convalescence.—'Lancet.'

PROFESSIONAL ADVANTAGES OF THE EDINBURGH SYSTEM.—To complete the arguments in favour of our medical curriculum as it stands in relation to arts, I ought to show how seriously the development of the Medical Profession itself has been hindered by a too exclusive devotion of the medical student to the dead languages, and how great services have been rendered by this University in adopting a more practical course. In England the too learned physician became a specialist, and Medicine and Medical Practitioners were in consequence so divided in study, practice, and organisation, that the natural unity of the Profession was destroyed, and the conflicting grades of practitioners set up. But in Edinburgh this natural unity was, and is, maintained; and you, gentlemen, will pass into the world equal in academic rank, but free to study and practise in whatever department of Medical art your natural tastes and talents may lead you to adopt. It is highly gratifying to observe how much progress this principle has made in England of late years, and that it is becoming more and more clear what evils the contrary principle has inflicted on the profession. We will not draw upon history for illustrations of those evils; rather let us hope that a new era is dawning upon us. The College of Physicians of London, with most praiseworthy zeal, is about to abandon that unhappy principle which excluded surgery from the studies and practice of physicians, while, simultaneously, an academical position has been given to surgical science in the English universities. These two changes foreshadow, I confidently think a corresponding change in medical organisation. One step alone is needed. When, by combination, the medical and surgical colleges have carried out the principle of the natural unity of the profession, the organisation of the profession will be in harmony with the medical faculties of all the universities, and in England, as here, the motto will be—*E pluribus una*.—Dr. Laycock.

MEDICINE IN RELATION TO THE OTHER FACULTIES.—I have left myself little time for any remarks on the academic position of medicine in relation to the other faculties and professions; but this is the less to be regretted, because public opinion is more and more declaring itself in favour of the study of physiology, or rather biology, as a branch of general education, That which is taught in our ragged schools must sooner or later find its way into our universities. The repression of crime and the advancement of morals will be all the more effective, in proportion as our magistrates, judges, lawyers, and divines become acquainted with the subtle and never-ceasing action of the corporeal on the spiritual part of human nature. If not so ornamental, far more useful will such knowledge be than the most intimate acquaintance with Homer or Plato. Two professions not hitherto developed by academic training will ere long be brought within the sphere of university discipline. The military and naval officer and the schoolmaster are daily becoming of greater importance as science perfects alike

the arts of war and of peace. Each has to educate, discipline, develop the mental powers; each has to govern and train. To both a knowledge of the physiological side of human nature, and of all that constitutes and maintains the *mens sana in copore sano* is essential for success. Now, this knowledge medicine, in its wider applications to psychology and hygiene, can alone supply. Efforts have been made already to bring the military profession within our national republic of letters, and the scholastic profession is already so connected with the universities of this country that the more complete academic training of the Scottish schoolmaster can only be considered a matter of time and detail. At present the great question of religious teaching stops the way—each religious sect, with few exceptions, claiming to educate its own children in its own dogmas and ceremonies. This is the natural result of earnestness in religion; what a man believes to be true he would have his children and neighbours to believe with him. The fact is overlooked that if each succeeding generation had held to the faith of its fathers there would have been no sects, nor even Christians—a sufficient proof that, however natural the desire to perpetuate beliefs may be, it never can be accomplished. While, therefore, we naturally teach our children what we believe to be the truth, we should remember not only that we may be wrong on some points of faith, but that we most certainly are wrong; and out of this humble but too true estimate of ourselves will arise the conviction that we have a higher duty than that of teaching what we believe to be true—namely, to imbue the rising intellect with an abiding love of truth, and so to train the faculties that it may be as able, as it is willing to discover truth. This is incompatible, however, with a sedulous pre-occupation of the mind by opinions and beliefs. 'I know, indeed, no better inheritance for a man, or a surer help to advancement and happiness, than the love of truth and the capacity to seek after it. It is available alike for scientific progress, for material advantages, and for happiness in the highest and best sense. On the contrary, the mind which is loaded from youth upwards with prejudices, lags miserably behind the age and time, and grows up stunted and deformed. Free exercise of the mental faculties is as necessary to mental power and symmetry, as freedom of the limbs to corporeal beauty. This truth all mental science teaches, and some of you cannot but know the reason why. —Dr. Laycock.

Quarantine in the Thames.—At this moment an iron crew steamer lies in the Victoria docks at Blackwall, on board which certainly eight people, if not nine, have very recently died, in a manner which has been sought to be concealed or mystified. The vessel, the *Melita*, of 800 tons, belongs to Messrs. Begbie and Campbell, of Mansion-house-place. She has arrived in the Thames under circumstances so calculated at first to inspire alarm that they have been brought prominently and specially under the notice of the Commissioners of Customs. She left Nassau, New Providence, so recently as August 2, having previously, it is said, run the blockade at Charleston. She had on board a crew of some fifty officers and men and twenty-three passengers, with a general cargo, including about twenty-five bales of cotton. On the voyage home, which lasted barely twenty days, no fewer than seven of the passengers and the engineer of the vessel died of yellow fever, it is reported and were buried at sea. The captain and two of the passengers landed at Dover, leaving the ship in charge of the chief mate and a pilot, She then steamed up the Thames evaded the quarantine regulations at Gravesend, and arrived in the Victoria docks on the morning of Wednesday or Thursday last. There she was boarded and overhauled in the usual manner by Mr. Richards, an examining officer of Customs, who in the course of his search, heard from some of the crew in an incidental way what had happened on the voyage, and which he deemed it his duty to report immediately to head-quarters. He and two or three of his assistants, with a pilot named Brooks and some other people who had gone on board, apprehending nothing wrong, were condemned to remain there as were also all the surviving passengers and crew, during three or four days and nights. The vessel was pushed off into the basin, detached from the quay and away from the rest of the ships, while a vigilant guard was kept over her lest any one on board should escape, and, what was much less likely, lest any one should approach her.

The Bite of a Rattlesnake.—Mr. George W. Kendall writes the following, from Texas, to a newspaper in New Orleans:—"Before I forget I must tell you that the medicine chest has just arrived, and the very moment I opened it I found a pressing use for one of the articles it contained. I was counting over the flasks, when one of my men came running in, and exclaimed that he had just been bitten by a rattlesnake. He held his left wrist, while two streams of blood flowed from one of his fingers, where the fangs of the serpent had pierced him. As the man had no tobacco, I told him to fill his mouth with salt, and with all his might suck the wound. I then held a cloth steeped in hartshorn on the wound, to counteract the working of the poison. I next put thirty drops of hartshorn into a glassful of whisky, and poured the whole contents down his throat. Five minutes afterwards I repeated the dose, and again in other five minutes. I had now administered a whole quart (?) of whisky, with ninety drops of hartshorn, and held it sufficient. The man was an Irishman, an old soldier, and took the thing very coolly. It was a great satisfaction to him when he heard that another man had killed the serpent. For three-quarters of an hour he sat quiet, and spoke about the bite with cold-blooded indifference, while I continued to renew the application of hartshorn to the wound in the finger. He said it was too bad that he should die of the bite of a poisonous snake, while I was astonished he could remain unaffected after such a dose of whisky. After about an hour he began to laugh, then to whistle, then to sing, and finally attempted to dance. It was now all right. I knew that the whisky had gained the upper hand of the poison, and for the first time intoxicated him. Five minutes after he was as drunk as Bacchus, beat on the ground with his feet, slept for half a day, and in the morning was well and at his work. So much for the first case which I have cured with the contents of the medicine chest! The hartshorn, with the whisky, completed the cure."

Action for Libel.—An Australian letters says:—A fertile subject of conversation here, has been an action for libel brought against the 'Argus' by Dr. Bowie, the surgeon-superintendent of the Yarra Bend Lunatic Asylum. The defendants to a certain extent succeeded in proving that considerable amount of wrongdoing had been practised, and the jury returned a verdict substantially for the 'Argus,' but on one count for the plaintiff, with damages 100*l*.

Domestic Employment of Castor Oil in China.—In China, castor oil is constantly employed for the ordinary purpose of life, as we should use olive oil or butter, its evacuant action having become subtended by force of habit. The Chinese, however, sometimes forget that Europeans do not enjoy this immunity, and M. Stanislaus Martin relates that several years ago some French envoys believed themselves to have been poisoned by the mandarins, who had invited them to dinner. All the dishes had been prepared with the oil of *palma christi*, which induced a terrible purgation; but happily the discovery was made before reprisals, for what appeared to have been traitorous conduct, were taken.

Appointments.—Arthur Wellesley Waterloo Babington, M.R.C.S. Eng., L.A.H. Dub., has been appointed Surgeon Superintendent to the *York* convict ship.—John Berland, M.D. Univ. Glasg., has been re-elected Parochial Medical Officer, Kilmarnock, Ayrshire.—Horatio Coare Brenchley, M.R.C.S. Eng., L.S.A. Lond., has been elected one of the Medical Officers of the new Camberwell Provident Dispensary.—John Bringloe, M.R.C.S. Eng., and L.M. L.S.A. Lond., has been elected one of the Medical Officers of the new Camberwell Provident Dispensary.—William Bruce, M.D. Univ. King's Coll. Aberd., L.R.C.S. Edin., has been elected Secretary for 1862-3 of the Buchan Medical Society.—J. Magor Cardell, F.R.C.S. (exam.) Surgeon to the Salisbury Infirmary, has been appointed Deputy-Coroner for the Southern District of Wiltshire.—John Tasker Evans, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to Christ's Hospital, Hertford *vice* Richard David Jones Evans, M.D. Mar. Coll. Univ. Aberd., F.R.C.S. Eng. (Hon.) L.S.A. Lond., deceased.—Augustus Eves, M.D. F.R.C.S., Consulting-Surgeon to the Cheltenham General Hospital, has been elected President of the Gloucestershire Medical and Surgical Association.—Dr. Glen, Civil Surgeon, Broach, Bombay Presidency, has been appointed one of the Municipal Commissioners for the town of Broach.—Albert Gunther Dip. in Med. and Surg. Stuttgart, Assistant (1st class) Zoological Department, British Museum, has been elected Fellow of the Zoological Society of London.—James Hurd, M.D., has been appointed Certifying Surgeon under the Factory Act for the Frome District, *vice* B. Mallam, resigned.—Andrew Jackson, L.F.P.S. Glasg., has been elected Medical Officer and Public Vaccinator for the High District of the Longtown Union, Cumberland, *vice* William Graham, L.R.C.S. Edin., L.S.A. Lond., whose term of office has expired.—Assistant Surgeon J. Lalor, A.B., has been appointed Assistant-Surgeon in charge of Sindh Lunatic Asylum, Larkhana, Bombay Presidency.—Nathaniel Lawrence, M.R.C.S. Eng., has been appointed President for 1862-3 of the Buchan Medical Society.—James Jasper Macaldin, M.D., L.R.C.S. Edin., F.R.C.S. Irel., L.M. Edin., has been elected Medical Officer and Public Vaccinator for the Fifth District of the Romford Union, Essex, *vice* Mr. William Cooper, resigned.—Andrew Douglas Maclaghan, M.D. Univ. Edin., F.R.C.S. Edin., has been appointed Professor of Jurisprudence in the University of Edinburgh, *vice* Thomas Stewart Traill, M.D. Univ. Edin., F.R.C.P. Edin., deceased.—George Maclean, Acting Assitant-Surgeon R.N., has been appointed to the *Severn* for the *Pantaloon*. — Assistant-Surgeon W. J. Moore, M.D., has been appointed Acting Assistant-Surgeon to the European General Hospital, Bombay.—W. A. Morton, Esq., has been appointed Certifying Surgeon under the Factory Act for Horwich, Lancashire, *vice* Cawthorne, resigned. —Wm. Newman, M.D. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer to Lord Burghley's Hospital St. Martin's, Stamford Baron, Lincolnshire, *vice* Mark Wilson Jackson, F.R.C.S. Eng., L.S.A. Lond., deceased.—Robert Nichol, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., and L.M. L.S.A. Lond., has been elected one of the Medical Officers of the New Camberwell Pro-

vident Dispensary.—John Otley, F.R.C.S. Eng., L.S.A. Lond., has been elected one of the Medical Officers of the New Camberwell Provident Dispensary.—Samuel Alexander Patrick, M.R.C.S. Eng., has been appointed District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.—John Williams Pridham, M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the 4th and 5th Districts of the Weymouth Union, Dorsetshire, *vice* Adam Stapleton Puckett, L.S.A. Lond., deceased.—John Dungate Featherstonehaugh Parsons, M.D. St. Andrews, M.R.C.S. Eng., L.S.A. Lond., has been elected Resident Medical Officer to the Clifton Dispensary, *vice* Robert Watts, M.R.C.S. Eng., L.S.A. Lond., resigned.—George Puckle, M.D., Univ. St. And. M.R.C.S Eng., L.S.A. Lond., has been elected one of the Medical Officers of the new Camberwell Provident Dispensary.—William Edward Robbs, M.B. Univ. Lond., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Stamford, Rutland and General Infirmary; and Medical Officer for the Ryhall District of the Stamford Union, Lincolnshire, *vice* Mark William Jackson, F.R.C.S. Eng., L.S.A. Lond., deceased.—Alexander Samuel Samson, M.R.C,S. Eng., L.S.A. Lond., has been elected Medical Officer and Public-Vaccinator for the third or Wyke Regis District of the Weymouth Union, Dorsetshire, *vice* Andrew Chadwick Fenoulhet, M.R.C.S. Eng., deceased.—Dr. William Henry Sherwood has been appointed a Member of the Legislative Council of Her Majesty's Settlement on the River Gambia.—George Smith, L.R.C.S. Edin., has been elected Vice-President of the Buchan Medical Society for 1862-3.—John Addington Symonds, M.D. Univ. Edin, F.R.C.P. Lond., F.R.S. Edin., has been elected President of the British Medical Association for 1862-3.—Dr. Angustus Voelcker remains as Professor of Chemistry at the Royal Agricultural College, Cirencester, having withdrawn his resignation.—David Walker, M.D. Qu. Univ. Irel., L.R.C.S. Irel., M.R.I.A., F.R.G.S., F.L.S., late Surgeon and Naturalist on board the R.Y.S. "*Fox*," and now proceeding to British Columbia, has been elected a Corresponding Member of the Zoological Society of London.—George Webster, M.R.C.S. Eng., L.S.A. Lond., has been elected one of the Medical Officers of the new Camberwell Provident Dispensary.—Charles Whitefield, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Crowland District of the Peterborough Union, in the Counties of Lincoln and Northampton, *vice* Charles Sharp Smith, M.R.C.S. Eng., L.S.A. Lond., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 3.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Thursday, September 4.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.

Friday, September 5.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 6.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, September 8.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, September 9.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

O. R.—The object of the Regulation, obviously is to forbid the use of the title of Dr., except by a University graduate. These successive changes of policy involve great injustice; but we do not see what can be done.

CHIRURGUS.—It is a great row about nothing. It is too much the practice in our Profession when two neighbouring practitioners are on doubtful terms, that they get up a dispute upon what is called "medical etiquette"—a something often created for the sole purpose of fastening a quarrel to it. We decline to notice the matter.

Mr. NICHOLLS.—Yes.

Dr. COOKE is thanked.

Dr. JOHNSON.—Received.

H. S.—Mr. Bragg's charcoal biscuits are pleasant to take and likely to be beneficial. The value of charcoal as an antiseptic is well-known and there is no reason, save its disagreeableness, why it should not become a regular medicament in dyspepsia. We think that Mr. Bragg's biscuits have supplied the desideratum.

AN ASSISTANT.—The 'Lancet' has advocated dozens of such nonsensical schemes; occasionally, too without taking, the slightest pains to inquire into the antecedents of the promoters. It will come to nought.

A MEMBER OF THE ASSOCIATION.—The Society is a partnership, with this advantage, that whilst each partner cannot sue another for his subscription, anybody else can sue any one of the partners for the whole amount of the debts of the Association; so you can readily judge on which side your interest lies.

Mr. TAYLOR.—Enclosure received.

ALPHA.—We think Mr. Pollard has been hardly used. Actions of that sort might be trumped up by the score.

J. E.—The subject has no Medical interest, we therefore decline to accede to your request.

Mr. HENRY W.—1st. Certainly.—2nd. You could charge for your visit; but not for the medicines.

Mr. WILSON.—Yes, in the last week of September.

A SUBSCRIBER.—The process is a tedious one. You must get a paper from a Governor if you know one, and if you don't, you may spend two or three days in finding one; you must then have the certificate of two surgeons, one clergyman, one housekeeper, one governor, &c., &c., and, when this process has been gone through, you cannot rely upon the patient being received.

*—1st. No.—2nd. No.

Grosvenor-place School of MEDICINE, No. 1 Grosvenor place (adjoining St. George's Hospital).—Session 1862-63.

The Introductory Lecture was delivered on WEDNESDAY, OCTOBER 1st, at Three o'clock p.m., by Dr. CHOLMELEY.

WINTER SESSION.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Mr. Sharman.
Practical Anatomy—Mr. Lomas.
Chemistry—Dr. Wood.
Principles and Practice of Medicine—Dr. Leared and Dr. Cholmeley.
Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.

Further information may be obtained of Dr. Richardson, 12 Hinde street, Manchester square, W.

Human Osteology. Messrs. MILLIKIN & LAWLEY, Surgical Instrument Makers, 161 Strand, "adjoining King's College," have a large assortment of Skeletons, Skulls, Hands, Feet, separate Bones, &c.

Articulated Skeletons, from £5; Disarticulated, from £3; Skulls, from 15s.

A Priced List sent post free on application.

N.B.—A variety of specimens of Cutaneous Diseases.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively supplied Chlorodyne—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant; and he is glad to find that the low price at which he sells it allows the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects are enjoyed by the poorest sufferers. Sold by all Wholesale Druggists.

The London Hospital MEDICAL COLLEGE.

The next WINTER SESSION will commence on WEDNESDAY, OCTOBER 1, 1862, when the INTRODUCTORY LECTURE will be delivered by Mr. HUTCHINSON, at Three p.m.

General Fee to Lectures and Hospital Practice, 84 Guineas, payable in two instalments of 42 Guineas each, at the commencement of the two first Winter Sessions of attendance.

Perpetual Fee to the Lectures alone £50.

Students can make Special Entries to Lectures or Hospital Practice.

Further particulars can be had on application to Dr. PARKER, Hon. Secretary, 22 Finsbury square, E.C., or at the College.

LECTURES AT THE LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

Medicine—Nicholas Parker, M.D.
Surgery—T. B. Curling, F.R.S., and Jonathan Hutchinson.
Descriptive and Surgical Anatomy—John Adams.
Physiology, General, and Morbid Anatomy, and Practical Histology—Andrew Clarke, M.D.
Practical Anatomy—John Couper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barret.
Midwifery and Diseases of Women and Children—F. H. Ramsbottom, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D.
Materia Medica and General Therapeutics — Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. L. H. Down, M.D.
Special Operative Surgery—Mr. Maunder.

Mile-end, August 1, 1862.

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In 1 lb, ½ lb, and ¼ lb packets.

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JOURNAL

OF

Practical Medicine and Surgery.

— The pathology of *Asystolia* perfectly explains the mechanism of *angina pectoris*, and shows the connection between the two morbid conditions.

Many eminent writers, among whom we may quote Baumes, Laennec, Desportes, and Lartigue, view angina pectoris in the light of a neuralgia, expressing at the same time conflicting opinions with regard to the particular nerves which are the seat of pain and the cause of dyspnœa. Mr. Beau conceives that the neuralgia originates in the nervous system of the heart, and is inseparable from extreme and intermittent weakness of that viscus, which may be the cause or the effect of the neuralgia, but is, under all circumstances, the leading symptom of the disease, and imparts to it its well-known gravity.

Angina pectoris is not invariably accompanied by the train of symptoms enumerated by authors. Those who do not admit that it can exist without these attendant morbid phenomena, describe it as of very unfrequent occurrence, and Mr. Beau acknowledges that he has met with it three or four times only with all its characteristic signs. But pneumonia does not always show itself attended with the full series of its standard symptoms, and angina pectoris may also be deficient in certain manifestations represented as pathognomonic, but which, in fact, are of merely secondary importance. Thus palpitations and the propagation of the neuralgic pain to the left arm, are not characteristic, but accessory symptoms. The pain may occupy the left arm, or the right; it may be situated in both, or in the shoulders, and sometimes is altogether absent, and the paroxysm may occur, although the patient has not walked up an ascending surface. The fit may supervene under the influence of any movement or effort, or break out in the middle of the night, and cause cessation of life at its very first appearance. Thus the late Dr. Rilliet, of Geneva, was suddenly seized with angina pectoris while bending over a child in order to examine its chest, and, although this was his first attack, he expired in a few minutes after complaining of excruciating pains between the shoulders.

According to Mr. Beau, the pathognomonic symptoms of angina pectoris are a more or less violent oppression in the region of the heart; a change in the countenance expressive of terror; and an uneven, quick pulse, indicative of imperfect propulsion of the blood into the arteries. Now these signs obviously point to a diseased condition of the heart, and Mr. Beau suggests that the affection, consisting in a functional disturbance of that viscus, should in future bear the more appropriate appellation of *Angina Cordis*. Whether the affection originates in some anatomical change in the central organ of circulation, or does not coincide with any lesion appreciable to the anatomist, angina always mainly consists in asystolia, an arrest of the action of the heart, or, if the term used by Bièra, Shaffer, and Jahn be preferred, in an incomplete paralysis of the organ. This form of asystolia may, however, be distinguished from the *transitory fits of suffocation* frequently observed in persons labouring under organic disease of the heart, with some degree of permanent dyspnœa, by the characteristic combination of symptoms at once momentous and intermittent.

The above remarks will assist in discriminating angina pectoris from asthma, from gastric dyspnœa, and from the neuralgic pains occasionally met with in the left arm, and in the superior intercostal nerves on the same side in cases of tuberculosis. These pains have recently been pointed out by Mr. Beau in several of his patients, and in the case of the late Dr. Miquel, a distinguished contributor to medical periodicals and literature, were mistaken for angina pectoris. This disease bears a greater resemblance to the symptoms induced by the formation of coagula within the heart, but an error would here be unimportant, as in both instances the symptoms arise from the diminished energy of the contraction of the organ.

The principal causes of angina pectoris are a fatty condition of the heart, arterial ossification, rheumatism, gout, and syphilis. Mr. Beau also conceives that mental impressions may have considerable influence in producing the disease, and in bringing on its paroxysms. Dyspepsia, the excessive use of tobacco, which we have before alluded to, and which, as Mr. Bernard has shown, may in the long run occasion genuine paralysis of the heart, must also be numbered among its causes.

The points of resemblance above indicated between asystolia and angina pectoris, suggest the treatment most appropriate to the latter. Digitalis should be prescribed in order to invigorate and regulate the action of the heart, and the causes which have a tendency to decrease its energy must as far as possible be counteracted. When, for instance, a patient liable to painful attacks of dyspnœa and feebleness of ventricular contraction smokes to excess, the habit must be abandoned. Tobacco alone is not the cause of angina pectoris, and Seneca, to whom we are indebted for so graphic a description of the complaint, was doubtless no smoker. But tobacco, either by the direct action of nicotine on the heart, or by its indirect operation on the system, as a cause of dyspepsia and of subsequent loss of appetite, obviously exercises an injurious influence, which it would be injudicious to neglect in any person otherwise predisposed to the complaint under consideration.

— Plain warm baths are seldom prescribed in Mr. Beau's wards. They are in general debilitating, and in subjects already exhausted by physical and moral agencies of various kinds, this line of treatment is seldom useful. Mr. Beau has recourse preferably to alkaline or sulphurous baths, or to cold water applied with the wet sheet; the latter remedy was the only agent from which any benefit was derived in a recent case of obstinate gastralgia. The Professor also daily resorts with the best effects, in the female wards, to the Valerian bath.

It is prepared by adding to the water of a common bath an infusion of 16 oz. of dried chips of Valerian root, in six pints of boiling water. The dregs of the infusion, inclosed in a bag, are also placed in the bath.

Mr. Fort, Mr. Beau's House-Surgeon, recently published in the *Gazette des Hopitaux*, a short paper in which he speaks highly of the antispasmodic power of this mode of using Valerian. Its effects he represents as, in general, immediate. These baths have never been injurious; they almost always relieve, and sometimes effect a complete cure, an assertion borne out by the two following cases:—

"A. B., an hysterical girl, aged nineteen, had, for upwards of twelve months, been an inmate of the hospital, when Mr. Beau was attached to La Charité in January, 1862. Her symptoms were those usually observed in hysteria—viz., loss of appetite, constipation, tympanitis, intercostal, lumbo-abdominal, and vesical neuralgia; complete loss of sensation and insensibility to pain in the inferior half of the body, and pain of so intense a character in the hip-joint, as to prevent all motion, and suggest the idea of morbus coxarius.

"At the beginning of February she was for the first time placed in a Valerian bath, which immediately allayed the pain and gave rise to an unaccustomed sensation of comfort. On the very next day, appetite and sleep were restored; but three days after some cause of annoyance destroyed these good effects, and the nervous symptoms reappeared. A second bath was then prescribed, and much relief was experienced. In the course of two days, the sleeplessness, tympanitis, and neuralgic pains entirely yielded. The patient took altogether six baths in eighteen days, and her state being then satisfactory, she was forwarded to the Convalescent Hospital at Vesinet; the spurious morbus coxæ and the other nervous symptoms were entirely cured."

Mr. Fort has, since that period again seen this woman, and no relapse has occurred.

"Another girl affected with hysteria, occupied bed No. 30 in the same ward. The fits were of frequent recurrence, and the neuralgic pains so violent, that she was incapacitated from walking. Appetite was absent. The patient was obliged to preserve the most entire immobility, and the slightest contact

or the least movement elicited screams. The pains occupied all the limbs, and more especially the course of the lumbar and intercostal nerves.

"This condition continued several weeks, when on the 28th of [illegible], a warm bath was prescribed. Marked the disease, the excessive pain was much allayed, and the patient slept up for several hours, and slept calmly. On the next day the appetite returned, and the sufferings were less violent than usual. A second bath was given on the 31st of March. The improvement was now considerable, the pains entirely subsided, and three-fifths of the full allowance of food were prescribed; in a few days more, the recovery was completed."

Mr. Beau has recourse to the Valerian bath in many forms of nervous disease, such as hysteria, neuralgia, nervous emesis, nervosism, &c. An interesting case of paralysis agitans of one side of the body only, may at present be observed in the wards; the patient is a girl who for two years has been thus affected. The left arm and leg are in a state of constant agitation, consequent on loss of power. The case is one of hysterical paralysis, dyspepsia, gastric dyspnœa, globus hystericus, convulsive paroxysms have all existed in succession, and the anæsthesia is more marked on the left side. Since she has been admitted into hospital, generous food has been prescribed and every day a Valerian bath from which she derives much relief. After ten day's treatment the agitation of the arm subsided, and in all probability if the patient can be induced to persevere, a complete cure will be effected by the Valerian baths, aided by invigorating diet.

Art. 6278.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(PROFESSOR NELATON'S WARDS.)

Melanic Growth Cured after Four Successive Operations.—Mr. Clémeaux's Operation for Hare-lip; Metallic Sutures; Chloroform.—The Padded Apparatus in the Treatment of White Swelling.

Experience shows that the surgeon should repeatedly have recourse to amputation in cases of cancer, and that a time comes when the disease seems to have exhausted its power of reproduction. The fact was well known to Blandin, who frequently alluded to it in his clinical lectures; we have observed in the wards of Messrs. Chassaignac and Démarquay several cases which illustrate its truth; and a few weeks ago, Mr. Nélaton produced in his lecture room a man, who has undergone four successive operations for the removal of a melanic growth, and who seems at last to be delivered from his inveterate enemy.

The case was one of an embarrassing and obscure nature; it was chosen twelve years ago for the theme of a lecture in a competition for the chair of clinical surgery, and entirely baffled the ingenuity of the candidates. Mr. Gosselin, who at the time had charge of the surgical wards of the Hospital of the School of Medicine, performed an operation for the removal of what he conceived to be an indurated gland, and failed in effecting a cure. He was surprised to find that the tumour was of a dark colour, and that the mass was hard, irregular, and voluminous; the gland had undergone the melanic degeneracy. The disease having relapsed after an interval of six weeks, Mr. Giraldès performed a second operation with the same unfavourable result. The patient was then dismissed, remained absent for five or six months, and was again operated on by Mr. Jarjavay. Mr. Nélaton, who, in the interim, had been appointed to the chair of clinical surgery, found this man in his wards. His condition was then most unpromising; the surface of the growth was ulcerated, bleeding, and it had considerably increased in size. The general health of the subject was, however, unimpaired, the muscular system well developed, and the outward appearance satisfactory. Mr. Nélaton determined on attempting the utter eradication of the tumour, and was compelled, in effecting his purpose, to expose the axillary plexus, the subclavian artery and vein, the lower part of the internal jugular and the phrenic nerve; in short, to dissect the entire region. This formidable operation was instituted ten years ago, and nothing hitherto has occurred of a nature to cause any apprehension of a relapse. A cicatrix, three and a half or four inches in length, now occupies the seat of the wound, which extended at first to six inches in every direction.

It is well to take due note of this case, the importance of which is enhanced by the fact that melanic growths relapsing very readily, the surgeon often despairs of being able to effect a cure, and, by declining to interfere, dooms the patient to inevitable death.

— An infant, aged eleven days, was recently operated on by Mr. Nélaton for a remarkable variety of hare-lip. The nose was flattened, the gap involved the alveolar ridge and the palate, and the deformity was considerable. In this instance, Mr. Nélaton resorted to the procedure recommended by Mr. Clémeaux, of Rochefort, which seems well calculated to prevent the possibility of the formation of an unsightly notch after the lips of the fissure have been brought together. The operation is conducted as follows:—Let us first suppose a case of hare-lip not extending into the nostril, and limited above by an angle formed by the soft parts. Instead of cutting away in the usual manner the blunt edge of the fissure, its margin is merely detached by an incision running round the upper angle and both sides of the division, down to a short distance from the lip. Thus a single, loose flap is dissected, moveable in the entire of its extent, but still attached at both its extremities to the edge of the lip, and, when lowered with a blunt hook, exposes a lozenge-shaped aperture, the four sides of which are bleeding. To these, sutures are applied, and instead of a notch, which Mr. Mirault's ingenious method does not always succeed in preventing, a prominence is obtained which not only has the advantage of constituting a suture endowed with life, but also of obviating a conspicuous defect.

By this procedure, union must take place at the lower part of the wound, because a bridge remains unbroken at the lower extremity of the fissure, forming a natural connection in every respect superior to any artificial suture; and even in cases in which the ligatures above have failed in securing adhesion, the lozenge-shaped orifice fills up by granulation, thanks to the persistency of the living band preserved from the knife. It may be objected, it is true, that the operation is delicate and tedious, when compared with the mere paring of the fissure with scissors, but the duration of the procedure is of small import if its consequences are more satisfactory. Some fear has also been expressed that the corrugated flap may form an exuberant protrusion of deformed aspect, and thus substitute one irregularity for another; but the apprehension is perfectly unfounded; experience shows that after some swelling, and even occasional turgidity, the fleshy substance alluded to contracts, and that no subsequent excision is ever necessary.

In the performance of the operation, Mr. Nélaton always recommends attention to the necessity of using a very narrow, straight bistoury; also to the propriety of securing the lip with a tenaculum, instead of the forceps, which has but an insecure hold of the part. The incision can thus be made with all desirable precision.

The question of sutures is one of some difficulty. When the patient is an infant less than a fortnight old, the tissues have but little resistance, and are easily cut through; hence the precept of withdrawing the needles after twenty-four or thirty-six hours at the farthest; in forty-eight hours, in general, the ulcerative process may be complete and endanger the results. But primary union is barely effected in twenty-four hours, and the surgeon may well feel some degree of embarrassment as to the safest course to be adopted. Now the procedure imagined by Mr. Clémeaux already affords some security against the chances of disunion or of incomplete union; but the metallic sutures recently introduced into practice remove all further uneasiness in this respect.

In the case which suggests the present remarks, Mr. Nélaton placed five silver wires, which he twisted and left *in situ* for a week. When they were withdrawn, on the eighth day, it was gratifying to remark that they had occasioned no ulceration

whatever, and on the tenth day after the operation no trace of their presence was perceptible. The case is therefore one of considerable practical interest. We should not omit to state that, before removing the wires, Mr. Nélaton unhesitatingly had recourse to chloroform. An assistant brought forward the infant's cheeks with both hands, while another held beneath the nose a compress impregnated with the anæsthetic. The child's screams soon subsided, and he slept; the five wires were then extracted with scissors and forceps, and the lip was dressed with a piece of fine linen covered with collodion.

— We alluded some twelve months ago (ART. 6016) to a case of elephantiasis in which Mr. Nélaton effected considerable improvement by the application of peripheric pressure with the cotton-wadding bandage recommended by Mr. Burggraeve, of Ghent. This apparatus deserves to be better known, and the benefits which can be derived from it in cases of localised arthritis, and white swelling, merit especial notice.

Pressure, as a method of treatment of these often painful and always tedious affections, has been highly spoken of by Professor Velpeau, but various appliances may be used for the purpose, and we conceive that a short description of the cotton-wadding bandage, the most efficient of all to satisfy the important indication in question, may not be wholly without interest to our readers.

The apparatus consists in a form constructed with cotton-wadding, pasteboard, and linen rollers. The interposition of cotton between the integument and the other parts of the bandage obviates the possibility of any undue constriction, and at the same time secures the perfect stability of the whole. The cotton-wool equalises, and by its elasticity renders the pressure permanent. It yields to the turgescence of the parts enclosed within the apparatus, and when the swelling subsides the cotton fills up the space existing between the integument and the unelastic envelope, and whatever the amount of turgidity or of subsequent shrinking of the limb, no vacant interval ever forms such as would require incision of the shell for the purpose of loosening or tightening the apparatus. In cases of white swelling, the limb should be first covered with a layer of cotton-wadding, especially thick around the diseased joint; pasteboard splints are then laid over and secured with a roller, the turns of which are consolidated with dextrine or starch paste. The cotton should be fine, carded wadding, and not gummed, because gum deprives it of its elasticity, and the pasteboard should be moistened in order to adapt itself easily to the shape of the parts.

For several years Mr. Nélaton has adopted this system in his private practice and in hospital, and he confidently asserts that no bandage is equally efficacious in the treatment of white swelling.

ART. 6279.

AURAL SURGERY.

Anchylosis of the Ossicula Auditus.

The minute articulations which connect the ossicula are supplied with a synovial and a capsular membrane, and are subject to the same diseases as other arthrodial joints. One of these affections presents especial interest, inasmuch as it more or less seriously imperils the auditory function, I allude to anchylosis of the ossicula.

This is an anatomical change frequently consequent on rheumatism, gout, or syphilis, and is, moreover, almost invariably the result of chronic and especially of catarrhal inflammation of the middle ear. Anchylosis of the ossicula was first described in 1743 by Hoffmeister, of Leyden, and was for a long time looked upon as an insignificant nicety of pathological description. I must myself plead guilty to the charge of having overlooked the practical utility of a careful study of this lesion, which is, however, repeatedly alluded to in my *Practical Treatise on Diseases of the Ear*, published in 1856. I was at the time impressed with the idea, that accurate diagnosis of this condition could scarcely be hoped for in the living subject, and that the only treatment calculated to be of service, was that which is usually resorted to in nervous deafness. In both diseases the function is much impaired, and is sometimes almost entirely abolished; the *membrana tympani* is transparent, and the Eustachian passages are free from obstruction. In both, tinnitus and torpidity of the organ are present, and the similarity of the anatomical and physiological symptoms tends to create a confusion which it is not easy to avoid.

It is not, however, quite impossible to establish the diagnosis with precision, and, if an appropriate course of treatment is resorted to in time, improvement, and sometimes even a complete cure, may be expected to follow.

I have had many opportunities of meeting with anchylosis of the ossicula, and the following brief description is delineated from the cases I have personally observed:

Anchylosis of these minute articulations may be *complete* or *incomplete*.

Incomplete anchylosis is usually attended with simple hypertrophy or thickening of the mucous membrane. The periosteum of the ossicula, being but an expansion of the mucous lining of the drum, any condensation of the latter will naturally interfere with, without absolutely abolishing, the mobility of these little bones. In general, the indurations are the result of plastic inflammatory exudation along the chain of the ossicula, and are almost invariably situated on the internal wall of the tympanum, near the margin of the fenestra ovalis. They impede the freedom and regularity of motion of the stapes, but do not, however, utterly destroy hearing. More or less, considerable deafness is induced, but the patient, especially when seated in a railway car, in a common carriage on a rough road, or with the assistance of a large ear-trumpet, can still distinguish loud intonations.

Complete anchylosis is the consequence of four different anatomical changes—viz., 1. An expansion of the thickened articular capsule may project over the plate or foot of the stapes, or the head of the malleus, fixing the latter to the incus, or over both the stapes and malleus. 2. The plate of the stapes may be attached by a firm fibrous band to the petrous portion of the temporal bone, or the malleus and incus may be closely united in a similar manner. 3. The stapes and malleus may both be immovably fixed in their situation by a fibrous band presenting calcareous deposits. 4. The stapes may be attached by ossification to the fenestra ovalis. The two latter anatomical changes are extremely common consequences of gout or syphilis; the former are more usually met with in subjects suffering from catarrh or rheumatism.

The morbid union of the ossicula to each other and to the promontory, induces in the osseous chain and in the aspect of the membrana tympani, changes deserving of attention. In well-marked cases, the manubrium of the malleus is displaced downward, and carries with it the short process of the incus. The membrana tympani undergoes a corresponding alteration, and its external surface loses its concave form, and now bulges outward, presenting the appearance of two inclined planes united at an angle, the summit and prominent edge being constituted by the extremity of the manubrium of the malleus. This curious morbid condition is of much importance as a most trustworthy sign, not only of the existence of anchylosis, but of the presence of fibrous attachments with the promontory.

The most frequent causes of anchylosis of the ossicula, are gout, rheumatism, and chronic catarrhal inflammation of the middle ear. Syphilis and scrofula induce it less usually, and give rise to manifestations of a different character, such as suppuration, fungus, caries, and necrosis. They may, however, affect the ossicula and their articulations, and deposit on their surface morbid products of plastic, fibrous, and even osseous nature. Careful dissection also distinctly establishes the fact, that in all forms of otitis, more especially in the catarrhal variety, the mucous lining of the tympanum becomes tumefied; if the inflammatory action is not promptly checked, and is allowed to become chronic, the membrane which invests the ossicula soon presents partial indurations and thickenings, which constitute the first anatomical variety we have described. When these changes occur along the chain of the ossicula, their joints lose their mobility; and if they occupy the in-

ternal wall of the drum, or the margin of the fenestra ovalis, their effects are especially injurious.

The symptoms of the disease may be classed under the separate heads of anatomical, physiological, and historical.

Anatomical signs.—On inspection of the ear, the meatus externus is found in a healthy condition, occasionally containing a small amount of dark and inspissated cerumen. The membrana tympani is transparent, or slightly clouded. But the handle of the malleus is more or less prominent at its insertion, and projects sometimes in so marked a manner, as apparently to extrude through the membrane. The latter is not thickened, nor does it present unusual vascularity. By insufflation, air penetrates freely through the Eustachian tube into the tympanum, causing one or two sharp clicks. But during forced expiration, the nose and mouth being closed, if the observer applies his ear to the mastoid, a coarse crepitation becomes audible. When this sign is distinctly present, no doubt can be entertained as to the existence of incomplete anchylosis. If the ossicula are entirely immoveable, no sound whatever can possibly be produced, either during insufflation or expiration. The minute articulations are completely ossified, and no resonance is audible in the explorations referred to.

Physiological signs.—Although pain is very rarely complained of in this affection, the progress of which is essentially chronic, tinnitus aurium is seldom absent, but it is common to most affections of the ear, and in this instance, is not invested with any peculiar distinguishing character. The sense of hearing is extremely dull, and on this point we may confine ourselves to the remark, that if the surgeon, after illuminating properly the meatus, gently touches the membrana tympani with the extremity of a blunt probe, in the point corresponding to the insertion of the malleus, the patient experiences the transitory sensation of faint and distant sound. The anchylosis may then be pronounced to be incomplete, and some hope of an ultimate cure may reasonably be entertained.

The *historical signs* may give valuable assistance in obscure cases. When, for instance, the patient is subject to attacks of rheumatism or gout, or if he is the child of gouty parents; if he suffers from catarrhal disease, granulation of the pharynx, or syphilis, information on these various points leads to a correct diagnosis, which will derive further confirmation from the careful interpretation of the signs above enumerated.

We may state as a concluding remark with regard to diagnosis, that the practitioner can here hesitate, but between *chronic catarrh* of the middle ear, and *nervous deafness*, and that the mistake of one for the other must frequently occur. In chronic catarrh of the middle ear, however, the membrana tympani preserves its concave shape and its transparent aspect, and no dry crepitus is audible, but only mucous sounds. It is fair to add that, moreover, at an advanced stage of the disease, the leading symptoms of catarrh are similar to those of anchylosis of the ossicula. Nervous deafness is readily known by the total absence of the ceruminous secretion in the meatus, by the perfect transparency of the membrana tympani, by the preservation of its natural form and situation, and of the connections of the ossicula, and especially by the absence of mucous sounds or crepitus. The local morbid excitement, and tinnitus are in addition considerable, and the latter is generally isochronous, with arterial pulsation. These various dissimilarities supply all the elements of the differential diagnosis.

The prognosis of anchylosis of the ossicula is in general unfavourable, but less serious, however, than the judgment to be formed on the course and event of other forms of deafness, due to disease of the auditory nerve. The gravity of the affection is to be estimated by comparison, and in many instances admits of the possibility of improvement, provided the articulations are not bound by osseous or fibro-cartilaginous adhesions. The chances of amendment will be greater if the treatment has been instituted at an early period, when the morbid attachments are yet plastic, and consist only of hypertrophied and indurated mucous tissue.

The treatment should be both local and general. Locally, fumigations of the external ear at first, and subsequently of the Eustachian tube and tympanum, should be resorted to. Those I have found most successful were performed with the liquor ammon. acetatis, and acetic acid. When the inflammation of the tympanum, which has given rise to anchylosis, has not entirely subsided, it will be proper to prescribe local depletion, and even issues behind the ear, or to have recourse to cauterisation of the pharynx, if it be the seat of obstinate granulation. General remedies must at the same time not be neglected. Of course gout, rheumatism, or syphilis, must receive the practitioner's careful attention; but we may confidently recommend as extremely serviceable, sulphurous douches (gaseous and liquid), calomel and opium, and the internal exhibition of iodide of potassium.

TRIQUET, M.D.

The Medical Circular.

REVIEW OF THE PERIODICALS.

The 'American Medical Times' opens with a continuation of Dr. JACONI's Lectures on *Dentition and its Derangements*. We extract the following remarks:

"The equality of a portion of the symptoms in a large number of cerebral diseases is a well-known fact. The prevalent liability to one of them—viz., convulsions—is a peculiarity of infantile age. The smallness of the large hemispheres explains the suddenness of the loss of consciousness in very young children, the undeveloped condition of the cerebellum, the loss of power over every one of the voluntary muscular actions; thus convulsions are a very frequent occurrence in very early infancy, and it can be said, that the number of cases decreases with every month. This is positively true, and the often-repeated statement of the greater frequency of convulsions during dentition—that is, during and after the second half-year, is a mistake. My own experience, moreover, has not been able to convince me of an assertion I have often heard from good observers—viz., that the period of the second dentition should be more fertile in attacks of convulsions than that immediately preceding. Let us see, however, on which facts this assertion is based, and whether or not dentition, either first or second, is so very influential in producing convulsions, that the diminution of attacks with increasing age should be essentially interfered with. It will be our main object to investigate the principal causes of convulsions in infantile age, the place among these causes which can reasonably be assigned to dentition, and, thirdly, the manner in which the protrusion of a tooth can become the cause of an attack of convulsions."

The author then recites the various causes of the convulsions, such as anæmia, hyperæmia, affections of the brain, primæ viæ, urinary and sexual organs, &c.

Dr. GEORGE ELLIOTT contributes to the same journal reports of *Difficult Obstetrical Cases*. The following case presented a form of difficulty sometimes met with. We have seen chloroform fail in removing the muscular constriction as it failed in this instance:—

"*Brow presentation—Forceps and version failed in consequence of the powerful unyielding contraction of a circular band of uterine muscular fibres; perforator, crotchet, and craniotomy forceps having also failed, the patient was finally delivered with the cephalotribe—Chloroform.*

Mrs. —— fell in labour with her fourth child on the night of the 6th of March, 1862, under the care of Drs. Mr. Nelaton, using a very many of securing the brim was somewhat undersized, and her previous labours had been slow on this account, but had terminated successfully both to mother and child without interference. Dr. Case informed me, when he came for me, that Dr. Bishop had failed to deliver either by version or forceps, and being thoroughly acquainted with his great ability in obstetric operations, I took my cephalotribe with the other instruments. By the time of my arrival, March 8th, the waters had been discharged for more than twelve hours. The brow presented, with chin directed to the right sacro-iliac synchondrosis; os fully dilated; child evidently full size. No advance had been made through the brim, nor was there any arrest by any portion of the pelvic brim; on the contrary, flexion could be very readily brought about, and the presentation converted into that of the vertex. When this had been accomplished, the posterior fontanelle was directed to the middle of the left ilium, and my forceps were readily applied by passing the first blade in front of the left sac.-il syn., and carrying the other directly to its place behind the right acetabulum. But my strongest tractions failed to do more than reproduce the brow presentation. A repetition of the manœuvre had the same effect. In short, the head would turn as it were upon a pivot, but not advance in its totality. One blade used powerfully as a vectis accomplished nothing. It was evident that neither Dr. B. nor I could accomplish anything in this way. Proceeding to turn, I then found exactly what Dr. B. had described—viz., that the arrest

was due to a circular uterine band, tetanically contracted a little below the shoulders of the child. Thus the knees were above this circular constriction on the right side of the uterus, and I toiled vainly without being able either to bring one down, or to push a leg by pressure from above through the right side of the uterine wall. All efforts at version by external manipulation alone, or conjoined with the hand in the vagina, failed also, when I recommended craniotomy.' Before doing so, however, Dr. Bishop again renewed his efforts, and succeeded in bringing the left foot to the brim of the pelvis, from which place we could advance it no further nor push up the head.

"*It is important to mention that during the operations of Dr. Bishop before my arrival, chloroform had been given, and that during all these efforts, Dr. Case kept the patient as profoundly under its influence as possible, without in any way relaxing the tonic spasm of the fibres referred to.*

"Careful exploration now enabled us to reach a loop of pulseless funis, and thus, all objections to craniotomy being removed, I opened the head, and broke up the brain. Both the crotchet and the craniotomy forceps broke away piece after piece of the well-ossified head without advance. Under these circumstances, with the full approbation of the gentlemen present, I took the cephalotribe (Scanzoni's), and without any difficulty locked it, and crushed through one diameter. Still my tractions did not avail, and it was thought better that it should be reapplied, in an opposite diameter, which was again readily effected. Having again crushed through the fœtal skull, by the unyielding grasp of this powerful tractor, I withdrew the head and overcame the obstacle. The child was a male, and of large size. Leaving the placenta to the management of Dr. Bishop, I was surprised to be called again to the bedside, to notice the curious way in which the constriction described had reproduced itself, or rather, perhaps, had steadily advanced with the altered uterine bulk, and now retained the placenta in an imperfect hour-glass. This, however, did not make the removal of the afterbirth (which was not adherent) an operation of difficulty, though it necessitated the introduction of the whole hand. In so doing the brim of the pelvis and lumbar vertebræ were carefully explored.

"Without the aid afforded by this powerful yet thoroughly manageable cephalotribe, I do not know how long it would have taken to overcome the singularly strong and tenacious grasp of this tonic uterine spasm."

We extract from the same journal a notice of some observations, by Dr. Edward H. James, on *Cantharides as a Therapeutical Agent.*

"The internal administration of cantharides in large doses, with the mode of its operation, forms the subject of a paper published in the 'Cincinnati Lancet and Observer,' from the pen of Dr. Alex. McBride, Surgeon O. V., U. S. A., who strongly advocates it as 'an agent the most powerful to rekindle the waning spark of vitality—an agent which in many cases of disease at an almost helpless stage, will rally the scattered and almost dissipated vital forces, concentrate and generalise their action, and re-establish that series of atomic changes upon which vital action depends.' He was led to the investigation of the subject in the year 1854, when typhoid and continued fever prevailed to a considerable extent in northern Ohio, and he frequently saw patients in whom congestion of the lungs had supervened at an advanced stage of the fever. These were treated with the application of emplast. canthar., and in many cases with marked success, and the observation made that in those cases that were at all remediable, the abatement of bad symptoms began within thirty minutes after the application of the plasters, especially when applied over a large surface. An effect so prompt could not be due to vesication, but was supposed to depend either upon the plaster acting as a poultice to the warm part, or the absorption of cantharides. The latter theory seemed more rational to the writer, and he resolved to try the result of cantharides when administered internally, and now reports a number of cases illustrating its happy effects. The first case reported is that of a feeble woman, aged fifty, who had long suffered from an obscure remittent fever, and every few days reduced still lower by a 'sinking' chill. During one of these chills sixty minims of tinct. cantharides were administered at once, from which she soon rallied, and from that time her recovery was uninterrupted. Other cases are reported, comprising one of extreme nervous depression, partial palsy, typhoid pneumonia, animal poisoning, gangrenous erysipelas, low stages of typhoid fever, cholera, &c., in all of which rapid improvement is said to have followed the first administration of the remedy. The dose was usually from ℥ss. to ℥jss. of the officinal tincture, sometimes alone, sometimes in combination with ammonia, or camphor, or quinine, or iron, as each was indicated, or alternating with the iodide of potassium. In none of the cases did strangury occur, and he says it will not where the peculiar action of the remedy is plainly and clearly indicated, which means that stage of the disease which authors have pointed out as the 'blistering stage.' He does not disparage blistering, but in urgent cases has applied them in connection with the internal use of the tincture; but in extreme cases we cannot wait for the absorption of cantharidin through the skin, 'when vitality and blood have almost forsaken the surface,' the internal administration of large doses becomes necessary to insure a speedy action. As a general indication for its use he gives the following:—'*When in a tonic, asthenic, or adynamic disease it is a desideratum, from whatever cause, to produce general or local capillary tonicity, the internal use of cantharides will be indicated, and in quantity proportional to the urgency of the demand.*' And again: 'When turpentine is indicated to produce general action, cantharides is still more indicated, if the indication is urgent; but they should not both be given.' When it is determined to use the cantharides internally, a full dose (one drachm, or perhaps more) should be given at once, after which smaller doses will generally suffice. Its repetition should not be trusted to incompetent hands, but the prescriber himself should as far as possible administer it, remembering that like all potent drugs it is as capable of doing mischief as good, and should only be given to a sufficient extent to accomplish the object desired: for if it acts by re-establishing the series of atomic changes upon which vital action depends, a too free exhibition may urge these changes beyond the point of endurance, the tendency of which would be to destroy. The writer believes cantharides to act primarily upon the capillaries, by inducing tonicity, diminishing their calibre, whereby congestion is relieved and absorption promoted; and that its action upon the general constituents of the organism throws a large amount of nitrogenized effete matter into the circulation, which the kidneys elaborate into urine, which increases the quantity of dense urine; and he has noticed the fact that so long as the urine is dense there is no strangury, but when it grows pale the quantity grows less, and if the medicine is continued strangury will follow. Hence we have the following rule:—'*Cantharides may be given in free dose (in cases where indicated) as long as the urine continues of a darker colour than pale amber.*' After some observations on the local and general effects of cantharides as usually administered, he thus concludes:—'Now, in conclusion, I wish to say that I have written the foregoing facts because they are true, and ought to be known to the profession; and for the few conjectures submitted, I ask your indulgence till they are further considered.'

"The same journal contains a report by Dr. G. R. Patton, on *The Use of the Seeds of the Pumpkin in Tænia.*

"A number of cases are reported, all of which had repeatedly undergone the usual routine of treatment. An emulsion was made with two quarts of the hulled seeds and two quarts of water, and a large tumblerful given three times a-day, preceded by a light diet and free evacuation of the bowels. The effect was in all the cases to bring away large pieces of the worm, in some of which the head was found. He thinks the pumpkin seed claims our first attention as an exterminator of tænia, the frequent failure being due to discontinuing the remedy too soon. The treatment should be maintained from four to six days, unless the head be discovered, the patient being confined to a light diet. No purgative should be used during its use, as the emulsion itself is sufficiently laxative, if a light diet be enforced."

Any suggestion that may prove useful in the treatment of *Scarlet Fever* should be received with favour; we, therefore, extract this notice of a fermentation of hops and vinegar, recommended by Dr. A. Searle:

"One simple but very efficient application to the neck in the commencement of these troubles, is hops and vinegar, applied in the following manner:—Take a strip of cotton cloth, five or six inches wide, and of sufficient length to reach round the neck and fasten; then place a handful of hops in a row, nearly the whole length of the cloth; then fold the cloth over the hops, and run the edges of the cloth together with the 'running stitch;' then in the form of a stock, dip in boiling vinegar, and when sufficiently cool, apply it around the neck, and constantly wear it through the whole course of the disease, excepting to be renewed occasionally, when dry, by dipping in hot vinegar again. This application had been suggested to me by a lady friend who had tried it, and after condescending to examine the nature and effect of this remedy, I have thrown aside every other, and adopted it in every case of scarlet fever, especially where there is any tendency to glandular complication. I will venture the statement, and say I had rather dispense with any and every other application, internal or external, excepting the medicine to be given at the commencement to prepare the system for a course, than to dispense with the application of hops and vinegar to the neck. In the very nature of the disease the tendency is to the worst kind of inflammatory complications in the glands of the throat and neck. Now, as a kind of negative prophylactic, we must avoid every kind of application that will unduly irritate the skin, and prevent the free perspiration and exhalation of morbid matter through the pores, such as mustard cataplasms, ice and cold applications, greasy salt pork, cupping, scarifying, leeching, and blistering. The tendency of the disease is also to mortification of the parts especially, and hops and vinegar are a suitable antiseptic. It produces the right kind of counter-irritation. It does not abrade the skin, and thus prevents the

patient from suffering any undue amount of irritation. It produces a salutary fermentation, and a glow of agreeable heat throughout the whole system; and, in fact, produces a general perspiration, equalizing the excitement, reducing the heat, and expelling a great deal of morbid matter from the circulation. In proof of the above good effects of this cataplasm, I can say I have always had the best of effects—that is, when I have had the whole control of the case. One case of a child seven or eight years of age was attended with delirium, and was comatose, in which state he was left by his physician as hopeless. I was called in the night, and prescribed the stock of hops and vinegar, saffron tea, etc. The effect was a sudden restoration, without any other treatment of importance. I was in New York city about eight years ago. A gentleman with whom I was acquainted was doing business there. He had just lost two children with the scarlet fever, under the care of Dr. S., a celebrated physician. Another child, the only one he had left, at the time, was then taken with the disease. He inquired of me what they should do. I told him of the hops and vinegar, and the mild treatment. He was going immediately by railroad. On arriving, he informed the family of the hops and vinegar, and inquired of the doctor if it would answer, as though it might be improper or dangerous. The doctor made light of it, as of not much importance, but he consented to its application, and the child recovered, and is still living."

The 'Medical Record' (Australia). Dr. C. E. Reeves communicates the followiug article on *Diseases of the Stomach* with especial reference to the specific influence of the acetate of lead in pyrosis:

"I am only acquainted with two cases in which it occurred before the 12th year; in several others, however, which came under my notice, it had set in about the 20th year. As a rule, it is seldom observed among males, particularly when it occurs in connection with disordered digestion, before the 30th year, but in females, from disorder of the functions of the womb being very apt to excite gastric derangement, it may occur earlier; but in the latter it is more commonly observed from the 35th to the 48th year—about the period of the cessation of the menstrual discharge—than any other. Of 51 males, 3 were under 30 years; 18 from 30 to 35; 18 from 35 to 40; of the remaining 13 cases 11 were under 50, and 2 beyond, being 53 and 56. Of 78 females, the youngest was 19 years of age; 18 between 20 and 30; 13 between 30 and 40; 23 between 40 and 50; 18 between 50 and 60; the remaining 5 cases were beyond 60—one being 70. The above table refers only to the ages of the cases when they came under treatment; a great number of them had suffered for some years.

"*Complications.*—The most common were disease of the womb, or disorder of its functions and chronic gastritis. In some of the cases chronic bronchitis, pulmonary emphysema, and disease of the heart, particularly hypertrophy, was observed; the patients were generally elderly females. In several of the cases in which the affection depended on duodenal irritation, nettle-rash was observed; gout, rheumatism, and psorias was observed in a few of the cases. The following was the state of the menstrual discharge in the 78 cases:—In two the patients were pregnant, 1 had profuse salivary discharge; in 5 the menstrual discharge was regular and natural; in 2 the water-brash was worse during it; in 11 it was regular, but there were profuse leucorrhœal discharge; in 19 scanty, regular or irregular in its appearance; in 6 of the number there was profuse leucorrhœal discharge; in 41, it was suppressed; in 28 naturally, but a great number had suffered before this had taken place; in the 13 remaining cases it had ceased since the occurrence of the water-brash; in 7 of these cases there was profuse leucorrhœal discharge.

"Chronic gastritis is a very constant complication. In all the cases in which the fluid was rejected after food, this or some other irritation of the stomach or duodenum existed. In the large towns it constantly occurs from this cause, and in nearly all the cases the sufferers followed sedentary occupations, or they had to make exertion immediately after food; This, by interfering with the process of digestion, had produced gastric derangement, and then the water-brash occurred.

"Dr. Copland observes (*Dict. of Medicine:* art., Pyrosis), 'that it has been attributed to the use of rye, barley, oats, and potatoes, and the want of animal food. The use of unfermented or unleavened bread has been supposed to induce it. The share which these have in producing this affection can scarcely be determined. But it is also prevalent in countries where dried and smoked meats are used, or dried fish—both the meat and fish being prepared without salt, or with but very little.'

"It has been observed by Grasser to rage epidemically. It is endemic in Scotland, Sweden, and Norway; the Laplanders, who live near the mountains, are particularly liable to it—one half of them suffer—both males and females being equally susceptible.

"I have noticed it in the country districts of England among the poor. Exposure to cold and wet, and a poor diet, seemed to have a great deal to do with exciting it.

'*Duration.*—Linnæus states that some of the Laplanders suffered through life. Heberdeen has seen the same occur. From its tendency to return, those who became subject to it when young will be nearly certain to suffer, more or less, from it through life. In one case which came under my care the patient, a male aged 40, had suffered since he was 18; in a female, aged 70, off and on since her 40th year; in another, aged 62, many years off and on—her brother also suffered. In several other cases it had existed from ten to fifteen years. It is very common to find that it had existed for one, two, three, and even four years. In a case which Dr. Martin, of Collins street, kindly brought under my notice, the patient a female, aged thirty-one, for years in the colony, had suffered at times for ten years. In this case there was every indication of ulceration of the posterior wall of the stomach, with implication of the pancreas. She had severe pain in the spine, shooting up the sides along the intercostal spaces; pressure on the epigastrium excited pain, which passed through to the spine. Her mouth was constantly filled with watery fluid, it ran out wetting the pillow when she was asleep, and she had severe pain, of a twisting character, for a quarter of an hour before the fluid came up. She suffered severely after a long walk, and while suckling, and throughout her pregnancy, with vomiting of food. She vomited solid food, and sometimes food of the lightest character. Bowels confined, menstrual discharge regular, leucorrhœal profuse; her womb had a tendency to fall. The relief from the acetate of lead in this case was immediate.

"*Mode of Employment.*—I have generally given it in doses of from half to one grain, three times a day, combined with an eighth or a sixth of a grain of opium, in a pill. It is necessary to watch its action. In those cases in which the strength has been much reduced, the blue line on the gums, and then colic will appear early; but by regulating the action of the bowels, by a dose of castor oil, twice or three times a week, the occurrence of the latter may be often prevented, particularly if the dose is lessened, as soon as relief is obtained. The patient must be at the same time placed on a strict diet. Tea, coffee, and beer generally act injuriously, they must therefore be prohibited. The following is the plan which I recommend:

"1. To sponge the body with tepid or cold salt and water every morning, and then rub it for five minutes with a coarse towel or flesh-brush, until a glow is produced.

"2. To take cocoa made from the nibs, or milk and water, with dry toast, for breakfast and tea. In some cases half milk and half water disagrees, but one-third or one-fourth milk, or the addition of a tablespoonful of lime-water, or ten grains of calcined magnesia will generally prevent this.

"3. For dinner fish with fine flesh, with dry bread, vegetable marrow, brocoli, cauliflower, asparagus, seakale, or any other soft vegetable; potatoes sometimes disagree. Oysters generally agree well, they may be taken two or three times a day. The fish alone is seldom sufficient to nourish the patient; beef, mutton, chicken, or veal tea must therefore be taken between the meals. Care is necessary to prevent the patient taking too much at a time; if a teacupful disagrees or excites distension, two-thirds or half a cupful should only be allowed. Patients are better without any stimulant, but if they demand one, two or three teaspoonsful of brandy, in a tumbler of water, may be allowed. Strict attention to diet and the action of the bowels will be necessary for some time, for irregularities in the former, or allowing the latter to become confined, is very liable to re-excite it."

'British Medical Journal' (August 30.) An interesting article on *Compound Comminuted Fractures of the Skull*, is communicated to this Journal, by Dr. A. Wynn Williams. Of one case he says:

"On examining his head, I found a depression over the upper and frontal end of the right parietal bone, in the centre of which was a fistulous opening discharging offensive pus; introducing the probe, I detected several pieces of loose bone. I made a crucial incision through the integuments, and, after dissecting back the flaps, perceived a fissure in the skull of about half an inch in length from before backwards, and somewhat less from side to side. After cutting away the callus that partially filled it up, I succeeded in picking out eighteen small roughened spicula of bone. I could then distinctly see the pulsations of the somewhat roughened dura mater. Considering it possible that there might be still some spicula remaining, I filled up the wound with lint to prevent its healing. At the expiration of a week, finding that the wound continued to discharge offensive pus, I made another examination with the probe, and discovered a piece of bone, lying under what appeared to be healthy bone, which I was unable to draw out with the forceps. Not liking to remove a piece of sound bone out of my patient's skull if it could be avoided, either by the trephine or the saw, I notched the bone on each side of the opening with a pair of strong bone-nippers, and through the opening, thus enlarged, succeeded in abstracting a piece of the inner table quite smooth on its under surface, of the shape and size of the half of a half-a-crown piece, together with several smaller ones. The whole number on this and the previous occasion amounted to twenty-four. I kept

them by me for several years ; but on my removal from Carnarvon to London they were, unfortunately, lost. After their extraction, the wound closed, and the man shortly returned to his work."

He reports two more cases of a similar character, and in the course of some general observations on the symptoms of fracture of the skull, remarks :

"The splintering of the inner lamina of the skull to a greater extent than the outer, has, until very lately, been attributed to its greater brittleness. Mr. Erichsen, however, does not consider this to be the only cause. He remarks, 'I should rather attribute it to the direction of the fracturing force from without inwards, causing a certain loss of momentum in passing through the outer table ;' and instances the case of a man who discharged a pistol into his mouth, the bullet passing out through the vault of the head, the larger fracture being in the outer lamina. For my part, I think there is another cause besides the brittleness of the inner table, or the loss of momentum in the fracturing force ; and I hope to be able to demonstrate to you that the third cause is the main one. It is this : the support given to the layer first struck by the layer last struck prevents the former from being fractured to the same extent as the latter, which has no such support. For instance, take a piece of slate, and knock a hole through it with a sharp pointed hammer, and the place of exit will be much larger than the place of entrance. Now, as both sides of the slate are equally brittle, we may, I think, dismiss the different degrees of brittleness without further comment.

"As regards the loss of momentum, suppose we take a piece of slate rock, of somewhat less than a quarter of an inch in thickness, and split it into three thin slates ; take two of these slates and place them in exact apposition ; strike them with the pointed hammer, with sufficient force to drive it through both ; and, of course, the slate last struck will have a larger hole than the slate first struck. But, if you now place the three slates in exact apposition, and strike them with the hammer, you will find, on examining them, that there is little or no difference between the first and second struck, because the first was supported by the second, and the second by the third ; whereas, the hole in the third will be considerably larger than the first or second, because it had no support at the point of exit.

"It is the opinion of all late writers on injuries of the head, that when small fragments of bone are driven down upon the dura mater, inflammation is almost certain to be set up and be propagated to the brain.

"The late Mr. Liston wrote, 'The presence of numerous sharp spicula of the internal table for even a short period upon the surface of the dura mater (and the more so if any of them have penetrated), is almost uniformly followed by internal inflammatory action, propagated to the brain, and its more immediate investments.'

"Mr. Prescott Hewett, in Holmes's 'System of Surgery,' says : 'But in the punctured fracture in which sharp splinters of the inner table are driven down upon or into the dura mater, inflammation almost invariably arises sooner or later ; and of all compound fractures of the skull, the punctured fracture is on this account the most dangerous, and the one which most imperatively calls for the use of the trephine.'

"Mr. Erichsen states : 'In the punctured fracture, it (the trephine) is applied, not to remove symptoms of compression which, in all probability, may not exist, but with the view of preventing inflammation, which would, to a certainty, be set up, if the splinters of the inner table were allowed to continue irritating the membranes or brain. Hence it is a rule in surgery, in all cases of punctured fracture, to apply the trephine at once, so as to prevent the injurious after consequences which must otherwise necessarily arise.'

"I need not detain you longer quoting opinions ; suffice it to say, that all modern writers express very much the same opinions. I confess, to me, it does seem somewhat remarkable that men, whose talents are so well known and appreciated—men who are occupied in the propagation of surgical science—should, one and all, express their opinion on this subject in pretty much the same words. Now, I would ask, are these opinions founded on facts ? I think you must agree with me, after having heard the history of the few cases I have read to you, that no such intense inflammatory action is likely to be set up ; and also that, unless the brain and its membranes have themselves received injury at the time of the accident, either laceration, contusion, or compression, no brain symptoms beyond what are produced by the concussion are likely to occur. In the first related case, numerous sharp spicula of bone —probably not so numerous as they afterwards became, owing to the natural process of removal wherever the fragments were surrounded by healthy granulations—lay in contact with the dura mater for the period of two years and a half ; in the second case, a year and a half ; and in the third case, a portion of the fragments were allowed to remain five weeks ; without, in either instance, exciting more inflammatory action than would have been set up in a similar injury inflicted on any other flat bones of the body. The amount of pus secreted is not more than is required for the natural process of repair. It is only, as in other parts of the body when matter is allowed to lodge and burrow between the membranes and the bone, that it becomes injurious. This I have seen exemplified in cases where there has been a comminuted fracture without a wound in the scalp. In such cases, when pus is formed, it has no outlet, and generally burrows between the dura mater and the bone, creating irreparable mischief, if the surgeon does not without delay turn the non-compound fracture into a compound one by making an incision through the integument. By thus giving exit to the pent-up matter, all symptoms of compression and injury to the brain will cease.

"I have discovered one author only who has written on injuries of the head, who appears to agree with me in believing that the brain and its membranes are not particularly prone to take on inflammatory action. This that very talented writer, and accurate observer of nature and all her efforts at repair, Sylvester O'Halloran, of Limerick, who published a work on External Injuries of the Head, in 1793, only a few years after Percival Pott published his work, wherein O'Halloran very justly blames Pott for his rash and unjustifiable abuse of the trephine. He, at the same time, calls in question the antiphlogistic treatment of injuries of the head, adopted by Mr. Pott and other previous authors, on account, as they presupposed, of a 'high tendency to irritability and inflammation in the cerebrum and its coverings.' He goes on : 'But is this supported by facts ? It undoubtedly is not. Every observation proves they have very little tendency to either ; at least, the most violent external injuries offered to them establish the fact.' Further on, he writes, 'To a certainty, then, neither the brain nor its envelopes are subject to inflammation or irritability ; at least, from external hurts.'"

In the same journal we observe some practical remarks by Mr. Haynes Walton on the importance of *Tracheotomy in Laryngitis*. He observes *apropos* of a successful case :

"I have seen life lost in laryngitis by temporising with leeches and other measures, when opening the trachea would in all probability, and according to the testimony of the *post-mortem* examination, have given a good result. In a case to which I was called, the physician in attendance overruled my opinion and my advice to operate, and death soon ensued. The healthy state of the trachea, and the œdema of the upper part only of the larynx, plainly showed the opportunity that had been lost.

"This is the light in which I regard the laryngeal affection with reference to the treatment by operation, whether the larynx is the sole seat of the inflammatory action, or participates only in that which is around and above it : it may be called a mechanical view of the matter. In the throat, as elsewhere, these inflammatory or erysipelatous attacks will and must run a certain course and pass through certain stages, however little or much they may be counteracted or modified ; and I believe in our power so to influence them, but not to arrest. When the maximum of the attack, or the highest point of intensity, does not quite produce such physical changes on the glottis by narrowing it so as to prevent the necessary amount of breathing, recovery is not, of course, prevented by suffocation. But a very little more stoppage may shut off too much air for the continuance of life, so that the issue depends on a matter of degree ; and that greater degree of inflammatory action must often be so slight, and of such kind and measure that it would not perhaps be appreciated or recognised in another part of the body, even were the affected spot under immediate observation, as on the surface. I should, therefore, always be inclined to watch more anxiously the state of the breathing, and the effect of its decline on the system, than anything else ; and to be guided by it, and to act accordingly. I should, too, be jealous in observation, lest the absence of any ordinarily expected condition, especially swelling externally or in the fauces should mislead me.

"Tracheotomy cannot cure the existing disease—certainly it cannot ; nor can any agency but the natural reparative power ; but it bridges the patient over the difficulty, and gives time, I may say life, while nature is making the cure. I say then, act in time, and do not wait till the heart is no longer able to drive the blood through the congested lungs.

"About fourteen years ago, a valuable member of our profession in London, a friend of mine, was, as I think, allowed to die after three days illness, because the physician and surgeon would not consent to tracheotomy. This gentleman begged to have it done ; he wrote his request on the slate and died pointing to his throat. The physician was rather inclined to acquiesce ; but his colleague, a very timid man, now deceased, resisted : and, as usual, life was extinct unexpectedly, while some ridiculously useless means were being tried."

We also extract the annexed remarks on the contingencies of the operation :

"There is no operation in which is to be found a greater diffe-

(Continued at page 190.)

THE STUDENTS' NUMBER.

A new and improved GUIDE FOR STUDENTS will appear in the next week's MEDICAL CIRCULAR (September 17), containing all the information respecting the various SCHOOLS and HOSPITALS.

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THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 10, 1862.

THE ASSOCIATION ADDRESSES.

The addresses delivered at the Annual Meeting of the British Medical Association contain points worthy of remembrance. Our readers have no doubt perused those dissertations with a lively interest, and have formed their own judgment of their respective merits; nevertheless, there may be an advantage in passing them in review, so that the more striking facts and truths which they inculcate may be impressed forcibly upon the mind. These orations belong less to the Association than to the Profession at large. They are in fact, the efflorescence of professional thought and experience, the matured utterance of men who have owed nothing to the Association, either for their culture, their facts, or their principles. The attempt therefore made by the Association to monopolise their merit, to limit their circulation to its own petty sphere, to put their lighted candles under its own extinguisher, was equally mean and unjust.

The principal addresses were four in number: an introductory one by Dr. Burrows; one in medicine, by Dr. Walshe; one in surgery, by Mr. Paget; and one in physiology, by Professor Sharpey. Of the first little need be said. In it science had no voice; a profitless resumé of an old-world history usurped its place, and controversial politics, affecting the garb of liberality, enunciated dogmas which we fear that the College, represented by the speaker, has no intention to realise. So far as we can, at present, judge, these rhetorical proclamations of corporate unity and professional equality, had in them little faithful meaning, and if read by the aid of the gloss recently supplied in the new regulations for the licence of the College of Physicians, they were not intended to embrace the great body of future licentiates. Dr. Burrows as an influential member of the College has, in city phrase, discounted his own professions so largely, that they have but a small current value.

Dr. Walshe's address was of a different type; imaginative, eloquent, and comprehensive, but diffuse, redundant, and digressive. Still it was a sparkle of genius, the upshot of no common mind, an intellectual effort that any man might be proud to own, and few could afford to deride. There is among us, when we meet in public, one weakness that should be corrected—we flatter each other too extravagantly. The encomiums were cast so thick and sudden into the face of Dr. Walshe, that he could hardly get his breath, and, although he was no doubt very happy, he looked painfully diffident of his own deserts. It was not, however, he only who was made shamfaced; everybody was belauded; for each speaker tried to lighten the burden of the panegyrics heaped upon himself, by lavishing them in return upon somebody else. We mention this, because we cannot deal out our eulogies with equal liberality; besides, the same obligation does not rest upon us to be grateful.

Dr. Walshe enforced on the seeker after truth the duty of collecting facts, and of discarding *à priori* principles. He was subsequently called to account by Dr. Bennett for this rigorous teaching, and the latter speaker very fairly showed the value of a proper appreciation of principle in conducting medical researches. The debates recognised the difference between the inductive and the deductive modes of prosecuting scientific inquiries—a bit of scholasticism interpolated into the proceedings, not very profitable, nor altogether barren. As a practical experimentalist, Dr. Walshe was right; as a speculative thinker, Dr. Bennett was right also. Facts teach nothing of themselves though they be piled high as Olympus; it is the mind toiling among them, thinking about them, collecting, assorting, and arranging them around some preconceived principle that gives them significance. How the mind took the hint of its new principle, it cannot always explain, even to itself; sometimes from an incident of the facts, sometimes from a stray radiation from its own inner light, sometimes from an external suggestion, sometimes borrowed and allowed, sometimes stolen. However, it came into the mind; once there, as an hypothesis, it becomes the test of the evidence of the facts, the electric wire around which they must crystallise. On the other hand, without facts, hypothesis is a snare and a cheat, and has done more than any other thing to fill the path of the honest inquirer with thorns and ruts. We may add, however, that no truth in medicine will ever be established by a process purely deductive; the final appeal must be to facts. The man who will make the most extraordinary advances is he who can conceive most profoundly and observe most accurately. It is perfectly idle to expect any man to make great discoveries in science with the use only of half his faculties. The dispute, therefore, between these learned gentlemen was little to the purpose.

The address by Mr. Paget was replete with sound instruction, based upon a philosophical insight into the forces of the animal economy. It was in every respect a remarkable oration. What did he teach us? Virtually that Nature was the best surgeon, and after her the man who understood her ways and walked closely in them. He undervalued extreme theories of treatment; he had seen patients treated with brandy and get well; others treated with abstinence, and get well also, and this result he attributed "to the natural tendency to recovery—a tendency generally so certain that neither surfeit nor starvation could avert it." There has seldom been so emphatic a testimony borne to the restorative powers of Nature as in these words by Mr. Paget. True, it is an old doctrine, but it is only in modern days that it has been so intelligently comprehended. Mr. Paget, therefore, is averse to meddlesomeness in surgery, and enjoins such assistance to be given to the natural powers as will enable them to work under the most favourable conditions—in two words, he enforces "repose and cleanliness." Mr. Hilton has recently delivered a series of valuable lectures on "Rest," and proved that formidable diseases can be cured by "rest" as a main agent. Mr. Paget endorses this teaching, and, adding "cleanliness," has given us the Alpha and Omega of modern scientific surgery.

We must now add a few words on Professor Sharpey's discourse on physiology—so copious, so elaborate, so discriminative, so judicious, that we can hardly praise it too much, or

qualify it according to its deserts. The Professor surveyed the entire realm of physiology, made us acquainted, in words clear and brief, with the most recent discoveries in the abstrusest departments of this study, and worthily concluded these orations with a series of reflections on the nature of the life-forces, and the mysterious conditions of organisation and development, that are not more honourable to his profound knowledge and critical sagacity than to his fine moral feeling and philosophical liberality.

VIVISECTION.

The cruelties perpetrated at the Veterinary College at Alfort have raised the question of the necessity of resorting to vivisection at any time for scientific purposes. An international congress of benevolent persons has recently been held in London for the discussion of this question. It was attended by several medical men; among the rest, Mr. Macilwain, Dr. Fraser, Dr. Kidd, Dr. Tunstall, of Bath, and Mr. B. Travers; whilst communications on the subject were read from Dr. Elliotson and Dr. Richardson. Mr. Macilwain and Dr. Fraser denounced vivisections without exception. The former gentleman broadly asserted that a resort to them had never advanced medical science, and vindicated the memory of John Hunter from the discredit of being a frequent vivisector. Although Hunter had resorted to vivisection, yet Mr. Macilwain denied that he had derived any advantage from such investigations. He had, moreover, expressed a strong opinion against their utility. It is certain that the most remarkable characteristic of John Hunter's works is the keen sagacity exhibited in forming conclusions from simple observations. The circulation of the blood was a discovery not referrable to vivisection. Dr. Fraser affirmed that Sir Charles Bell was opposed to vivisection, and thought that it was quite as likely to mislead as to assist the student.

We have no doubt that vivisections are chiefly performed by a class of philosophers who never make any discoveries—people more hasty and inquisitive than thoughtful. All that vivisections teach might be learned by a careful observation of disease, but as it unfortunately happens that the observation of disease is a slow, protracted, and wearying process, and that the facts from which conclusions must be drawn occur at long intervals, and, therefore, lose much of their value as elements of comparison, inquirers are prone to resort to the summary method of vivisection, by which a large number of facts may be collected and compared in a short time. We would not discountenance vivisections altogether, especially since the introduction of chloroform has banished pain, but we should decidedly discourage a frequent and unnecessary resort to such operations. The conclusions derived from the observation of morbid phenomena are more reliable than those from vivisection. The latter, indeed, are never trustworthy alone, although, no doubt, evidence from both sources "makes assurance doubly sure," more particularly in determining the functions of the various parts of the nervous system. It is not a propensity of English physiologists to resort to vivisection, and they are not so blameable in this respect as our professional friends across the Channel. The stories told of Majendie and Brachet are simply horrible. Such barbarous tales narrated of Englishmen would ruin them in society; we are not, therefore, under any apprehension that the practice of vivisection will be abused in this country.

SUMMARY OF THE WEEK.

THE USE OF A MEDICAL COUNCIL.

The Scotch Corporations are so indignant with the English College of Surgeons for having set at nought the recommendations of the Medical Council, that they have determined to have their revenge by acting with equal contempt of Court. For "the present," they snap their fingers at the Medical Council, and intend to have things their own way. The Colleges of Physicians and Surgeons of Edinburgh, and the Glasgow Faculty, will admit candidates for examination after three winter and two summer sessions, and will allow registration without any previous examination in general education! So much for virtue! So much for the Medical Act! So much for fraternity! So much for the conciliating influences of the Medical Council! What do the Irish Corporations mean to do? Their representatives voted with the College of Surgeons; so, perhaps, they are satisfied with their victory. This is a lamentable state of things, and is the commencement, we fear, of a break-up of the Medical Council. It is quite time that the Profession should step in and make the government acquainted with their own views and wishes in this matter.

THE NEW POOR-LAW AMENDMENT ACT FOR IRELAND.

This Act contains some important clauses in relation to the Medical treatment of the poor, which deserves attention. There is a power given in it to guardians, to send any cases requiring Medical or surgical treatment into the Workhouse *Hospital*, without requiring the removal of any other members of the family. We allude to this power because it creates a *bonâ-fide* hospital in every District. In this country there are no actual workhouse hospitals. Chronic cases and aged persons alone are received, as a rule, and the acute and severe cases are provided for at the homes of the sufferers, or in Borough and County Infirmaries. The sick wards of our English Union Houses should be made *bonâ-fide* hospitals, and every pauper labouring under severe medical or surgical disease should be admitted. There is another clause in the Act which requires poor persons admitted into hospital, to contribute to the expense of maintenance, when they can afford to do so. This is also a prudent clause. Poor persons thus contributing to their own maintenance will not be disfranchised. Should this act be carried out in a frank spirit, the condition of the poor in Ireland will be far better provided for than is the case in this country.

INTERMARRIAGES.

This subject has been occupying the attention of our contemporaries for some time past, and evidence on both sides, and from all quarters, has been adduced. Is intermarriage wrong—of course, we mean physically—*per se*. If so, how? We have not seen a satisfactory answer in the affirmative of this question. Dicta are plentiful, but evidence is wanting.

Breeding in and in may be either advantageous or injurious, according as the original stock be healthy or diseased. In the latter case, the injury is not from the intermarriage, but from the disease. In other words, intermarriage does not induce degeneracy in a healthy stock. We are told, however, that the Spanish grandees became, through intermarriage, the smallest sized and most wretched looking creatures in Europe; but was this the result solely of intermarriage as a degenerating influence? There is a tendency in personal peculiarities or idiosyncrasies to perpetuate themselves; marriage in and in, therefore, intensifies these peculiarities in different families.

If the qualities for which a family be remarkable are associated with a healthy organisation, the type is improved; if the contrary, it degenerates and dies out. Here is the real danger of intermarriage; so that practically it is well to be cautious in encouraging intermarriages.

VEGETARIANISM.

The followers of this creed have held their fifteenth annual meeting at the Crystal Palace, where they enjoyed themselves over a dinner of herbs, rolls and butter, apples, pears, plums and lettuces, with tea and coffee as stimulating beverages. The fact having been ascertained, that during the privations at Preston the mortality had decreased, the Committee attributed this immunity from disease to the circumstance that the people were so poor that they were unable to buy animal food. A Dr. Trall, of New York, who was present, declared that he was a vegetarian, and that he never gave any physic, nevertheless his house was always full of patients—rather an unfortunate testimony to the sanitary virtues of a vegetable diet. The progress of physiological science has proved to us the possibility of life being preserved by purely vegetable aliment; we know it as a matter of science, we know it as a matter of fact. A vegetarian, however, must eat an enormous quantity of food to get an amount of nourishment equivalent to that obtained from a similar quantity of animal aliment. The Irish labourer is one of the stock illustrations of the vegetarians; it is true that he labours hard upon a scanty diet, but it is not true that, in this country at least, he enjoys good bodily health. In Ireland, where the people live chiefly upon potatoes, they eat immense quantities of them—quantities, indeed, that would astonish an Englishman accustomed to a different diet. The Vegetarians are, no doubt, innocent people, and we wish them all very good health. There is no harm, we hope, in drinking to it in a glass of hot punch, the components of which are all derived from the vegetable world.

THE FATE OF AVARICE.

A man of the name of Woollaston, having come into considerable property by the bequest of an uncle, gave himself up to a life of miserable penuriousness, taking a lodging at the east end of London, and depriving himself of almost all the necessaries of life. At last he was taken ill, and his face began to swell; his neighbours advised him to call in a surgeon, but he repelled their counsel with the remark that "no doctor should ever touch a penny of his money." The result was that the abscess eat its way into an artery, hæmorrhage occurred, and the miserable man died a victim of his own parsimony. It is probable that the man was a lunatic, and it would have been a mercy if his friends had placed him under proper supervision.

CHOLERA was raging at Peshawur at the latest date among Europeans and natives; it was also spreading at the north-west provinces. At Shanghai the disease has been prevalent, but according to the latest advices was abating, although the weather is reported to be fearfully hot.

THE ATMOSPHERE AND THE CIRCULATION OF THE BLOOD.—Dr. Wanner has communicated to the French Academy an abstract of experiments tending to prove that the atmospheric pressure is indispensable to the circulation of the blood.

AFFECTIONS OF THE THROAT IN SCOTLAND.—Sore-throat, ulcerated sore-throat, and diphtheria, have occurred in various localities in Scotland, and in Mid and South Yell. The sore-throat appears to have been accompanied with an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of the epidemic disease in cattle known by the name of murrain or ipizootic-aphtha, characterised by the aphthous and ulcerated mouth and sore hoofs.

REVIEW OF THE PERIODICALS.

(Continued from page 187.)

rence in execution between the living subject and the dead. In the latter, the trachea is prominent, and stands out, as it were, high and dry, no longer surrounded by full blood-vessels, and away from the shrunken muscles; in the former it is deep, covered, and astonishingly hidden by the acting muscles, and always seems smaller than one would expect, and more difficult to expose. It is quite impossible to give an accurate idea of the great dissimilarity of the proceeding, arising out of these conditions. The difference is still widened when there is swelling of the neck. In a case to which I was called to perform tracheotomy for diphtheria last year, in the person of a young adult, by Mr. Beale, there was, in addition to a very fat neck, so much swelling of the integuments, and so much infiltration of the neck-muscles, that for a time it seemed impossible that I should ever expose the trachea satisfactorily. The difficulty was increased by the very profuse bleeding. Except for the quiet behaviour of the patient, I could not have succeeded.

Tracheotomy in children is very strikingly more difficult than in adults, on account of the diminutiveness of the parts, especially in the lesser size of the trachea, and its comparatively greater depth, and the granular fat and small veins that lie on it.

"It is more easy to open the trachea, as I did in this instance, above the isthmus of the thyroid body, than below, because of the more superficial position and the absence of veins. Except when the thyroid body is diseased, or tracheotomy is needed for the extraction of a foreign body, this position should be preferred. Ordinarily, the isthmus covers the third and fourth tracheal rings; but it is uncertain in size and shape. The objections to the lower operation are, the greater depth to traverse, the presence of the inferior thyroid veins, and of the sterno-hyoid and thyroid muscles, which, in a thick-set muscular man, overlap the air-tube more than could be supposed from what is seen in the dissections of bodies. On the lower portion of the trachea exist branches from the inferior thyroid arteries. The carotids are, of course, in nearer relation, the lower the operation is done.

"There is no more important step in the whole proceeding than that of dividing the integuments exactly in the mesial line. It is the first thing to be done; and, if badly done, unfortunate results are likely to follow: the lateral lobe of the thyroid might be cut into, or the trachea missed, or perhaps the carotid artery opened. I have seen the first and second happen.

"I am particularly desirous to speak about hæmorrhage. Indeed, to get an opportunity for this has originated these remarks. Except under the most urgent haste, and when life seems to depend on the immediate and momentary admission of air to the lungs, should the trachea be opened while its surface is covered with blood? Several times I have seen death produced by the blood being inspired; and in each case, unfortunately, there was no hurry needed. In one of these, an extraneous substance was lodged in the larynx. An excellent surgeon, who, when he found that he could not control the bleeding by any ordinary measures, applied the actual cautery. Success ensued. I am sure that the patient is always placed in the greatest possible danger, except the bleeding be arrested or almost checked.

"I think that the trachea should invariably be hooked up and steadied before being opened, because of the greater accuracy secured, and the dangers that are avoided, and the time that is saved. This is recommended by all good practical surgeons who have written on the operation, and no doubt practised by most judicious operators; but, strange to tell, it has never happened to me to see it used in the many times that I have witnessed tracheotomy.

We remark in the same journal the following testimony in favour of *Teale's Mode of Operating in Amputations*, by Mr. WHIPPLE, of Plymouth:

"Having touched thus lightly on excision, I would pass on to amputations, after Teale's plan; of which we have had a large number. The stumps are all perfect in symmetry and usefulness, and with a great advantage over every other form, particularly for the young operator. You can set about the operation with mathematical precision, so that the young surgeon's first amputation is as secure of a perfect stump as that of the most experienced and self-possessed practitioner. The detail you all know; and the measurements made, no mistake can take place. I strongly press it on the beginner. I cannot say I like it for the matured operator. The tape in hand I do not approve; and (vanity! vanity!) I prefer a modification of my own. It is a compound operation—half the old flap, half Teale's. I transfix the limb with a catline anteriorly, carrying it as far as my judgment points out, and then cut it out at nearly right angles. I again transfix posteriorly, carrying my knife only half the length of the anterior flap, and cut it out also at right angles. Then my assistant holds back the flaps, which enables me to pass my knife round the bone; I then apply the saw. The

operation is expeditious ; and the flaps meet very neatly ; certainly not so exactly as Teale's, but by the time the cure is perfected very little difference is seen.

"The great advantage of Teale's method, in fact, is the abolition of any application but water-dressing."

The 'Medical Times and Gazette.' DR. SOELBERG WELLS commences in this number a series of Lectures on *Diseases of the Eye* The present Lecture treats of the theory of squinting. The author says, it is necessary to understand the theory before an operation is attempted ; he, therefore, enlarges on the optical theory of squinting, and had it been comprehensible without the diagrams to illustrate it, we should have been happy to reproduce it : as it is not, we refer our readers to the original article. DR. WHITEHEAD contributes *Notes on Causes of Mortality*, which are very elaborate. We make a few quotations :

OF THE EXISTING POPULATION.—PROPORTIONS OF THE SEXES.

"The results of statistical inquiries into the condition of the people inhabiting this quarter of the globe, during the last sixty or eighty years, have revealed the fact, that the numerical relations of the male and female sex stand in an unequal proportion to each other, and that the excess is constantly on one and the same side. For the aggregate of the several European populations, systematically investigated, the results have been nearly the same, according to the different censuses, since the commencement of the present century. In the several constituent communities, however, deviations in one or other direction are constantly observable, the disparity lessening in one state and become wider in another, although, apparently, in a compensatory sense merely, as the general issue has continued to be almost unvarying.

"In one state only, and that very insignificant as to numbers, has the male element been found in excess of the female,—a circumstance sufficiently accounted for by an unusual immigration of males during a season of political agitation in the neighbouring States.

"The aggregate population of central Europe, comprising France, the Germanic Confederation, Norway, Sweden, Belgium, and the Netherlands, amounted, in 1842, to somewhat more than 101 millions, of which number 49,874,097 were males, and 51,296,858 females, giving an average proportion of 102·8 females to 100 males. For Russia, however, the disparity is considerably lower. With a population, in 1842, of 49½ millions, the proportion of the sexes stood at 101·2 females to 100 males. This lower estimate may appear singular when it is taken into consideration, that the proportion of male as compared with female births in Russia was, in that year, and seems to be so generally, far higher than in any other European country. The circumstance may possibly be accounted for on the supposition, that the mortality of adult women in Russia is more or less augmented by the hardships to which the female portion of the serf population are said to be exposed in their maternal trials, and the laborious employments in which they participate with the men. Taking these two groups together, comprising a population of 151 millions (in 1842), the average proportion stood at 102 females to 100 males.

"For the following principal states taken together, Portugal, France, England, Belgium, Switzerland, Prussia, Austria, Saxony, Wurtemberg, Bavaria, Hanover, Denmark, Sweden, and Norway, the mean relative average of the two sexes in 1851 was 101·57 females to 100 males. The extreme variation, amounting to 6·87, was represented by Prussia (the lowest), where it stood at 100·12, and Sweden (the highest), 106·99 to 100 respectively : the numerical superiority of the female sex being lower in Prussia and higher in Sweden than in any other of the countries above enumerated. The only European State wherein the male exceeded the female element was Sardinia (Piedmont included), the proportion being 99·04 females to 100 males. That this assumed predominance of the male sex is not attributable to any error in the operations, is proved by the fact that the same results accrued in two successive recensions ; neither is it due to any exceptional excess of male births, nor yet to a high rate of female mortality. The phenomenon seems to be reasonably attributable to an inordinate influx of males into the Sardinian States during the preceding few years.

"These fluctuations are materially affected by a number of influences to which all communities are more or less exposed, such as external political relations sometimes necessitating the rapid absorption of men into the military and naval services, the extent of the emigration movement, the prevalence of epidemics, and other causes. But neither of these agencies can have operated in the production of the notable change of relations which has taken place in the French population during the first half of the present century—or more strictly speaking, during the thirty years ending with 1851. For, although the military drain in that period has perhaps been greater in France than in any other European country in the same space of time, and with the emigration movement, which always engages more largely the male than the female, somewhat on the increase ; yet has the female element been steadily, though slowly, decreasing from the beginning of the century, with the exception of a temporary rise in 1821, to the publication of the Report for 1851.

Again :—

"In the large towns and densely-peopled districts of France and England, as well as those of Austria, Prussia, etc., with a few exceptions, the numerical superiority of the female sex seems to be the rule. For although the contrary obtains in the principal towns of Russia, and the same thing to a trifling degree in Berlin and Rome, the female preponderates in Naples, Florence, Brussels, Vienna, Paris, London, and Stockholm. Marseilles has an excess of the male element ; but at Lyons, Bordeaux, Lille, and Rouen, the general rule prevails. These differences are due to purely local circumstances, amongst which may be mentioned certain branches of trade employing much more largely the male than the female ; and *vice versâ*, public establishments for the education of males, the erection of extensive public works, considerable military garrisons, etc. Another cause of disproportion may be found in the influx of females into large towns from the agricultural districts in search of domestic and other kinds of employment ; while a principal reason of the extraordinary male preponderance in St. Petersburg and Moscow is manifestly owing to the custom which prevails among all ranks of society in Russia, of employing males exclusively as domestic servants. The rigour of the climate, moreover, prevents the migration of any but males, except during the few brief months of summer.

"Of the numerical predominance of the female sex, however, among the dense, as compared with the sparsely disposed, masses of Central Europe there can be no doubt. For example:—The mean average proportions of the Austrian population are 104·50 females to 100 males ; but for Austria Proper, containing Vienna and other large towns and districts, densely peopled in comparison of the rest of the Empire, they stand at 108·12 to 100. And for Paris, for the forty years ending 1856, the female element is represented by 102·88, while that for the whole of France stands at 101·08 in 1851, and 102·10 in 1856.

"In the following table, representing the relations of the sexes from the several registration divisions of England, ranged in the order of excess, the same tendency (that of a higher female preponderance, namely, as a condition of agglomeration) is also observable :—

To 100 *Males.*

Divisions.	Females.
London	113·60
South Western	108·15
North Western	104·44
Northern	104·36
Eastern	104·29
Western	102·93
South Midland	102·50
South Eastern	102·27
North Midland	102·01
York	101·86
Welsh	101·77
Mean	104·40

"In reference to the question now under consideration, two items in the preceding table seem to require a word of explanation. First, the high figure (108·15) which represents the proportion of females in the South-Western division (chiefly agricultural), would appear to stand in contradiction of the rule assumed. But this apparent anomaly may possibly be accounted for by the fact, that the South-Western district contains a considerable number of places resorted to by invalids and retired families, all employing a large amount of female service. Such localities are to be found on the coasts of Dorsetshire, Devonshire, Cornwall, and Somersetshire, sought by multitudes from all quarters on account of the mildness of the climate and salubrity of the atmosphere ; as well also as Bath and other inland places in no trifling degree dependent, commercially speaking, upon the presence of strangers of the class mentioned. In the second place, the York division (largely engaged in manufacturing processes), on account of the low item (1·86) representing the preponderance of its female element, may also be objected to. But the densely-crowded part of Yorkshire is limited to a portion of the West Riding, while the rest of this extensive county is chiefly agricultural. Were the relations of the sexes for Leeds, Bradford, Sheffield, Halifax, and Huddersfield, with the adjacent and intermediate towns of smaller size to be ascertained, it is probable they would present a striking contrast with those of the rest of the division.

"The actual relative proportion of the sexes of the five principal countries of Europe in 1856, after Tegoborski, stand as follows:—

Countries.	Population.	Females to 100 Males.
Austria . . .	38,000,000	104·5
Prussia . . .	16,000,000	100·4
France . . .	36,000,000	102·1
Russia . . .	68,000,000	102·1
England . . .	27,000,000	104·9
Aggregate population .	185,000,000 Mean .	102·8

Dr. Wm. Cooke communicates a paper on *Diphtheria*. He reports in detail four cases of great severity, and adverts to two other milder cases, all in one family, of whom three died. The infection was brought into the family by a little son, who had taken the disease at school. Some cases of *Craniotomy* are reported in the same journal by Dr. Ramsbotham. We extract a few:

"*Case* 135.—On July 25th, 1843, at 3.30 p.m., I was sent for by one of the parish Surgeons to a patient in Wapping Workhouse, in labour of her first child. The membranes broke about twenty hours before, and the uterus had been acting very strongly ever since; yet its mouth was not dilated more than to the size of a crown piece, and was thick and rigid, while the pelvis in its conjugate diameter at the brim did not possess a greater space than two and a-half inches. The head was entirely above the brim, and the left foot was in the vagina. I passed a piece of wide tape with a running noose easily over the ankle, hoping to make the child revolve, and to extract it feet foremost. But, notwithstanding, I used as much traction as I thought the leg would bear,—for putrefaction had commenced in the child's body,—I could not succeed in bringing down the breech, partly, perhaps in consequence of the small size of the pelvis, but chiefly owing to the tonic contraction of the uterus, which had firmly embraced the fœtal body. I therefore perforated the head, and extracted with the crotchet. The operation required much exertion, and occupied fully an hour; the placenta passed naturally. Next day the woman had passed water freely, and was as well as if she had gone through an ordinary labour. She recovered satisfactorily.

"*Case* 139.—On December 26, 1844, at 3.30 p.m., I was requested by a Medical friend to visit Mrs. C., Bucklersbury, aged thirty-seven, in labour of her first child. Pains commenced early on the morning before, and she went on well through the day and night. The membranes broke about midnight, and the uterus began to act with much vigour. Still the head remained above the pelvic brim, which was not wider in the conjugate diameter than 3⅛ inches. The pains continued very powerful; about 11 a.m. she became very restless, and could not be controlled, and at 2 p.m. was seized with a violent convulsion. She was bled to sixteen ounces; and at 3 she had another fit, and was again bled to the same amount. My friend then tried to deliver her by the forceps, failed in doing so, and sent to me. I found her very much exhausted, in a state of partial coma, from which she could be roused to answer questions, but she immediately relapsed into insensibility. The funis was prolapsed, not pulsating. The pains had quite ceased since the second fit. As there could be no doubt about the child's death I perforated the head immediately, and delivered in half an hour by the crotchet. There was no return of convulsions after delivery. She gradually recovered her consciousness; and I saw her on the 30th, when she was convalescent. On September 17, 1846, I was consulted about her, in consequence of pregnancy, and I recommended that labour should be induced prematurely.

"*Case* 140.—On the same day, December 26, 1844, at 10.30 p.m., at the request of a Professional friend, I saw Mrs. W., Hatton garden, aged thirty-two, in labour of her first child. The membranes broke thirty hours before; the head was in the pelvis very much compressed and elongated, producing great pressure on all the structures in the cavity; the pelvis was narrow throughout. The pains had been very violent after the membranes broke; but had now ceased entirely; there had been no advance in the head for twelve hours; and the child's body emitted a most offensive putrid odour. The woman was very much depressed both in mind and body, so that I had but very little expectation of her recovery. I introduced the catheter with great difficulty, owing to the pressure produced by the head, perforated the skull, and extracted easily in about fifteen minutes by the crotchet. She rallied wonderfully and recovered, but five days after delivery the urine passed involuntarily; a slough took place at the neck of the bladder, for which, I believe, she sought Surgical assistance after she recovered from her confinement.

"N.B.—I have already remarked that in almost all the cases which I have seen of slough taking place at the neck of the bladder, the child's body has been in a highly putrid condition. I therefore attribute the disorganisation to long-continued contact with the putrid head, and consequent absorption of putrid matter as the predisposing cause; and to uninterrupted pressure for a lengthened period as the immediately exciting cause.

"Besides the case previously detailed, in which I delivered by craniotomy, the head presenting, under hæmorrhage, and the three cases, also already given, in which I perforated behind the ear after the body was born, when turning had been accomplished under *placenta prævia*; it will be observed that during the five years embraced between January 1, 1840, and December 31, 1844, I delivered thirty-two women by means of the crotchet, which instrument I always use because I regard it as much more efficacious and much less dangerous than any kind of "craniotomy forceps" that I have yet seen. In two of these cases the face presented. Two were complicated with convulsions. In one the head and a foot presented at the pelvic brim. One was the first child of twins. In one the cause of delay was pelvic tumour. In two the fœtus was hydrokephalic. In one a slough took place from long-continued pressure, contracting the vagina, the bladder being uninjured. In two, fistulous orifices occurred in the neck of the bladder, both fœtuses being highly putrid. Only one woman died,—one of the cases of hydrokephalus,—she had been in labour between four and five days, and was moribund when delivered.

"Those difficult breech presentations and transverse cases, which occurred to me between January 1, 1840, and December 31, 1844, will occupy the next series of these reports."

The 'Lancet.' The lectures on *Pain* by Mr. Hilton are continued in this journal. The following case is an instructive one:—

"*Case of diseased hip joint, with necrosis of acetabulum, cured by 'rest.'*—The next case of hip-joint disease is one complicated with disease of the acetabulum; and that is its great feature:—A delicate, pale, unhealthy-looking young gentleman, aged fifteen, in the spring of 1846, after taking a long walk, suffered excessive pain and some swelling in his right hip-joint. He was then in Edinburgh, and was kept in bed, by his surgeon's advice, during three months, his thigh being strapped up with some irritating plaster spread upon leather. Slowly recovering from this attack, he continued well until August, 1847, when over-exertion brought on his hip-joint symptoms again more severely than in 1846, and he remained at home in London, under the care of an hospital surgeon, alternately keeping and quitting his bed at short intervals, so that the joint had not the advantage of continued rest, until the end of 1847, when, notwithstanding numerous leeches, lotions, strong counter-irritants, and abundance of medicine, all his hip-joint symptoms became much worse. As to leeches, he said to me, "I have had upwards of 1,200 applied to my hip in the course of a few months!" The loss of blood by 1,200 leeches may be estimated at about 300 ounces. This is pretty well for a delicate lad suffering from hip-joint disease. He told me that he had taken pailsful of horrid medicine. The loss of blood, the physic, and the counter-irritation reduced his strength, and brought on loss of appetite, want of sleep, with jumping and starting pains in the limb, to such an extent that he was compelled from unmitigated exhaustion to fall flat upon his back, and there remain uninterruptedly at rest upon his bed; and from that time he began to improve in every respect.

"Here, then, was a case of 'forced rest' against the judgment and discretion of the medical attendants—forced rest compelled by direct feebleness on the part of nature; and from that time the patient began to improve. He continued in bed until the summer of 1849—nearly eighteen months. The blistering and counter-irritants that were applied were, according to his own account, something awful. Even when exhausted in bed his surgeon would not let him alone, but still applied blisters, setons and counter-irritants. A large abscess made its appearance in the spring of 1849 just above Poupart's ligament, near the anterior superior spinous process of the ilium. The skin was allowed to ulcerate, and the discharge was immense, and was dashed out of the opening by coughing or sneezing, or by taking a full breath, indicating intimate association of the abscess with the interior of the abdomen and pelvis.

I first saw this patient in the autumn of 1849, lying on his bed, not pale, but transparently white, like alabaster (I never saw a man so transparently white—translucent almost—as he was), thoroughly exsanguine, and exceedingly emaciated. Abundance of thin pus was escaping from two sinuses—one at the upper and inner side of the thigh, and the other, before alluded to, close to Poupart's ligament. Through the opening of this latter abscess I passed a long probe into the pelvis, behind the acetabulum, and there felt necrosed or carious bone. The discharge from this abscess occurred most abundantly during the effort to evacuate the bowels, when it would gush out. There was scarcely any pain in the hip-joint. I ascertained by careful but painless examination, although he was in great fear the whole time, that the thigh-bone and the anterior part of the acetabulum were firmly united; the limb was in good position, except that the foot was a little too much everted. Seeing no advantage in his lying any longer in bed, he was daily dressed,

laid upon a couch, and as soon as the weather and his own extreme feebleness permitted, he was taken out of doors into the garden, lying there all day upon the couch.

"In the spring of 1850, he passed nearly all his time out of doors, sitting in a Bath chair in the garden, or being dragged about in a small hand-carriage. From the time of my first visit he left off all medicine, except cod-liver oil and steel wine, and took porter, wine, meat, &c., in abundance. In 1851, amongst other efforts, he went to the Exhibition, resting on his crutches: and in 1852, he was employed in a public office, where he has been constantly occupied ever since.

"March 21st, 1861, he called on me in good health, well covered with firm flesh. He belongs to a rifle corps, goes through the drill, and can walk ten or twelve miles without pain; but the exertion of walking beyond that distance brings on fatigue, which he attributes to his stiff hip-joint. Several small portions of cancellated bony structure have been extruded from the upper abscess at three or four different times, but none during the last four years. The sinus from the intra-pelvic abscess does not remain closed for more than three or four months at a time, when a little pain and fulness occur under the closed aperture. This soon opens of itself, or he himself opens it. About a teaspoonful of pus escapes, and in a day or two nothing but a thin, watery fluid oozes out, and then it remains closed during another three or four months. He walks somewhat lame, dipping the pelvis a little to the lame side when he touches the ground with the foot of that leg. Standing upright upon the sound leg, the heel of the lame side is about an inch and a half or two inches from the ground. The head of the femur is in this case a little anterior in position to where it ought to be. That explains the slight fulness below Poupart's ligament, which impedes the easy return of the blood, and produces a varicose condition of his superficial veins. The muscles of the damaged leg are exceedingly well developed, but not quite so much so as in the sound side.

"I think I might fairly refer to this case as one of diseased hip-joint, complicated with disease of the acetabulum, not placed under very favourable circumstances as regards professional treatment, and, consequently, not as regards rest; yet in spite of that, so strong have been the energetic efforts made by nature, that the patient is, in his actual condition, happy and comfortable, equal to all the duties of his office, capable of taking exercise, and able to form part of the defensive corps against any encroachment upon his country."

We also extract the annexed observations:

"I desire, before quitting this subject, to repeat the expression of my surprise and regret that some surgeons should continue to make their diagnosis of hip-joint disease depend on the recognition of what may be fairly denominated the 'outlying symptoms' of that disease; for I cannot conceive the reason why surgeons should not go directly and promptly to the hip-joint itself, and examine that part with care. I am confident that if the same method of proceeding to diagnose hip-joint disease was adopted as is usually followed out for the purpose of detecting disease about the knee, ankle, shoulder, and other joints, much of the doubt which still hangs over these (sometimes obscure) hip-joint cases, especially in their early stage, would disappear. It is because surgeons will depend on the outlying symptoms for their diagnosis, and not upon the actual positive inflammatory or abnormal or painful condition at the hip-joint itself, that mistakes so frequently occur.

"There are numerous cases simulating hip-joint disease, some of which may be improved by 'rest,' and some deriving no benefit from that method of cure. Thus we often meet with lameness in children, in one or both of the lower extremities, in which the local symptoms somewhat resemble hip-joint disease, although the pathological cause will be found in the brain or in the spinal marrow. In such cases, although the patient is lame, there is no general febrile state, except when teething coexists, nor is there any evidence of local heat, or pain or tenderness in the hip-joint itself. The limb is not flexed or adducted, nor is there usually any distinct pain when the patient walks, which he does limping a great deal; but it is unaccompanied by the peevish anxiety which usually attends the existence of hip disease: in fact, the positive symptoms of hip disease are not well marked.

"In these cerebral or spinal cases, the limb usually becomes feeble or wastes before or coincidently with the lameness and the defect in accurate progression. The movements of the limb can be accomplished through the will, but they are exceedingly ill-defined, so that there is great want of precision and accuracy in the step. The limb seems as if it were simply suspended from the pelvis; and obeying gravitation, as well as an imperfect volition, it swings loosely as if partially paralysed. The limb is usually colder than the corresponding one on the other side. Even in such a case, if any doubt exists as to the real cause of the lameness, it is better to apply a splint to the limb, and keep the patient in bed for a month or six weeks; if, at the expiration of that time, there be no improvement, and other symptoms seem to indicate brain or spinal marrow affection, the patient will have lost but a short period of time; the treatment in reference to the brain and spinal marrow might be going on at the same time that 'rest' is secured to the limb in reference to the probability of anything wrong at the hip-joint.

Three or four years ago, I was requested to see a case of this kind in consultation with Mr. Frederick Toulmin, of Hackney. I thought I recognised a slightly increased temperature at the hip-joint, and some pain there on pressure. These local symptoms might have originated in the attempts made on the part of this boy to take exercise when his limb was in part paralysed. He kept a long straight splint on six weeks, chiefly by my advice; it turned out that it did no good, but certainly it did him no harm. He was afterwards treated for cerebral disturbance, and he ultimately got well. Still I hold that, in cases admitting of doubt, it is better to have the splint applied; for if in this case an error had been committed, or any omission made, hip-joint disease might have gone on to some considerable extent."

Mr. Hilton records other most interesting cases, accompanied with valuable practical remarks.

Mr. Hancock continues his observations on *Division of the Ciliary Muscle*, and reports a series of cases in illustration of its value.

The following case of *Rupture of the Heart* is reported in the same Journal, by Mr. Edgar Lowe:

"Rupture of the heart so seldom occurs without some ascertainable cause, that I think the following case, which lately came under my notice, may be of interest to the readers of 'The Lancet:'

"Richard S——, an agricultural labourer, aged sixty-five, (residing at Orleton, a very hilly part of the county,) of temperate and regular habits, had always enjoyed good health, except an occasional winter cough. On Monday, the 4th of August, he returned from his work as usual, and, according to the evidence of his wife, expressed himself as "never better in his life." They went to bed at their usual time, about half-past nine, and at four the next morning she was awoke by him calling to her. He was sitting up in bed, and complained of acute pain in the right side of the chest, and asked her to make him a cup of tea. She got up to do so, and he then said a pipe of tobacco would do him more good. She ran down stairs directly, brought up the pipe, when he placed both hands on his chest, said "Oh, God! I'm choking," fell back into her arms, and died.

"I received an order from the Coroner to make a post-mortem examination, and did so on the 9th, four days after death. Externally, the chest, neck, and lips were livid. No appearance of blow or injury of any kind. On opening the cavity of the thorax, I found the lungs perfectly healthy, and free from pleuritic adhesions, but the pericardium much distended. This I opened carefully, and found completely filled with dark, semi-coagulated blood. I then examined the heart, and found that the muscular structure had given way in two places near the base of the right ventricle. One was a jagged opening of about a quarter of an inch in length, and the other close to it, but smaller. The walls of both ventricles were to some slight extent thinner than usual; but the heart was of the normal size. No fatty degeneration, valvular disease, or deposit of ossific matter. I could not ascertain that he had ever suffered from any accident.

"This, then, is a case where, although the cause of death is immediately apparent, the circumstance leading to that cause can only be conjectured: probably some extra exertion during the day causing disturbed circulation and increased muscular action of the heart."

REVIEW OF BOOKS.

Hæmorrhoids and Prolapsus of the Rectum: their Pathology and Treatment; with especial reference to the Application of Nitric Acid. With a Chapter on the Painful Ulcer of the Rectum. By Henry Smith, F.R.C.S., Assistant-Surgeon to King's College Hospital. Third Edition. London: Churchill, 1862.

The fact that the book now before us has in so very short a period reached a third edition is, one would think, sufficient to entitle it to the notice of the Profession without any special recommendation. But we should not be doing justice to the talented author were we to omit giving a review of it in our columns.

The diseases of which Mr. Smith treats are of such daily occurrence, and of so painful and troublesome a nature that any one who can improve the treatment of them and bring forward a ready means of cure is entitled to the gratitude not only of the profession, but of society at large. Mr. Smith has evidently given the most careful attention to his subject, and has investigated the pathology of these diseases with extraordinary perseverance, which has led to his obtaining unusual success in their treatment. The result of

his experience given in his book, in an honest and straightforward style, must carry conviction to the mind of the unbiased reader.

In the present edition he has added much new matter, and has described and illustrated certain modes of treating hæmorrhoids and prolapsus, which were not alluded to in the former editions, but which more mature experience (as he expresses it) has justified him in recommending. He has added a short but entire chapter on the painful ulcer of the rectum, which is so often associated with hæmorrhoidal disease, and frequently mistaken for it.

Although it is stated in the title-page that this work has especial reference to the application of nitric acid, Mr. Smith does not by any means discard other modes of treatment, where it is desirable to adopt them, but he has taken great pains in pointing out the cases which can be cured without recourse to the ligature, and compares the results of the different modes, describing the class of cases to which each is applicable, attention to which must save the surgeon from disappointment, and the patient from much unnecessary suffering.

Experience has taught the author to combine other modes of treatment, where desirable, with the application of nitric acid, and on this head we will quote a few of his observations. He says: "Since the publication of the last edition of this work, I have met with a considerable number of old-standing and severe cases of prolapsus of the rectum, where, either from the existence of some organic disease, or from advanced age, the operation by ligature was not admissible, and yet, from the extent and nature of the disorder, it could not be remedied by the application of nitric acid alone. Under such circumstances, I have adopted what may be considered a combined method of treatment, consisting in the employment of nitric acid, and the removal of folds of relaxed tissue from around the margin of the anus."

"It is mainly in those cases where there is considerable prolapsus in weak old persons, associated with a very relaxed condition of the anal orifice, that I adopt this practice, which I can recommend with confidence."

He then goes on to describe the manner in which he proceeds with the operation, and gives cases in illustration of the value of this method. The other modes of treatment are all illustrated with numerous cases in which they have been used, and which are both interesting and instructive.

In concluding our remarks, we can safely say that the whole subject has been treated in a masterly style, and to those who take an interest in the treatment of these troublesome diseases, and wish for useful information on the subject, we confidently recommend a perusal of Mr. Smith's book.

POISONING BY BELLADONNA.

(Extracted from the 'Dublin Medical Press.')

TO THE EDITOR OF THE 'DUBLIN MEDICAL PRESS.'

SIR,—As I do not happen to have heard or read of any cases of poisoning by belladonna *treated in this country* by means of opium, I would feel obliged by your insertion of the subjoined cases in illustration of the antagonistic action of opium and belladonna. I also beg leave to ask for an early insertion, in order that, if a similar occasion should arise—a circumstance not very unlikely to occur—as the fruit of the belladonna is now ripe and attractive, your readers may have an opportunity of still further testing the propriety of this plan of treatment.

I am, Sir, your most obedient servant,

J. H. WHARTON.

27 Upper Merrion street, 28th August, 1862.

Case 1.—Thomas Murphy, æt. 10, was admitted under my care into the Meath Hospital on the 20th instant. His mother, who accompanied him, furnished the following history:—"On the preceding evening, in company with several other children, he repaired to the gardens in Brown street," formerly in possession of the late Mr. Hunt, well known as a chemist and druggist in this city, "from which he returned home about half-past seven o'clock, when he stated that he had eaten some poison berries about two hours previously, that his eyes were dim, and his tongue and mouth 'sticky.' He soon fell asleep, and at nine o'clock was awoke for supper, of which he took none, and was restless and tossing about in the bed all night." On admission, the following particulars were observed:—The patient was delirious, talked to his companions, whom he supposed to be present, laughed, caught at imaginary objects, and picked the bedclothes. On one occasion he sat up in bed and stooped his head, as it were, into a basin of water, with which he went through the form of washing his face with his hands. He had frequent and almost uninterrupted spasmodic jactitations, which at times *appeared* to be not wholly involuntary, and they were occasionally so violent as to render it necessary to prevent him from being rolled or partly thrown out of bed. The movements of the limbs were of a changing character, at one time simulating chorea, at another hysteria, and, after a little, tetanus. On one occasion his head and heels were drawn backward, as in opisthotonos; at another, his upper and lower extremities were extended to the utmost while he lay on his back and whistled a lively air; the pupils were enormously dilated, giving the eyes a brilliant softness; power of vision almost wholly lost; eyes suffused and pinkish; countenance much flushed, and occasionally, his aspect was silly, and not seldom, sardonic; skin not deprived of sensation, as proved by his showing signs of pain and passion when pinched. An indistinct rash was observed by the resident pupil, but it quickly disappeared, as I could not ascertain its presence; general surface of the body warm, with the exception of his legs and feet, which were cool; pulse, 110, and strong; pulsations well defined; respirations, 28; tongue dry, of a yellow brown colour; power of deglutition absent.

Case 2.—Eliza Kenny, æt. 6. History and symptoms very similar to those just described. The spasms were, however, less violent, and the delirium of a more hysterical character. In this instance, deglutition was not wholly lost, but was partly accomplished with much difficulty and perseverance, and with great and determined resistance on the part of the patient.

Case 3.—James Flattley, æt. 11, affected in a manner corresponding to that of his companions. The spasms, however, were neither so frequent nor so severe. Unlike them he was able at intervals to answer a simple question, such as "What's your name?" The comparative mildness of his symptoms was possibly due to his having vomited in the morning a portion of the "berries."

Treatment.—An emetic consisting of sulph. zinc, ℈i. was prescribed for Murphy (No. 1.), which was attempted to be administered by forcing open the jaws and giving it in small quantities. So far, however, from any effect having been produced by this means, it was soon discovered that whatever portion was retained in the mouth was spat out, and often with an *apparently* too-well directed aim at the bystanders. This tendency to spitting, which was manifested more or less all through Murphy's case, was similar to that condition produced by chloroform.

Endeavours were then made to cause evacuation from the bowels by the administration of the following enema:

℞ Spr. tereb. rect. ℥ss.
Olei olivæ, ℥i.
Tinct. assafœtida, ℥ss.
Decocti hordei, ℥vi. M.

On the introduction of the long tube, the patient evidently strained, as if at stool, but no dejection took place. After a proper interval—during which a purgative bolus, composed of fifteen grains of the compound powder of jalap, was placed far back upon the tongue, an enema similar to the above was administered, and with a like result. To subdue the jactitation cold affusion was had recourse to, which produced only a temporary benefit. Sinapisms were also applied to the legs. In Case 2 an emetic of sulphate of zinc was likewise prescribed, which, being followed by mustard and warm water and tickling of the fauces, caused a very moderate emesis; but no satisfactory evidence existed from examining the fluid ejected that it contained any portion of the belladonna fruit. A draught of castor-oil and turpentine was then prescribed. In Case 3, which was admitted after I had left the hospital, a purgative bolus, composed of calomel and jalap, was most judiciously administered by the resident pupil, as deglutition was a matter of no difficulty.

Four o'clock p.m.: The patients' symptoms having been uncontrolled—indeed in Eliza Kenny's case the excitement and flushing of the face were increased, it was resolved to place them under the influence of opium—a matter of difficulty, if not impossibility, with Murphy (Case 1). Accordingly, an eight-ounce mixture was prescribed, containing eighty drops of tincture of opium by measure, of which one ounce was directed to be given to Cases 1—if possible—and 3, every second hour until its action should be observed, and half that quantity to No. 2 at the same intervals.

Ten o'clock p.m.—The Cases 2 and 3 were found to be much relieved, and to have taken their medicines regularly; the former in five, the latter in ten-drop doses. They had had some sleep, and had partaken of food. Beef-tea, and stirabout subsequently, a portion having been rejected. Case 1, however, had taken, or rather been forced to take, only an inappreciable quantity of his medicine, and as his state was not by any means improved, it was determined to exhibit the drug per rectum—a resolution warranted by the success arrived at in Cases 2 and 3.

Accordingly, fifteen drops were injected at midnight, and at two o'clock a.m. on the 21st the report is, "all three sleeping gently." At four, six, and eight o'clock a.m., the medicines in the doses already supplied were regularly given. It was also duly administered in Case No. 1, as he was enabled to swallow in two hours after the exhibition of the opiate enema.

At nine o'clock Case 1 is reported, "Delirium subsided; all spasm gone; is still a little stupid about answering questions; pupils less dilated; a like improvement in the other two." The opium was now administered at increasing intervals, until finally

stopped on the 23rd, when the patients were discharged, moderate dilatation of pupils continuing in Cases Nos. 1 and 3, and none in Case 2. All the cases had double vision at a certain distance, and at uncertain distances, incapability of counting correctly was manifested; none had anæsthesia. Retention of urine was not present in any. It passed involuntarily in Case 2, not so in Case 3, the subject of which expressed a desire to relieve his bladder. With regard to Case 1, I am unable to speak with greater certainty than that before admission, according to the mother's account, there was no retention. All were flushed, and, as before mentioned, the muscular movements were similar, though greatly intensified, and varied in Case 1. In all, the pupils were obviously less dilated during sleep than wakefulness—a condition verified by repeated observation. The quantity of opium taken by Case 3 amounted to about fifty-five drops; by Case 2, double that quantity; by Case 1, reckoning only from the exhibition of the opiate enema, eighty-five. With regard to the opium, it is perhaps not unworthy of mention, that the bowels continued constipated in Case No. 1, as also the inability to swallow until the antagonistic effect of opium had been observed; that vomiting in Case 3 occurred under the same circumstances, although no emetic had been prescribed; and the same may be said of Case 2, for the vomiting which occurred after the partial exhibition of the sulph. zinc and mustard, was rather the return of the small portion of these substances which had been swallowed.

I cannot bring the foregoing to a close without acknowledging my obligations to Mr. John J. Ball, the acting resident pupil at the Meath Hospital, who reported the foregoing cases, and who, from personal inspection carried on every two hours by night and day, so long as the urgency of the symptoms continued, was enabled to note the above particulars.

MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JULY 7.

DR. BABINGTON, F.R.S., President, in the Chair.

A communication, by Dr. ARCHIBALD SMITH, was read on

DIPTHERIA IN PERU.

The following important information on the occurrence of diptheria in Peru had been communicated by Dr. Archibald Smith in a note to Mr. Radcliffe since the previous meeting. Dr. Smith has known Peru ever since 1825, but he had never heard of or seen diptheria there as an epidemic until 1858-59. In the former of these years the disease proved very fatal among children; in 1859 it was less prevalent, and consequently attended with fewer deaths. The affection was superinduced on the following epidemic sequence, as noticed in Lima, the capital of Peru. Lima is situated six miles from the sea, at an elevation of 500 feet, with a winter temperature of 60 deg. to 64 deg. F. as minimum, and summer heat of 80 deg. to 84 deg. as maximum. Atmosphere generally humid, and climate relaxing. Barometer all the year round 29½ to 29¾. Malarial and pythogenetic causes are always fertile causes of disease, such as intermittent, remittent, and typhoid fevers. The sewage gas is often extremely offensive, and it is by no means uncommon to see the intermittent pass into the declared typhoid form, while pure typhus *per se* is seldom seen in civil practice, judging from Dr. Smith's own experience. In 1851 reigned in August and September a catarrhal fever or influenza, which extended all over Peru. 1852. A mild adynamic fever, with a red cutaneous eruption, which attacked all but destroyed none, like the "Polka" of Brazil, which Dr. Lallemand called the first stadium of yellow fever. 1853. What may be called an epidemic of nascent yellow fever, terminating with a few cases of black vomit by end of autumn. 1854. Yellow fever in aggravated form. 1855. No yellow fever, but epidemic intermittents. 1856. Intermittents disappear, and the yellow fever returns. 1857. In August and September, catarrhal influenza. 1858. Diptheria as an epidemic. 1859. Diptheria on the wane, and small-pox prevalent. "This last year," remarks Dr. Smith, "on the third or fourth day of high fever I was called to see a youth, when I observed the false membrane in the throat and fauces, and next morning on return found the diptheria vanished, and the eruption of small-pox fairly established."

HIRSCH'S RESEARCHES IN HISTORICO-GEOGRAPHICAL PATHOLOGY.

Dr. Weber read an analytic summary of the important work of Dr. Hirsch, of Dantzic, entitled "Handbuch der Historisch Geographischen Pathologie," and which the author has dedicated to the London Epidemiological Society, "in acknowledgment of their efforts and services in the promotion of public hygiene." The first volume was published in 1859, and the first part of the second volume last year. It is the first systematic attempt to treat in a worthy manner the great and difficult subject of the chronological and geographical distribution of all epidemic diseases throughout the world. The amount of research among the Medical literature of Europe generally, displayed by the author, is not surpassed by that of Dr. Copeland himself in his Herculean task, and the impartiality and discriminating judgment are on a par with the erudition. Dr. Weber concluded his summary by pointing out the great desirableness of having an English translation of Dr. Hirsch's work, and the especial duty of English Medical men availing themselves of the singularly favourable opportunities which they enjoy above their Professional brethren of any other country in investigating epidemic diseases in the numerous and widely-dispersed dependencies of the British Empire.

A communication was also read from Dr. S. HALL, of Hobart Town,

ON THE VITAL STATISTICS OF TASMANIA IN 1861.

The total registered deaths in the colony during the year were 1,472, to which must be added the deaths of seven convicts not stated in the public records. As the population of Tasmania on April 7, 1861, amounted to 89,977, the death-rate that year would be a trifle over 16 per thousand of the inhabitants, or one death in about 60 or 61 individuals. Among the exclusively rural population, estimated at between 53,000 and 54,000, the death-rate did not much exceed 11 per thousand; but even this low rate is above what it ought to be, as there is a considerable number of preventible deaths constantly occurring from the neglect of sanitary precepts. The proportion of children in the population of Tasmania is much greater than in England and other European countries. According to the census of last year, the children under 15 years of age constituted about 38 per cent. of the whole population, while in England, at the census of 1851, this proportion was only 35, and in France it did not exceed 30 per cent. Of the 1,479 deaths, 323 were in children under one year; 124 occurred between 1 and 2 years; 53 between 2 and 3; 22 between 3 and 4; 40 between 4 and 5; and 67 between 5 and 10 years. The three last groups were all above the usual proportions, owing to the prevalence of measles, which had not visited Hobart Town for six or seven years previously. Of the deaths in middle and advanced life, 28 occurred between 80 and 90 years of age; 3 between 90 and 100; and 2 in persons upwards of 100. Everything seems to indicate a great salubrity of climate. The total registered births in the colony during 1861 were 3,207, but as many escape registration. Dr. Hall estimates the natural increase of the population at nearly 4,000. In 1861 the rainfall, a trifle over 28 inches, exceeded the mean of the twenty previous years by upwards of 6 inches.

OUR NOTE BOOK.

ON THE CALORIFIC AND VASCULAR NERVES OF THE SYMPATHETIC.

By M. CLAUDE BERNARD.

This paper is the first of a series which M. Bernard is presenting to the *Académie des Sciences*, and has in view the demonstration that the vascular and calorific nerves are special nerves to be topographically and physiologically distinguished from the ordinary motor nerves. Having opened the spinal canal in dogs, he divided as they left the cord all the origins of the sacro-lumbar plexus (sometimes on one side and sometimes on the other) which supplies sensation and motion to the hinder extremity. The limb became completely paralysed, but no calorification or vascularisation was observed, the temperature on this side often, indeed, diminishing. When only the posterior and anterior roots were divided, corresponding abolition of sensation or of motion occurred; but in neither case was there any vascularisation or change of temperature in the limb. In a dog in which complete paralysis of the left hind leg was produced by division of the origins of the sacro-lumbar plexus the sciatic nerve was afterwards divided. Its origin having been already divided, this subsequent section was not felt, and added nothing to the paralysis of motion and sensation that already existed; but vascular and calorific phenomena immediately followed, the temperature of the limb steadily rising until it was from 6° to 8° C. higher than that of the opposite one, and so continued untill the death of the animal next day.

The experiment was repeated a great many times with exactly the same result. It is evident, therefore, that nerves influencing these functions must have become adjoined to the motor and sensitive nerves in the short interval between their issue from the canal and the point where the sciatic was divided. It is only the sympathetic, placed on the sides of the spinal column, which could thus become joined to these nerves; and M. Bernard, in another experiment, destroyed the ganglion of the sympathetic and its filaments, which lay upon the side of the fifth and sixth lumbar vertebræ, leaving the nerves of the sacro-lumbar plexus entirely intact. An excess of temperature in the limb was immediately observed, and during the three days the animal lived, the paw of the side operated upon was from 5° to 8° hotter than the other,—no paralysis whatever being present. The conclusion to be drawn is that there are three distinct descriptions of nervous influence,—1. The sensitive, due to the posterior roots of the sacro-lumbar plexus; 2. The motor or muscular, belonging to the anterior roots; and 3. The vascular and calorific, due to the sympathetic.—'Gaz. des Hôp.' and 'Med. Times.

LEGAL INTELLIGENCE.

WAKEFIELD COUNTY COURT.

LIABILITY OF MASTERS TO PAY FOR MEDICAL ATTENDANCE ON SERVANTS.—HORSFALL *v.* NETTLETON.

An action has recently been tried at the County Court at Wakefield, involving a question of considerable importance to the profession—the liability of masters to pay for medical attendance on their servants. The plaintiff was Mr. Henry Horsfall, surgeon; the defendant, a widow lady. The amount was nine shillings and six pence for medicine and attendance. On the 4th of December, 1856 Mr. Horsfall received a message to go and attend defendant's servant. He did so, and prescribed for her on four occasions. His books were produced, in which were entries, "Mrs. Nettleton, pro servant." He did not know the servant's name, nor did he remember to have attended her previously. He sent in his bill in January, 1857. Defendant went to the Isle of Man and could not be found. In cross examination, Mr. Horsfall said that Mrs. Nettleton did not say that she would be liable for the payment, but she did not say the contrary.

Mrs. Nettleton, in defence, said that she remembered her servant being taken ill. At that time Dr. Atkinson was attending her own son, and she proposed to the servant that he should attend her also. This offer was declined, as the servant said that she had seen Mr. Horsfall before, and would prefer seeing him again. Defendant offered that if Dr. Atkinson attended her it would be without charge, but if she employed Mr. Horsfall it would be at the patient's own expense. She did not receive any bill till about three years ago, when it was accompanied with a threatening letter, which she handed to her solicitor.

Mrs. Kenyon, a servant of Mrs. Nettleton, deposed that she went for Mr. Horsfall.

For the defence it was urged that there had been no contract, and that Mr. Horsfall had been sent for without defendant's knowledge or consent: but it was admitted that he had had an interview with defendant immediately after he had seen the servant.

The judge, in giving his decision, stated that a contract might be either expressed or implied. In this case he thought that an implied contract was clearly established, and as it was the usual custom for masters and mistresses to pay for medical attendance on those in their service, he should give a verdict for the plaintiff.

Whether this decision may be taken as a *legal* precedent remains to be seen.

Births, Marriages, and Deaths.

BIRTHS.

ALTHAUS.—On the 30th ult., at Bryanstone street, the wife of Julius Althaus, M.D., of a daughter.

EDWARDS.—On the 28th ult., at Benarth, Carnarvonshire, the wife of James Edwards, M.D., of a son.

EVERSHED.—On the 2nd inst., at Billingshurst, Sussex, the wife of Thomas E. Evershed, Esq., M.R.C.S., of a son.

HARRIS.—On the 29th ult., at High street, Falmouth, the wife of Arthur B. Harris, L.R.C.P.E., of a daughter.

HASLAM.—On the 29th ult., the wife of George H. Haslam, Esq., M.R.C.S., of Shropshire street, Market Drayton, of a daughter.

TAYLOR.—On the 26th ult., at Hutton hall, Penrith, the wife of Michael W. Taylor, M.D., of a son.

WILLIAMS.—On the 30th ult., at Menai bridge, Anglesea, the wife of D. W. Williams, M.D., of a son.

MARRIAGES.

CASTLE—GATEHOUSE.—On the 28th ult., at Emsworth, Hants, William Henry B. Castle, L.R.C.P., of Landport, Portsmouth, to Harriette, elder daughter of the late John Gatehouse, of the same town.

SMITH—BROWN.—On the 28th ult., at Christ church, Blackfriars road, John Smith, Esq., M.R.C.S., of Wrangle, Lincolnshire, to Elizabeth Ellen Woods, eldest daughter of the Rev. Joseph Brown, M.A., Rector of Christ church.

SMITH—PARBURY.—On the 27th ult., at All Saints' church, Clapham park, Thomas Smith, Esq., F.R.C.S., of Montague street, Russell square, to Ann Eliza, daughter of Fred. Parbury, Esq., of Sydney house, Clapham park.

DEATHS.

ADRIEN.—On the 22nd ult., at Malta, John Joseph Adrien, L.R.C.S. Irel., Staff Assistant-Surgeon, Army (February 10, 1854), formerly Assistant-Surgeon 22nd Regt. of Foot (only son of the late John T. Adrien, Esq., Professor of Medical Jurisprudence, Royal College of Surgeons, Ireland).

BRICE.—Recently, William Henry Brice, L.R.C.S. Irel., Assistant-Surgeon 28th Regiment of Foot, Bombay.

FORBES.—On the 30th ult., of consumption, at Torquay, James Forbes, M.D., British Consul at Santiago de Cuba, aged 57.

GUNNING.—On the 24th ult., Henry James Gunning, M.R.C.S. Eng., of Cloughton, near Scarborough, Yorkshire, aged 55.

HILL.—July 7, of cholera, at Agra, William Henry Hill, M.R.C.S. Eng., Assistant-Surgeon 35th Regt. of Foot (January 19, 1860), aged 25.

IRVINE.—On the 27th ult., at Banchory, James Irvine, M.R.C.S. Eng., of Old Aberdeen.

LEWIS.—On the 12th ult., suddenly, at Wymondham, Norfolk, Lewis Lewis, M.R.C.S. Eng., L.S.A. Lond., aged 54.

M'KECHNIE.—Recently, Andrew M'Kechnie, Surgeon, Royal Staff Corps, on half-pay.

SIMPSON.—Recently, E. Simpson, Surgeon Royal Artillery.

SOMERVILLE.—Recently, W. Somerville, M.D., Principal Inspector-General of Hospitals, on half-pay.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on the 28th ult.:—James, Duce, Wednesbury, Staffordshire; John James Flinn, Liverpool; John Abernethy Hicks, Emsworth, Hants; David Watkin Hughes, Wymondham; George Mowat, Plymouth; Francis Trimmer, Gloucester.

The following gentlemen also on the same day passed their first examination:—Frederick A. Best, St. Bartholomew's Hospital; James Chapman, Grosvenor-place School.

QUARANTINE.—In consequence of disease being prevalent in Arabia and Egypt, quarantine is strictly maintained in Malta, Tunis, and in many of the Mediterranean ports.

LONDON WATER.—According to the analyses of Dr. R. D. Thomson, the waters used in London for domestic purposes are more impure than might have been expected at this season of the year.

YELLOW FEVER.—Her Majesty's ship 'Landrail,' 5 guns, Commander Martin, arrived at Jamaica on the 25th of July, from Havannah, having on board some cases of yellow fever. Eight sufferers from the malady were landed and placed in the naval hospital. One man died on board, and six subsequently succumbed to the disease. She left again on the 26th for a cruise. The 'Ariadne,' 26 guns, Captain Vansittart, arrived on the 27th from Carthagena, with about thirty cases of ordinary fever on board, which it was hoped would not—as was the case under similar circumstances last year—assume the more serious type. The 'Ariadne' was about to leave Jamaica for Vera Cruz, with provisions for the 'Phaeton,' and then to go to the northward on account of her sickly state.

DEATH FROM CHLOROFORM.—Last week an inquest was held at King's College Hospital, by Mr. Bedford, on the body of Elizabeth Freed, aged seventeen. She was admitted in consequence of injuries received from a fall, and was suffering from a sphacelated wound. An operation being necessary, she was submitted to the influence of chloroform, which, as the patient was of a nervous temperament, was administered with great caution, in a short time after which she died. It appeared that she suffered from fatty degeneration of the heart. The verdict was given accordingly, with the remark that the chloroform was properly administered.

TREATMENT OF MILITARY SURGEONS IN AMERICA.—It will be remembered that when the Confederate army entered Winchester, the Union Hotel Hospital, with its surgeons and assistants (eight), its attendants, nurses, and inmates, all fell into the hands of the Confederate General Jackson, as prisoners of war. So far from destroying the hospital, as at first reported, he directed Brigade-Surgeon Peale to continue in charge, and was informed that all the Federal sick and wounded would be placed under his care. Surgeon Peale accepted the position, and the labours of the hospital were, as before the capture, performed with devotion and skill. The Confederate general went a step further, and has presented an example which is not only worthy of record, but also of imitation by the whole civilised world, in warfare. The surgeons and assistant-surgeons were "unconditionally released" upon their "parole of honour," "to report in person, singly or collectively, to the Secretary of War at Washington as such," at the same time pledging themselves to use their "best efforts that the same number of medical officers of the Confederate States army, now prisoners, or who may be hereafter taken, be released on the same terms," and "to have this principle established"—viz., "the unconditional release of all medical officers taken prisoners of war hereafter." Comprehending the humanity and magnanimity of this act of the Confederates, and in accordance with it, we observe it is announced (not officially, however,) that the Secretary of War has not only unconditionally released all the Medical officers of the Confederate army, held as prisoners of war, but has directed that all those officers hereafter taken, be also unconditionally released. We are pleased to record this action on the part of the powers at war, and regard it as an important step towards the recognition of the surgeon upon the battle-field, not as a partisan or belligerent, but as an angel of mercy, commissioned to meliorate the woes of humanity.

PREVENTABLE ILLNESS.—Dr. Farr calculates that there are every year over 100,000 premature deaths in England, and more than 1,000,000 persons who suffer from serious illness, also the direct result of the neglect of the laws of health.

Appointments.—Daniel Robert Alcock, M.R.C.S. Eng., L.A.H. Dub., Assistant-Surgeon R.N., has been appointed to the *Resistance*. —Cunningham Atchison, Surgeon R.N. (seniority, April 16, 1862), has been appointed to the *Severn* (additional).—Charles Henry Biddle, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the General Dispensary, Leeds, *vice* Matthew Algernon Adams, M.R.C.S. Eng., L.S.A. Lond., resigned.—S. A. Bindley, F.R.C.S. Eng. (exam.), has been appointed Treasurer of the Medical Benevolent Society, Birmingham, in room of Mr. Bartlet, resigned.—T. Lewis Brittain, M.D. Edin., has been appointed House-Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children.—Thomas Clark, L.R.C.S. Irel., Assistant-Surgeon 33rd Regiment of Foot, has been appointed to Medical charge of the Sanatorium at Poorundhur, *vice* William Harvey Brice, Assistant-Surgeon 28th Regiment of Foot, deceased. —M. H. Clayton, M.R.C.S. Eng., has been appointed President of the Medical Benevolent Society, Birmingham, for the ensuing year. —Assistant-Surgeon E. S. Cleveland, M.D., M.R.C.S. Eng., has been appointed to officiate as Garrison Assistant-Surgeon at Bengalore, during the absence of Dr. Houston on other duty, or until further orders.—John Swanwick Drennan, M.D. Trin. Coll. Dub., L.R.C.S. Irel., on retiring by rotation, has been re-elected Physician to the Belfast General Hospital.—William Eddowes, jun., M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the Salop Infirmary, Shrewsbury, *vice* William Alexander Provis, M.R.C.S. Eng., L.S.A. Lond., resigned.—George Elin, M.D. St. And., M.R.C.S. Eng., L.S.A. L.M. Lond., Surgeon to the Hertford Infirmary, has been appointed Medical Officer to Haileybury College, Hertford, late the East India College.—James Foster Gray, F.R.C.S. Eng. (exam.), L.S.A. Lond., has been elected one of the Surgeons of the Royal Victoria Dispensary, Northampton, *vice* Charles Dodd, M.R.C.S. Eng., L.S.A. Lond., deceased.—James Hardie, M.D., L.R.C.S. Edin., has been appointed House-Surgeon to the City and County Infirmary, Perth, *vice* William Roy, M.D. Univ. Edin., who is about to enter on a new sphere of labour.—John Pitt Harris, L.R.C.P. Edin., L.R.C.S. Irel, L.M. Combe, Lying-in Hospital, Dublin, has been elected Medical Officer for the Louisburgh Dispensary District of the Westport Union, Co. Mayo. *vice* D. O'Grady, resigned.—T. Henry Hughes, M.D. Edin., M.R.C.S. Eng., has been appointed House-Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children.—Henry Leach, M.R.C.S. Eng., L.S.A. London, has been elected Physicians-Assistant and Apothecary to the *Dreadnought* Hospital Ship off Greenwich, *vice* Mr. John Cooke, M.B. Univ. Lond., F.R.C.S. Eng. and L.M., L.S.A., Lond., resigned.—Owen J. Llewellyn, Surgeon R.N. (seniority, May 23, 1861), has been appointed to the *Severn* for the *Pantaloon*.—Henry Murney, M.D., Univ. Edin., M.R.C.S. Eng., L.M. Rot. Hos. Dub., on retiring by rotation, has been elected Surgeon to the Belfast General Hospital.—Thos. Odell, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the General Infirmary, Hertford, *vice* Richard David Jones Evans, M.D. Mar. Coll. Aberd. F.R.C.S. Eng. (Hon.), L.S.A. Lond., deceased.—George Andrew Paterson, M.D. Univ. Edin., F.R.C.S. Edin., has been appointed one of the Deputy-Commissioners of Lunacy in Scotland.—O. Pemberton, M.R.C.S. Eng., Surgeon to the General Hospital, Birmingham, has been appointed one of the Directors of the Medical Benevolent Society, Birmingham.—William Edward Powell, L.F.P.S. Glasg., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Kirton District of the Boston Union, Lincolnshire, *vice* Edward Lane, M.R.C.S. Eng., L.S.A. Lond., resigned.—Dr. W. F. Wade, sen., Physician to the Queen's Hospital, Birmingham, has been appointed one of the Vice-Presidents of the Medical Benevolent Society, Birmingham, for the ensuing year.—T. W. Williams, M.R.C.S. Eng., has been appointed one of the Vice-Presidents of the Medical Benevolent Society, Birmingham, for the ensuing year.—Robert Wollaston, M.R.C.P. Lond., F.R.C.S. Eng. (exam.), has been appointed Visiting Physician to the Institution for the Insane of the Upper and Middle Classes, Coton-hill, Stafford, *vice* Dr. Edward Knight, M.D. Eman. Coll., Cantab., deceased.

Healthy Appetites in the Isle of Wight.—Our island at the present time is full of visitors, and an idea may be gathered of the necessary amount of food required to sustain them, together with the 55,000 inhabitants in addition, when we mention that the last fortnightly gathering of sheepskins alone by the fellmongers, without the addition of some hundreds of lamb-skins and hides, amounted to upwards of 1,800, showing that 900 sheep must have been slaughtered here per week, in order to supply the demand of the consumers of mutton, and this number was actually exported from Newport quay on Wednesday; and it is very likely that the next fortnightly collection will be still greater.—'Hants Independent.'

Battles in Hot Weather.—The New York Press are anxiously discussing the probable influence of climate on the fate of the war. It has been assumed that malaria, musquitoes, "yellow jack," and alligators would be more fatal to the Federal armies than the weapons of their antagonists. But we think, says the 'New York Evening Post,' both our enemies and our friends have placed too much stress on this question of climate. It is well known that Europeans, for several years after their arrival in India, are better able to endure the heat than even the natives and the acclimated residents themselves. After a time their stamina are impaired, and they suffer like the rest. The Europeans who have constituted the Indian armies of France and England, whether in the time of Lally or since, have been able to go through their campaigns with vigour and success. So, too, during our own revolution, our soldiers were never so overcome by the climate of the South but that they were able to fight battles and accomplish marches far more successfully than when they were sufferers from the cold, and experienced the horrors of such camps as Valley Forge. In Mexico their endurance of that *tierra caliente* was equally conspicuous. In the great Continental wars of the beginning of this century, it was the experience of Guthrie, Larrey, and the other great Military Surgeons, that the power of bearing extreme heat or cold depended more on the intrinsic stamina of the troops, than on the place of their nativity. But this subject has been thoroughly inquired into by our Government in former years, and the result of the inquiry no one knows better than Jefferson Davis himself. The Medical statistics of our army from 1837 to 1854 were within his own observation, and he himself, when Secretary of War, transmitted to Mr. Bright, President of the Senate, a particular report on the subject. The comparison made between the endurance on a South Carolina and a New York regiment discloses the following facts:—In the campaign of 1847 the 1st regiment of South Carolina, 1034 strong, serving for 18½ months, lost by disease 509 men. The New York 2nd, 1063 strong, during the same period lost but 276! The loss from other and accidental causes was one-third less in the New York than in the South Carolina regiment. This would show that if disease and climatic influences are to "fight in their courses" against the combatants in the field or in garrison, the enemy will lose two men to our one. The following is a list of the battles fought during hot months in the war of the revolution:—

June	1775.	Battle of Bunker hill.
"	1776.	Attack on Fort Moultrie by the British.
"	1778.	Battle of Monmouth.
July	1778.	Battle of Wyoming.
"	1779.	Tryon's Expedition.
"	"	Capture of Stony Point.
Aug.	1776.	Battle of Long Island.
"	1777.	Defeat of St. Leger.
"	"	Battle of Bennington.
"	1778.	Battle of Rhode Island.
"	1780.	Battles of Hanging Rock and Camden.
Sept.	1777.	First Battle at Stillwater with Burgoyne.
"	"	Battle of Brandywine.
"	"	Battle of Eutaw Springs.

All these battles, North and South, were fought in the hottest weather of the year, and both armies were in full activity.

Another Operation of Ovariotomy in Paris.—M. Nélaton performed this operation on the 9th of July last, upon a patient forty-one years of age, who had been tapped a dozen times before. The cyst was multilocular, and the abdominal development considerable. The patient has done extremely well, and forty days after the extirpation of the cyst the wound was healed up. All the usual precautions in operations of this kind were scrupulously enforced, and M. Nélaton may congratulate himself upon the issue of this case. It is very likely that other surgeons will be inclined to imitate the Professor, who, it will be remembered, became reconciled to the operation by witnessing a series of them performed by Mr. I. Baker Brown.—'Lancet.'

APPOINTMENTS FOR THE WEEK.

Wednesday, September 10.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, September 11.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, September 12.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 13.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, September 15.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, September 16.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Winter Climate of Menton. By P. C. Price, F.R.C.S.E. London John Churchill, New Burlington street.

NOTICES TO CORRESPONDENTS.

A STUDENT.—Mr. Hogg's book on the Microscope, is as good an one for your purpose as you can purchase.

L.S.A.—We are much obliged to you, but we decline the paper. The 'Medical Times and Gazette' is the organ of the Apothecaries' Society, and might therefore be glad of your contribution.

W. H.—1st. The tincture of hellebore is a pharmacopœial preparation, but it is now rarely used.—2nd. We cannot say.

A UNION SURGEON.—Undoubtedly you would be liable to an action if you sent the man to an asylum, under the circumstances. It is a mistake to suppose that a second certificate would screen you, although it is probable the damages would be trivial. You must remember Mr. Wakem's case, and that there is such a thing as lawyers' costs.

CHIRURGUS on the "Pharmacy" question received. The present regulations must be altered in favour of instruction in pharmacy. We do not approve of long apprenticeships.

Mr. HENRY S.—1st. Yes.—2nd. Yes.

Dr. J. E. B.—You would have no difficulty if you advertised. We think the terms reasonable.

GULIELMUS.—Walton and Maberley, Gower street. Price 12s. 6d.

SENEX.—Your letter shall be forwarded.

ILLEGITIMACY IN SCOTLAND.

To the Editor of the Medical Circular.

SIR,—In last week's copy of your Journal, there appeared an account of a lecture to young women, on "Illegitimate Births," delivered by Dr. Strachan, of Dollar. In this philosophical lecture which says very little for the morality of the people of Dollar (if truly represented!), and especially for the labours of those who have spent their time, strength, and patience, in a work that is not likely to contribute in the smallest degree to the happiness and enjoyment of those over whom they have presided as ministers of the Gospel for years. If the seed has been sown, I am afraid, it must have fallen on "stony places," or by the "wayside," where it was either scorched by the sun and withered away, or was devoured up by fowls, when the proportion of illegitimate children stands so high with them. There are several statements made by Dr. Strachan worthy of observation, and one in particular, to which I beg to call the attention of the readers of your Journal, and that is, to the high proportion of illegitimate children in Dollar; according to Dr. Strachan's report, it is from 12 to 36 per cent., which seems to differ widely from the statistics newly published by the Registrar-General of Scotland,—showing only 9 per cent., which proportion is perhaps less than that of any other country in Europe.

There are other strange conclusions drawn in this lecture by Dr. Strachan, which in my opinion are all hypothetical, and strongly militates against good moral principles, instead of in their favour, as you would expect from one of Dr. Strachan's position in life, and if followed out would greatly increase the tendency of immorality, rather than diminish it.

The young ladies of Dollar are deeply indebted to Dr. Strachan for saying so much in reference to the purity of their morals, &c. I presume Dr. Strachan sleeps under the impression that this is evident proof of his own success amongst them. SCOTCHMAN.

Mr. W. JOHNSON.—No.

A SUBSCRIBER.—Carbonic acid gas has been employed as an anæsthetic with success. M. Ch. Ozanam read a paper on it before the Paris Academy of Science. Whether suffocation will not succeed as well is a question you had better answer for yourself by experiment. Partial suffocation would, no doubt, induce anæsthesia. It would be a perilous process, however.

Dr. ROBINSON.—Note received, with enclosures.

Dr. H. SMITH.—We believe that the old regulations will cease to be in force at the termination of this year.

ALPHA.—Any instrument maker will supply you with Czermak's laryngoscope. Apply to Mr. Ferguson, of Smithfield. The best description of the instrument and its mode of application, has appeared in the MEDICAL CIRCULAR, from the pen of Mr. Yearsley.

H. B.—We would advise you not to interfere.

PHYSIC.—We have no recollection of having received any note with such a signature.

EARTHWORMS.

To the Editor of the Medical Circular.

SIR,—Will you kindly inform me among your correspondents, whether an ordinary Earthworm is considered to have any eyes, or to be totally shut out from the light of day. I am your constant Subscriber,

IGNORAMUS.

Dr. TUTHILL MOSSEY.—Enclosure received.

Dr. FLEMING.—Note received.

St. Mary's Hospital Medical SCHOOL.—The WINTER SESSION will commence WEDNESDAY, OCTOBER, 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr. SIEVEKING, after which a CONVERSAZIONE will be held.

As an incentive to Clinical Study, the Medical Appointments in this Hospital, including FIVE HOUSE-SURGEONCIES, have always been open to its Pupils without additional Fee or expense of any kind: thus offering advantages, both professional and pecuniary, of far more value to the Student than any system of Scholarships or Prizes.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Handfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. J. Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee.
Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Medicine: Dr. Chambers and Dr. Sibson. Surgery—Mr. Lane and Mr. Spencer Smith.—Physiology: Dr. Broadbent.—Anatomy: Mr. Gascoyen.—Operations on the Dead Body: Mr. James Lane.—Dissections: Mr Norton and Mr. Coombs.—Chemistry—Dr. Matthiessen.

SUMMER SESSION.—Midwifery: Dr. Tyler Smith and Dr. Grailly Hewitt.—Materia Medica: Dr. Sieveking.—Botany: Dr. Dresser.—Medical Jurisprudence: Dr. Sanderson.—Practical Chemistry: Dr. Matthiessen.—Ophthalmic Surgery: Mr. White Cooper.—Aural Surgery: Mr. Toynbee.—Dental Surgery: Mr. Sercombe.—Comparative Anatomy: Mr. Mivart.—Natural Philosophy: Mr. Smalley.

Clinical Lectures on Medicine and Surgery are delivered twice a week, throughout each Session by the Physicians and Surgeons.—A Maternity Department is attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers in each Session during the last two years of their curriculum.

PRIZES, &c.—A Scholarship in Anatomy of the annual value of 25*l*.—A Prize of 20*l*. for Students of the First Year.—Prizes in the several Classes, at the end of each Session, of the average value of Five Guineas.—Two Prosectors, who each receive 5*l*. and a Certificate.

The Fee for the Hospital Practice and Lectures required by the Colleges of Physicians and Surgeons, and the Society of Apothecaries, is 89*l*. 5*s*., which may be paid by instalments.

A detailed Prospectus will be sent and further information obtained on application to

GEO. G. GASCOYEN, Dean of the School.
St. Mary's Hospital, August, 1862.

New American Preparations.—W. TWINBERROW begs to inform the Medical Profession that he has had a large consignment (direct from Keith and Co. of New York) of all the most valuable American Medicinal Preparations. Also—

EXT. CANAR. INDICA, direct from Calcutta.
PIERLOT'S VALERIANATE of AMMONIA.

Pharmaceutical Chemist, 2 Edwards street, Portman square, London.

St. Bartholomew's Hospital and MEDICAL COLLEGE.—The WINTER SESSION will commence OCTOBER 1, with an Introductory Address by Dr. MARTIN, at Four o'clock p.m.

LECTURES.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey, and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chymistry—Dr. Frankland.
Demonstrators of Anatomy—Mr. Callender & Mr. Smith.
Demonstrator of Morbid Anatomy—Dr. Andrew.

SUMMER SESSION, COMMENCING MAY 1, 1863.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chymistry—Dr. Frankland.

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Grosvenor-place School of MEDICINE, No. 1 Grosvenor place (adjoining St. George's Hospital).—Session 1862-63.

The Introductory Lecture was delivered on WEDNESDAY, OCTOBER 1st, at Three o'clock p.m., by Dr. CHOLMELEY.

WINTER SESSION.

General Anatomy and Physiology—Dr. Richardson.
Descriptive and Surgical Anatomy—Mr. Shatman.
Practical Anatomy—Mr. Lomas.
Chemistry—Dr. Wood.
Principles and Practice of Medicine—Dr. Leared and Dr. Cholmeley.
Principles and Practice of Surgery—Mr. Spencer Wells and Mr. William Adams.

Further information may be obtained of Dr. Richardson, 12 Hinde street, Manchester square, W.

A fully-qualified married SURGEON, of many years experience in country practice, seeks an Engagement with a Surgeon in good practice, either for a Branch or as Out-door Assistant; or would act temporarily as LOCUM TENENS. An arrangement with a retiring Practitioner, or for a share in a practice might be made.—Good references.—Address, SIGMA, "Medical Circular" Office, 20 King William street, Strand.

The London Hospital MEDICAL COLLEGE.

The next WINTER SESSION will commence on WEDNESDAY, OCTOBER 1, 1862, when the INTRODUCTORY LECTURE will be delivered by Mr. HUTCHINSON, at Three p.m.

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Practical Anatomy—John Conper.
Chemistry and Practical Chemistry—Henry Letheby, M.B. Lond.
Anatomy and Pathology of the Teeth and Dental Surgery—H. J. Barret.
Midwifery and Diseases of Women and Children—F. H. Ramsbottom, M.D.
Forensic Medicine—F. H. Ramsbotham, M.D., and ——
Materia Medica and General Therapeutics—Herbert Davies, M.D.
Ophthalmic Surgery—George Critchett.
Botany—Christopher Dresser, Ph.D.
Comparative Anatomy—J. L. H. Down, M.D.
Special Operative Surgery—Mr. Maunder.

Mile-end, August 1, 1862.

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THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 17, 1862.

TO THE STUDENTS OF MEDICINE.

(Session 1862-63.)

Gentlemen,—The beginning of a new Session is always a period of interest, equally to teachers, students, parents, sons, and the Profession. We, who have sat in the same theatres, dissected at the same tables, heard, perchance, the voice of the same professors, recal to our memory all the incidents of the career on which you are now entering, and wish you, heartily, God speed! Fathers are solicitous about the industry and virtue of their sons; and sons, thrown off from the family circle, and cast into a new sphere at a critical juncture, when hope and desire and ambition and the pulse of pleasure quicken the feelings, and excite curiosity, are eager to taste the novelties that crowd from every quarter upon the senses.

Circumstances, custom, and opinion have made this huge metropolis the seat of Professional education. That this is a misfortune to all, and a curse to many, I have no doubt.

Loving the metropolis as I do, its vastness, its magnificence, the ever-hurrying hive that inhabits it, the music of its streets, the forceful endeavours that characterise its population, the public activities at work within it, the boundless charities of which it is the theatre, its name of magic and its cosmopolitan sympathies, I still regard it as a snare to the young and inexperienced. Apart from its moral aspects, metropolitan life is unfriendly to habits of study; its manifold temptations solicit the youth to resorts more congenial to his quickening desires than either books or dry bones; and if a considerable portion of his first and second year is dissipated in idle indulgences we cannot be surprised, and may not harshly blame. We do not expect young men, fresh from the restraints of home, to have all the self-control of veterans in moral duty, nor to exercise all the vigilance against insidious vice which comes from long service in standing guard over treacherous passions. What we can do, however, we ought. We may warn where we cannot guide. Though we cannot steer the ship, we may lay down a chart for the instruction of the helmsman.

I imagine you nurtured in some sweet vale of Devon, with its flanking slopes covered with apple-orchards, and its white lime-washed cottages shining through the foliage for many a mile; the air is filled with a sweet and dreamy fragrance of honeysuckle, pouring out its rich odour from its golden cups as it hangs on the hedge-side, and winds its tender arms round the thorn and dwarf-oak, and of jasmine climbing up the trellised porch, and resting its delicate white blossom lovingly on the window-sill, of the rose, too, standing sentinel at the door, and double stocks, and sweet-william, and humble mignionette dusting your feet with its perfume; and the hum of bees is mingling in low concord with the ripple of the mill-stream, that tumbles and eddies among the roots of the sweet brier, and dock, and harebells, as they hide modestly at the foot of the "long purples," looking out garishly from the bank that skirts the garden of your home; and the heaven above you is blue and peaceful, and the sultry tranquillity of the hour is broken only by the happy laugh indoors, or the sound of sisterly music; and your own heart is calm, pensive perchance, over a cherished hope, or nursing some day-dream of unfulfilled ambition; innocence is in the air, in the sky, on the earth, all around you and above you, and tempers soothingly the impulses of your own awakening spirit. Would that you might live here for ever! Earth has nothing richer to offer, as hereafter the mind, thrown back upon itself after a life of struggle, will testify.

Our happiness is not the choice of our judgment. If Eden were planted again, and you or I were a new Adam, we should not remain in it. Not all its loveliness nor wealth could satisfy the heart's desire to be up and doing, to feel its strength, and accomplish its destiny by its own efforts. If the world was not wide enough for Pyrrhus, how could a village Paradise fulfil his wants? Man is bigger than the material universe, more capacious than the possibilities of its riches,—stands above it, and looks beyond it. Not this nor that can satisfy you or me. An unrequited longing torments us, and hurries us to new scenes and toils. Wherever we go we feel straitened, for we are always greater than our place. No man, however much he may have failed in the matter of achievement in the eyes of others, ever felt that he had reached the limit of expansion. He always wants to break out in some forbidden direction. This desire often ruins him, and is the true secret of his failure; but the poor fool, self-deluded, does not know it.

Family oracles sometimes say, "Let him follow his own bent; he will do better if he goes to sea, or takes to rifle-shooting or the diggings." But such perverse people have unfortunately as many bends as a crooked stick, or the Thames from Richmond to Greenwich. They never run long in one direction. They try this to-day, and something else to-morrow; and on the third day they stand at the corners of the streets with their hands in their pockets, wondering what they shall do next. Now I will suppose that a wise father has given the proper bent to your mind, and that you, willingly following, have come to London to study the noble science and art of physic. What advice can I give you?

I will assume that you turn away from the solicitations of the metropolis,—that you are guided by the pure light of the old home still enveloping you as in a sanctuary, and shining upon your path. The word of caution is still in your ear, and the parting "God bless you!" mingling sweetly with every thought, and chastening the desires born of your new experiences. What then? You have taken your resolve in earnest, and are now a student.

You will commence your medical studies as you did your early lessons in the dame's school—by the exercise of your memory. You are a learner, and you will be expected to know that which is written and formulated. There is a whole museum of facts which you must label, and classify, and deposit in your mental bins and glass cases, and it will require all your industry to achieve creditably this work. Rely upon it, that you will find it *hard* work; so do not procrastinate, but cast off your holiday clothes, and make a beginning.

Whilst you will be thus labouring, you will be ploughing up your own mind, driving into it deep furrows, letting in the air and sunlight, and unconsciously sowing seeds that may grow up tares or wheat as may happen. It is this unconscious culture that should be jealously watched. The earth was made receptive and fruitful, and plants will spring up, whether the husbandman give his help or withhold it.

It is only a few years ago that your lecturers counselled you that the chief merit of a student was docility, modesty, a willingness to be taught, a subordination of your intellect to the wisdom and experience of your teachers. These counsels are seldom heard now; and for my own part I have never expatiated in this vein, for to me it was false and unsatisfactory. I saw that medical culture required a new spirit to be infused into it, that the science was rapidly progressing, facts accumulating beyond the power of classification, opinions changing upon all topics, authority becoming of little account, and as improvement could scarcely be expected from the elder professors, I hoped to make the student feel that upon him must devolve the duty and the glory of forming the science of the new epoch. I taught independence, self-reliance, a breakage of idols, and an honest examination of all facts and theories. Mind for mind, I would put the pupil on the level of the professor—perhaps above him; and if this teaching were revolutionary, I am glad now to know that the revolution is accomplished.

During this work of improvement, there must necessarily be a sifting of old opinions, and a re-examination of authoritative dogmas. How can the student avoid a knowledge of this strife? He learns it from the pages of the "Circular," from the gossip of the dissecting-room, from the tart antagonisms of rival teachers, from the observation of their practice in the wards. Shall he then be a passive recipient of contradictions and errors, or a judge rather, examining the witnesses, taking the evidence, and passing sentence according to the light of his own unbiassed intellect? Suppose he err, he is still no worse than one or more of his teachers; and if he err by the exercise of his own faculties, he is a gainer to the extent of the mental labour he threw into the work. Think

for yourself, then, my young friend; be not afraid; learn betimes to exercise the analytic and judicial faculties—for, believe me, this duty cannot be commenced too soon: and you will find that, in after-life, you will be a good practitioner in the exact degree of their strength and development.

Be not hasty either; we work best through patience. The greatest mechanical force is exerted by slow degrees; for what is lost in speed is gained in power. Time is an element in all great achievements. See how many millions of years, as the geologist tells us, the great Architect was occupied in framing this fabric of the world, how he laid its rocky foundations upon a formless rolling deep, powdered it again to sand, cemented with lime, ran veins of metal into all its winding fissures, consolidated it into a round ball, and then, covering it with a soft warm loam, sowed it with seeds innumerable, and blest it with inexhaustible fertility! Not by a single *fiat* was this masterpiece accomplished by Him who could have spoken it in a moment into perfection, but through the long ages, layer by layer, foot by foot, was He building up this palace of beauty and memorial of his power!

Is your pride fallen? No? Then consider how you grow; study the laws of your own being; "know thyself." An infant, feeble, helpless, lower than the animal in everything but the potentialities of your nature. The dome of thought, the brain, is not yet developed. Its posterior organs, or so much of it as subserves instinct and motion, are disproportionately large, and the anterior lobes, which are the instruments of the intelligence, continue for a time undeveloped and quiescent.

Then, as these enlarge, the senses acquire activity, and you begin to *know*. You are a fact medium, an apprehender of the qualities of things, a note-book of nature. You are yet incapable of an abstraction, your power of comparison embraces only the region of fact, you have attained to the dignity of a savage, you believe that which you can see and touch, that fire will burn, and ice chill, and you either deny or are indifferent to every affirmation the senses cannot demonstrate. Years roll on, the physical structure acquires fresh developments, the head elongates, and new sentiments and passions affect the mind and heave the breast. The imagination expands, and the powers of abstraction are conscious of a wonderful nativity. A change has come over your spirit; you can now joyfully achieve mental work, in which only a year since you found no pleasure. What a transformation is not this! You are a different being! You seem to have been endowed with a fresh consciousness; your relations to the world are strangely altered; some genius has appeared to you, and put into your hand a key to unlock the mysteries of Nature. You walk abroad uneasy and pensive under the golden cloud of a miraculous revelation. A power has been given to you which has not brought with it confidence but timidity, for it surpasses all your experience.

But you are not yet a man; you can indeed perceive law as well as fact, but the reason must grow in power as your muscles grow in strength. You are not yet a truth-measurer, but your inexperience allows you to believe anything true that has been revealed to your imagination. You are vain,—are you are not? You feel within you a great power of acquisition, you dress yourself in the purple robes of knowledge, your heart swells, and your mouth is full of speech,—hush! Speak softly; a sage glance pierces through this vesture of book-lore and measures your stripling limbs and puny strength.

Be patient, you will grow strong in time. Such power as you have, use it, for exercise is necessary to development; put out all your strength, that you may go beyond it. Measure yourself not with the known but the unknown, that you may have at once the boldness of the man militant, and the modesty of genius. To be deserving of applause it is necessary to do, rather than to acquire, to bring the unknown into the region of the known. When someone was praising Ptolemy in the presence of Philopœmen, this general remarked, "Who can praise a prince of his age who is always preparing, and never performs?" Prepare yourself indeed; but you shall be allowed no merit until you have proved your strength in the trial.

There is a power within us indeed equal to all efforts; but it must be supplied with external aliment. Wait and let the stream fill the open reservoirs. When the water shall have risen high enough, there will be an accumulation of force that may lift mountains. Alone we are nothing, we borrow strength from the world. As the wire conducts the electricity of the thunder-cloud so prepare yourself to receive the gathered forces as they flash past your watch-tower. Ideas enter, how we know not; but when one knocks give it welcome as to an angel, for it may be a master-thought, which all labouring humanity has for ages been striving to evolve. The least then is equal to the greatest, and the part absorbs the whole. The revealer is the depository of the general wisdom, the culmination of his epoch. We flow into one another, and the stream rises at particular points to its highest level, but we all help to give it passage. Be content then to wait and fit yourself for any vocation. Your particular line of pursuit is Medicine, now let us say a word about our science.

In studying Medicine, as a science, you will find two doctrines prevalent, one of which is based on the axiom that disease is essential or constitutional, the other, that it is local or special. These theories dominate the practice of the art, and divide the Profession into sects and into all possible diversities of opinion. The disciples of the first school have little confidence in long ranges of blue and white bottles; but they have implicit faith in the resources of Nature, and in fresh air, pure water, exercise, and the *vis medicatrix*. This doctrine leads, in its exaggerated manifestation, to some of the most popular forms of quackery, to the invention of the *elixir vitæ*, the vegetable heal-all, the blood purifiers of Morrison and Holloway, and the institution of water-cure establishments, hot-air and vapour baths, and similar organisations for cheating the unwary. The other doctrine as inevitably tends to the multiplication of remedial agents, to an almost superstitious faith in their efficacy, and to the formation of specialties in the healing art.

It concerns us to know, first, that which is true—if both be not true; and next, that which is most useful to us in our attempts to improve our art. The doctrine of "essentials" is simple, attractive, and eminently philosophical in its tendency, because it leads up to the discovery of one primitive cause. We see an example of it in Dr. Wilks' exposition of the unity of the malignant and benign cell, and another in Mr. Paget's recent declaration of his faith in Nature as a curative force.

But this doctrine does not explain disease, which must be looked for in the changes in the dynamic, chemical, and mechanical forces and conditions of the part diseased. It might be even true that the elementary constituents of organisation remain unchanged, nevertheless, the disease itself, as a conditional result of local changes in the nutritive forces, shall exist. There are subtle elements, too, that must be accounted for, though they cannot be weighed or measured. Then we must learn to regard disease as a series of diverse facts, capable of analysis and definition. Upon this method alone can medicine be pursued successfully as a science.

Let us apply these views to therapeutics, or the treatment of disease—the perennial problem and the practical end of medical science. There is a case of phthisis in Harvey Ward: how should it be treated?

"O," says Pneumatodes, "that is very easy. Consumption is caused by the deprivation of pure air, and consists of malnutrition; send him to the top of Snowdon, and feed him on cod-oil, and he will soon get well." Perhaps he may; but Kritos intervenes, "Not so fast, my friend, your nostrum is no use; I tried it, and my patient died. Consumption means more than you think: it is not merely the negation of health, it is a positive and complex disease. If there be ulcers in the larynx, your Snowdon air will, in a very short time, kill the patient, and if the stomach be in a state of chronic inflammation, your nutritive cod-oil will be his poison. No; my rule is to treat symptoms, and I find that every patient requires a different combination of remedies."

This is a familiar statement of the difficulty, and of the views taken of it in practice. What we want to know is, *why* cod-oil will cure one patient, and not cure another? Why is it that one doctor will cure rheumatism with nitrate of potass, and another fail with that and succeed with colchi-

cum; whilst a third will find opium the only remedy? There may be certain conditions of the disease, as Dr. Latham has recently remarked, in the several groups of cases, which modify the action of the remedies, and our business should be to discover those conditions. We must not delude ourselves with the truism that disease is merely the absence of good health, and that hygiene is the most philosophical system of therapeutics. If this doctrine were true, to the exclusion of any other, there would be no purpose in the study of individual diseases, except as a matter of curiosity, and medical science, pathology, diagnosis, and therapeutics, would come to an end.

Medical science can be advanced only by analysis and induction. My own belief is that, notwithstanding we number diseases already by scores, there are scores yet to be distinguished, and that it is this imperfection of our analysis that is the chief cause of our failure as practitioners. Take scarlatina. I have no doubt that diphtheria, now distinguished as a separate affection, has been for ages confounded with scarlatina, and subjected to the same treatment. We shall be more skilful in curing both for defining them with accuracy.

Again, I have observed, season after season, epidemics of a disease commonly called scarlatina, and passing current in the Profession itself under that name, which, for twenty years, at least, I have been accustomed to distinguish as a different disease—a species of urticaria. These are regarded sometimes as mild cases of scarlatina, sometimes as measles, and sometimes, too, as measles and scarlatina concurrent, for such examples I have frequently seen reported in the Medical Journals. The instances of second attacks of scarlatina and measles are generally attributable to this mistake in diagnosis.

Here, my young friend, is a fine field before you. Observe the cases in the wards with your own eyes, and do not look through other men's spectacles. Analyse—analyse—analyse! It is in the more minute division and definition of disease that we shall find the straight road to an intelligible, consistent, and successful practice. Do not ask yourself whether you are studying your profession inductively or deductively, nor inquire of anybody else whether you would be thought a cleverer fellow if you worked in one way rather than the other. Satisfy the authority of Truth by analysing the facts that lie before you, and do not fear that Truth herself will ultimately crown your genius.

Another fruitful source of error in estimating the efficacy of remedies is the omission to ascertain what would be the result without medicine of any kind. If a patient get well from an attack of rheumatism in six weeks with colchicum, or in seven weeks with potash, how long would the disease have continued had Nature worked her own cure? The difference would show the value of the medicine. Then, again, it is important to determine *how* Nature works the cure. We are very apt to deceive ourselves in this respect, and to form false conclusions. There are some who think that the profuse perspiration in rheumatic fever is eliminative, and should be encouraged; others, that it is a part of the disease itself, is baneful, and should be controlled. Which view is right? Upon a correct answer to this question depends the true indication of treatment.

Take, again, for an example the little operation of vaccination. It is ordinarily thought that the vesicle is primarily the effect of local irritation, and, secondarily, the local effect of changes induced in the system by the matter originally inserted. My opinion is different: I think that the vesicle is not a mere effect of local irritation, or of systemic changes, but that it is itself a *cause* of those changes; that it is a laboratory for the formation of the virus which is absorbed into the system. The proved fact that the security of the patient is proportionate to the number of the pocks is due to this function of the vesicle. Here are at least two views of one phenomenon. Nature's ways must be closely studied, the healing process must be tracked and analysed, the tides and times of disease must be recorded to form the fundamental axioms of scientific therapeutics.

I cannot continue these illustrations. Let me remind you that sound principles are useless without faithful practice, and that doctrine and discipline should knit hands. Talent ever waits upon industry, and speculation upon fact. Like Glaisher's balloon, you must be duly ballasted, or your flight may be too high to be serviceable. The regions of speculation are beautiful to look at from below, brilliant with many colours, and infinite in their unsearchable depths; but rise to their altitude, and you will find that they are cold and dark and chilling, that they paralyse the senses and deaden the soul. If you would recover the use of your faculties, you must let off the gas and descend to a denser medium.

The strictest guardian, too, of virtue is study. It is the sword of Heimdall, the watchman of Asgard, and keeps the giant passions at a distance from the celestial portals. A lazy man is accessible to every temptation, and he learns too late that neither knowledge nor virtue will abide with indolence. Keep this truth ever in view; for sloth is the dry rot of the soul, the wire-worm that eats to the heart of the oak, and crumbles its solid texture to powder. Get knowledge; it is good in itself, it is good for you, it is good for mankind; get it honestly,—that is, by your own labour; do not steal it. But it would be better even to steal it than to despise it.

When Demetrius had taken Megara after a siege, he asked Stilpo the philosopher if his soldiers "had taken anything from him?" "No," replied Stilpo, "I found none that wanted to steal my knowledge." This answer was double-edged; it implied first that Stilpo valued all other things as nothing against knowledge, and that the plunderer valued knowledge as nothing against all other things. Each animal after his kind; the libertine to his lust, the horse to his manger, the swine to his trough, the true man to his duty. You must make your election now whilst you stand in the forked path; and I hope that it will be such as the experience of riper years will not repent.

GEORGE ROSS.

NOTICE TO CORRESPONDENTS.

In consequence of the occupation of our space with the contents of the Students' Guide, we are constrained to postpone our ordinary information and correspondence to the next number.

SESSION 1862-63.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Office—Soho square, London.

REPORT OF THE GENERAL COMMITTEE ON EDUCATION,

Adopted by the General Council July 6th, 1861.

I.—*General Education and Examination.*

The Medical Council are of opinion that it is desirable—

1. That all students pass an examination in general education before they commence their professional studies.

2. That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study.

3. That, as far as may be practicable, testimonials of proficiency granted by the national educational bodies, according to the following list, be accepted, with such modifications as the Medical Council may from time to time think proper to make:—

A Degree in Arts of any University of the United Kingdom, or of the colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations. Cambridge Previous Examinations. Matriculation Examination of the University of London. Oxford Middle-class Examinations, Senior and Junior.* Cambridge Middle-class Examinations, Senior and Junior.* Durham Middle-class Examinations, Senior and Junior.* Durham Examinations for Students in Arts, in their second and first years. Durham Registration Examination for Medical Students. Dublin University Entrance Examination. Queen's University, Ireland, two years' Arts course for the Diploma of Licentiate in Arts; Preliminary

* After January 1st, 1863, all Junior Middle-class Examinations will be excluded from the list.

Examinations at the end of A.B. course; Middle-class Examinations; Matriculation Examinations. First-class Certificate of the College of Preceptors.

4. That the Examination in General Education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council.

5. That no certificate of proficiency in general education, which does not affirm the proficiency of the candidate in Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.

6. That students who cannot produce any of the testimonials referred to in the third resolution, be required to pass an examination in Arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council, provided that such examination be in every case conducted by a special board of examiners in Arts.

7. That without professing to lay down any complete scheme of general education for persons intending to become members of the Medical Profession, the Committee recommend that the scheme of examination in Arts of the licensing bodies be, as nearly as practicable, similar to that of any of the national educational bodies above specified.

8. That after October 1st, 1861, all medical students be required to be registered.

9. That the list of students registered be closed within fifteen days after the commencement of each session or term.

10. That no student beginning professional study after September, 1861, be registered, who has not passed an Arts examination, in conformity with resolutions 3 or 6.

11. That the several bodies in Schedule (A) of the Medical Act, either jointly or severally, open a register for students commencing their studies in Medicine, in the form annexed.

12. That after January, 1863, all Junior Middle-class Examinations be excluded from the list.

13. That the said register be opened on the first day of each session or term, and remain open for fifteen days; and that within seven days after its close the officer in charge transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.

14. That the Registrar of the Branch Council lay the copy of the said register before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it be thereafter transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

15. That the licensing bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions shall have been granted, with the grounds stated.

16. That the various educational and licensing bodies be requested to transmit to the Registrar of the General Council returns embodying any alterations which they may from time to time introduce into their courses of general study and examinations which qualify for the registration of medical students; and that a copy of such returns be sent by the Registrar, as soon as convenient, to each member of the General Council.

II.—*Professional Education.*

17. That the age of twenty-one be the earliest age at which any professional licence shall be obtained.

18. That four years of professional study be required, after the examination in general education.

III.—*Professional Examinations.*

19. That the professional examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study, and the final examination not until after the termination of four years of study.

20. That the first professional examination be conducted partly in writing and partly *viva voce;* and that such parts as admit of it be made as practical and demonstrative as possible.

21. That the second examination be conducted partly in writing, partly *viva voce,* and practically, so far as may be convenient and attainable.

22. That the professional examinations be held by the several licensing bodies (except in special cases) at stated periods, to be publicly notified.

23. That returns from the licensing bodies under Schedule (A) be made annually on the 1st of January, to the General Medical Council, stating the number and names of the candidates who have passed their respective final examinations, and the number of those who have been rejected.

24. That it be recommended to all the examining boards that they should require from every candidate for examination before them a statement, signed by himself, whether he has, or has not, been rejected within three months by any of the examining boards included in Schedule (A) of the Medical Act.

25. That it is not desirable that any University of the United Kingdom should confer any degree in Medicine or Surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in Arts, or passed all the examinations required for the Bachelorship in Arts, or the examinations equivalent to those required for a degree in Arts.

Schedule.—Register of Medical Students.

No.	Name.	Date of Birth.	Place of Birth.	Present Residence.	Date of Registration.	Place of Study.	Registering Body.	What Examination in Arts, and its Date.
1	A. B.	—	—	London	—	University College, London.	University of London.	Matriculation Examination of University of London; May, 1861.
2	C. D.	—	—	Birmingham	—	Birmingham General Hospital.	Royal College of Surgeons of England.	Oxford Middle-Class Examination; August, 1861.

UNIVERSITY OF LONDON.

Burlington House.

Visitor—Her Majesty the Queen.
Chancellor—The Earl Granville, K.G.
Vice-Chancellor—George Grote, Esq., D.C.L., &c., &c.
Registrar—W. B. Carpenter, M.D.
Chairman of Convocation—Dr. Foster.
Clerk of Convocation—Wm. Shaen, Esq., M.A.
Clerk to the Senate—Mr. H. Moore.
Assistant Clerk—Mr. J. Donce, B.A.

EXAMINERS IN THE FACULTY OF MEDICINE.

Medicine: Dr. W. Jenner, Dr. Alexander Tweedie.
Surgery: Mr. T. B. Curling, Professor Fergusson.
Anatomy and Physiology: Professor Redfern, Professor Sharpey.
Physiology, Comparative Anatomy, and Zoology: Mr. G. Busk, Professor T. H. Huxley.
Midwifery: Dr. Tyler Smith, Dr. C. West.
Chemistry: Professors W. A. Miller and A. W. Williamson.
Botany and Vegetable Physiology: Dr. J. D. Hooker, Dr. J. Lindley.
Materia Medica and Pharmacy: Professor Garrod, Dr. G. Owen Rees.
Forensic Medicine: Professor Guy, Mr. W. Odling.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—1. To have passed the matriculation examination of this University, or to have taken a degree in Arts in one of the Universities of the United Kingdom. 2. To have been engaged in their professional studies for four years subsequently to matriculation or graduation in Arts, at one or more of the medical institutions or schools recognised by this University; one year at least of the four to have been spent in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass the Preliminary Scientific Examination, (*a*) and two examinations in Medicine.

The *Preliminary Scientific Examination* takes place once in each year, commencing on the third Monday in July. The candidate must have completed his seventeenth year, and have either passed the Matriculation Examination or taken a degree in Arts in one of the Universities of the United Kingdom. Fourteen days' notice of his intention to present himself must be given to the registrar. The fee for this examination is 5*l.*

Candidates are examined in Mechanical and Natural Philosophy;

(*a*) Candidates who have matriculated previously to January, 1861, will not be required to pass the Preliminary Scientific Examination in any other subjects than Chemistry and Botany; and they will be allowed to pass the Preliminary Scientific Examination and the first M.B. Examination in the same year, if they so prefer.

Inorganic Chemistry; Botany and Vegetable Physiology; and Zoology and Comparative Anatomy.

HONOURS.

FIRST M.B. EXAMINATION.

This takes place once in each year, commencing on the last Monday in July.

Each candidate must produce certificates—1. Of having completed his nineteenth year. 2. Of having passed the Preliminary Scientific Examination at least one year previously. 3. Of having, subsequently to having taken a degree in Arts or passed the Matriculation Examination, been a student during two years at one or more of the medical institutions or schools recognised by this University. 4. Of having attended a course of lectures on each of three of the subjects in the following list: Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery and Medicine. 5. Of having dissected during two winter sessions. 6. Of having attended a course of Practical Chemistry, comprehending practical exercises in conducting the more important processes of General and Pharmaceutical Chemistry; in applying tests for discovering the adulteration of articles of the Materia Medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, &c. 7. Of having attended to Practical Pharmacy, and of having acquired a practical knowledge in the preparation of medicines.

These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is 5*l*.

Candidates are examined in Anatomy, Physiology (including questions in Histology and Comparative Anatomy), Materia Medica and Pharmacy; Chemistry in relation to Physiology, Pharmacy, and Toxicology; partly by printed papers, and partly *viva voce* and by experiment and demonstration.

HONOURS.

SECOND M.B. EXAMINATION.

This takes place once in each year, commencing on the first Monday in November. No candidate will be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he produces certificates to the following effect:—1. Of having passed the first M.B. examination. 2. Of having, sudsequently to having passed the first M.B. examination, attended a course of lectures on each of two of the subjects comprehended in the list for the first M.B. examination, and for which the candidate had not presented certificates at that examination. 3. Of having conducted at least twenty labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine.) 4. Of having attended the surgical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery. 5. Of having attended the medical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical medicine. N.B.—The Student's attendance on the Surgical and the Medical Hospital Practice specified in Regulations 4 and 5, may commence at any date after his passing the Preliminary Scientific Examination, and may be comprised either within the same or within different years; provided that in every case his attendance on Hospital Practice be continued for at least eighteen months subsequently to his passing the First M.B. Examination. 6. Of having subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine, surgery, or midwifery, with special charge of patients in an hospital, infirmary, dispensary, or parochial union, during six months. The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he studied. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is 5*l*.

Candidates are examined in General Pathology, General Therapeutics, and Hygiene; Surgery, Medicine, Midwifery; Forensic Medicine, in its relations to Medicine, Surgery, and Midwifery. The examinations include questions in surgical and medical anatomy, pathological anatomy, and pathological chemistry; and are partly in writing and partly oral. They also include the performance of surgical operations upon the dead subject; application of surgical apparatus; examination, and report on cases of surgical and medical patients; demonstrations from specimens and preparations; and writing prescriptions in Latin without abbreviations.

HONOURS.

DOCTOR OF MEDICINE.

The examination for the degree of M.D. takes place once in each year, commencing on the fourth Monday in November. Each candidate must produce certificates—1. Of having taken the degree of Bachelor of Medicine in this University. 2. Of having attended, subsequently to having taken the degree of Bachelor of Medicine in this University (*a*) to clinical or practical medicine during two years in an hospital or medical institution recognised by this University; (*b*) or to clinical or practical medicine during one year in an hospital or medical institution recognised by this University, and of having been engaged during three years in the practice of his profession; (*c*) or of having been engaged during five years in the practice of his profession, either before or after taking the degree of Bachelor of Medicine in this University. (One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division.) 3. Of moral character, signed by two persons of respectability. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine is 5*l*.; and no candidate is admitted to examination unless he have previously paid the fee to the registrar.

Candidates are examined in the following subjects:—Logic and Moral Philosophy (*a*); Medicine. A commentary on a case of medicine, surgery, or midwifery, at the option of the candidate, and report on hospital cases. *Vivâ voce* interrogations on the answers to the printed papers, and on the commentary and report.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

LIST OF THE COLLEGE OFFICERS.

President—Dr. Thomas Watson.
Censors—Drs. Budd, A. Farre, Birkett, and Monro.
Treasurer—Dr. Alderson.
Registrar—Dr. Pitman.
Harveian Librarian—Dr. W. Munk.
Bedell—Mr. W. Copney.

EXTRACT FROM BYE-LAWS.

Licentiates.

The College will, under its Charter, grant licenses (which are not to extend to make the Licentiates Members of the Corporation) to persons who shall conform to the following Bye-laws and Regulations:—

Every candidate for the College Licence (except in cases specially exempted) is required to produce satisfactory evidence to the following effect:—

1. Of having attained the age of twenty-one years.
2. Of moral character.
3. Of having passed a preliminary examination in the subjects of General Education.
4. Of having been registered as a medical student by one of the bodies named in Schedule (A) of the Medical Act.
5. Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised medical school or schools, and of having attended the Medical Practice at a recognised hospital or hospitals, during two years of that period; and the Surgical Practice during twelve months; and of having been engaged during six months in the Clinical Study of Diseases peculiar to Women.

The last of the four years of professional study must be passed at a medical school, hospital, infirmary, or dispensary recognised by the College.

6. Of having studied the following subjects:—Anatomy (with dissections), during two winter sessions, of six months each; Physiology, two winter sessions, of six months each; Chemistry, six months; Practical Chemistry, three months; Materia Medica, three months; Practical Pharmacy, three months. (By Practical Pharmacy is meant instruction in the laboratory of a registered medical practitioner, or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by the College on special application, or of a public hospital or dispensary recognised by the College.) Botany, three months; Morbid Anatomy, six months, or certified attendance in the post-mortem room during the period of clinical study); Principles and Practice of Medicine, two winter sessions, of six months each (it is desired that the study of the principles and practice of medicine should comprise the study of the principles of public health); Principles and Practice of Surgery, six months; Clinical Medicine, one winter session, and one summer session, or nine months; Clinical Surgery, six months (by clinical medicine and clinical surgery are intended lectures on cases under observation, or special instruction at the bed-side, certified by the teacher); Midwifery and the Diseases peculiar to Women, three months (a certificate must also be produced of having attended not less than twenty labours); Forensic Medicine, three months.

7. Of having passed the professional examinations.

Students preparing for the professional examination for the licence are required either to register at this College, within fourteen days from the commencement of each session, or to furnish proof, before admission to examination, of having been thus registered by one of the bodies named in Schedule (A) of the Medical Act.

(*a*) Candidates who have taken a degree in arts in this or a recognise union are exempted from this part of the examination.

Any candidate who shall fail to pass either of these examinations, shall not be readmitted to examination until after the lapse of six months.

Any candidate, being a "registered medical practitioner," whose qualification or qualifications shall have been obtained before the 1st day of January, 1861, having been, with the consent of the College, admitted a candidate for the licence, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the Examiners to render in his case unnecessary.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at an University, approved and recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from the first part of the professional examination for the licence.

Any candidate who has already obtained the licence of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, after a course of study and an examination satisfactory to the examiners appointed by the College, shall be exempt from the first part of the professional examination for the licence.

Licentiates of this College shall not compound or dispense medicines except for patients under their own care.

The fee to be paid for the licence to practise physic as a licentiate of the College shall be 15 guineas.

The College List shall be considered as containing a correct list of all the fellows, members, extra-urbem licentiates, and licentiates of the College, and it shall be incumbent on each one to ascertain that his name and residence are correctly entered thereon.

Every official letter or notice which shall be sent by the Registrar or Bedell to any fellow, member, extra-urbem licentiate, or licentiate of the College, addressed to him by his name, at his place of residence as entered on the College List, shall be considered to have reached him, and he shall be deemed to have sufficient notice of the contents of such letter or notice, and shall be bound and concluded thereby.

The Preliminary Examination.

The preliminary examination will be held at the College in March and September:—Tuesday and Wednesday, September 23, and 24, 1862; Tuesday and Wednesday, March 24 and 25, and September 22 and 23, 1863. Tuesday morning, ten to one, English and Latin. English will include English Grammar and Composition. Latin will include selections from the following authors:—Sept., 1862: Horatii Carmina, Lib. ii.; Cornelius Nepos—Vita Miltiadis. March, 1863: Virgilii Æneis, Lib. ii.; Cicero de Natura Deorum, Lib. i. Sept., 1863: Horatii Carmina, Lib. i.; Cicero de Senetute. Wednesday morning, ten to one, English History and Modern Geography; Wednesday afternoon, two to five, Mathematics and Natural Philosophy. Mathematics will include the ordinary Rules of Arithmetic, Vulgar and Decimal Fractions, Simple Equations, and the First Book of Euclid. Natural Philosophy will include Mechanics; Acoustics; Hydrostatics, Hydraulics, and Pneumatics; Optics. Such a knowledge of these subjects will be expected as may be obtained from attendance on a course of lectures, or from elementary treatises on Physics, or Natural Philosophy.

The examination will be conducted in writing; but the examiners are not precluded from questioning any candidate orally, if they think fit.

The Preliminary Examination must be passed previously to the time of commencing studies at a medical school; but in the case of candidates who have commenced the prescribed course of medical studies before the 1st day of October, 1861, the examination in General Education may be passed at any time before the examina- for the licence; and in the case of candidates who shall have commenced the prescribed course of medical studies before the last day of September, 1862, the examination in General Education must be passed before the first day of October, 1862.

A candidate who shall fail to pass the examination will not be readmitted to examination until after the lapse of six months.

Every candidate intending to present himself for the preliminary examination must give fourteen days' notice in writing to the Registrar of the College; and before he is admitted to the examination he must pay a fee of two guineas. Should he fail to pass the examination, the fee will not be returned, but he may be admitted to a subsequent Preliminary Examination without the payment of an additional fee.

Testimonials of proficiency granted by the national educational bodies, according to the following list, with such additions as may from time to time be made, will be accepted by the examiners as satisfactory, in lieu of the Preliminary Examination conducted at the College:—A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised, from time to time, by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle Class Examinations, Senior and Junior*; Cambridge Middle Class Examinations, Senior and Junior*; Durham Middle Class Examinations, Senior and Junior*; Durham Examinations for Students in Arts, in their second and first years; Durham Registration Examination for Medical Students; Dublin University Entrance Examination; Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts; Preliminary Examinations at the end of A.B. Course; Middle Class Examinations; Matriculation Examinations; First Class Certificate of the College of Preceptors; an Examination established by any of the bodies named in Schedule (A) of the Medical Act, approved by the Medical Council.

Any certificate of proficiency in General Education which does not affirm the proficiency of the candidate in Latin, will not be deemed a sufficient proof of preliminary examination.

After September, 1865, the preliminary examination in th subjects of General Education will cease to be conducted at th College, and no other testimonials of proficiency than those grante by the national educational bodies, approved by the Medical Council, will, after that date, be accepted as proof of a sufficient General Education.

The Professional Examination.

Students preparing for the Professional Examination for the Licence are required either to register at this College, within fourteen days from the commencement of each Session, or to furnish proof, before admission to Examination, of having been thus registered by one of the bodies named in Schedule (A) of the Medical Act.

Every candidate, before he is admitted to Examination, will be required to sign a declaration, stating whether he has or has not been rejected within three months by any of the Examining Boards included in Schedule (A) of the Medical Act.

The examination is divided into two parts. The first part will be conducted as follows:—On the first day from seven to ten, p.m., by written questions on Anatomy and Physiology. Second day, from seven to ten, p.m., by written questions on Chemistry, Materia Medica, and Practical Pharmacy. Third day, no examination. Fourth day, commencing at seven o'clock, p.m., *vivâ voce*, on the subjects stated above. The second part will be conducted as follows:—On the first day, from seven to ten, p.m., by written questions on Midwifery and The Diseases Peculiar to Women. Second day, from seven to ten, p.m., on The Principles and Practice of Medicine and Surgery. Third day, the candidate's practical knowledge will be tested, by requiring him to examine persons labouring under disease, either at the College or in the wards of an hospital. Fourth day, commencing at seven o'clock, p.m., *vivâ voce*, on the subjects stated above.

The first part of the Professional Examination is to be undergone after the termination of the Second Winter Session of Study at a recognised Medical School, and the second part after an interval of at least eighteen months from the first examination, except in the case of Students who have commenced their Professional Education before October 1861.

Any candidate who shall fail to pass either of these examinations will not be re-admitted to examination until after the lapse of six months.

Every candidate intending to present himself for examination, must give fourteen days' notice, in writing, to the Registrar of the College, with whom all certificates and testimonials must be left fourteen days before the day of examination.

Blank forms of the required certificates of attendance on Hospital Practice and on Lectures may be obtained on application at the College.

The fee for admission to the first part of the examination is five guineas; the fee for admission to the second part of the examination is ten guineas; and there is no further fee for the Licence.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at an University, approved and recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from the first part of the Professional Examination for the Licence.

Any candidate who has already obtained the Licence of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, after a course of study and an examination satisfactory to the examiners appointed by the College, shall be exempt from the first part of the Professional Examination for the Licence.

Any "registered medical practitioner," whose qualification or qualifications shall have been obtained before the first day of January, 1861, having been, with the consent of the College, admitted a candidate for the Licence, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the Professional Exami-

* After January 1st, 1863, all Junior Middle Class Examinations will be excluded from the list.

nations as his qualifications may seem to the examiners to render in his case unnecessary.

The fee for admission to examination is fifteen guineas, and there is no further fee for the Licence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lincoln's-inn Fields.

President—J. Luke, Esq.
Vice-Presidents—F. C. Skey and J. Hodgson, Esqs.
The Council—W. Lawrence, Jos. Swan, J. H. Green, J. M. Arnott, J. Hodgson, C. H. Hawkins, T. Wormald, J. F. South, G. W. Mackmurdo, F. Kiernan, W. Coulson, G. Gulliver, R. Partridge, J. Hilton, R. Quain, E. Cock, S. Solly, T. Tatum, A. Shaw, W. Fergusson, J. Adams, and T. Paget, Esqs.
Court of Examiners—President, J. Luke, Esq.; Vice-Presidents, J. Hodgson and F. C. Skey, Esqs.; W. Lawrence, J. F. South, J. H. Green, J. M. Arnott, J. Hodgson, T. Wormald, and F. Kiernan, Esqs.
Examiners in Midwifery—Drs. A. Farre, H. Oldham, and R. Lee.
Examiners for the Fellowship in Classics, Mathematics, and French—G. Smith, G. G. Stokes, and I. Brasseur, Esqs.
Professor of Human Anatomy and Surgery—S. Solly, Esq.
Professor of Comparative Anatomy and Physiology—G. Gulliver, Esq.
Professor of Histology—T. H. Huxley, Esq.
Conservator of the Museum—W. H. Flower, Esq.
Librarian—Mr. J. Chatto.
Secretary—Mr. E. Belfour; Assistant-Secretary, Mr. Trimmer.
Clerk—Mr. T. M. Stone.

Preliminary General Education and Examination.

Candidates who have commenced their professional education on or after the 1st January, 1861, will be required to produce one or other of the following certificates:—1. Of graduation in Arts at a University recognised for this purpose. The following are the Universities at present recognised—viz., Oxford, Cambridge, Dublin, London, Durham, and Queen's University in Ireland; Calcutta, Madras, and Bombay; Canada—McGill College, Montreal; and Queen's College, Kingstown. 2. Of having passed an examination for Matriculation, or such other examination as shall, in either case, from time to time be sanctioned by the Council of this College, at a University in the United Kingdom, or at a Colonial or Foreign University recognised by the Council of this College. The following are the examinations at present recognised under this clause (No. 2), viz., Oxford—Responsions or Moderations; Middle-Class Examinations, Senior and Junior (*a*). Cambridge—Previous Examination; Middle-Class Examinations, Senior and Junior (*a*). Dublin—Entrance Examination. London—Matriculation Examination. Durham—Examination of Students in Arts in their second and first years; Middle-Class Examinations, Senior and Junior (*a*); Registration Examination for Medical Students. Queen's University in Ireland—Two years' Arts course for diploma of Licentiate in Arts; Preliminary Examinations at end of B.A. course; Middle-Class Examinations; Matriculation Examinations. Queen's College, Belfast—Preliminary Examination for non-Matriculated Students. Edinburgh—Extra Professional Examination for Graduation in Medicine. Calcutta, Madras, and Bombay—Matriculation Examinations. McGill College, Montreal—Preliminary Examination in General Literature. Queen's College, Kingston, Canada—Matriculation Examination; Preliminary Examination of Students in Medicine. 3. Of having passed the preliminary examination of the Royal College of Physicians of London. 4. Of having passed the preliminary examination for the Fellowship of this College. 5. Of having passed the preliminary examination of the Faculty of Physicians and Surgeons of Glasgow. 6. Of having passed the first-class examination of the Royal College of Preceptors. 7. Candidates who shall not be able to produce one or other of the foregoing certificates will be required to pass an examination, in English, Classics, and Mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of this College.

The following are the subjects of the examination (No. 7.) during the year 1862, viz., Part 1.—1. Reading aloud a passage from some English author. 2. Writing from dictation. 3. English grammar. 4. Writing a short English composition, such as a description of a place, an account of some useful or natural product, or the like. 5. Arithmetic. No candidate will be passed who does not show a competent knowledge of the first four rules, simple and compound, and of vulgar fractions. 6. Questions on the geography of Europe, and particularly of the British Isles. 7. Questions on the outlines of English history, that is, the succession of the sovereigns and the leading events of each reign. Part 2.—Papers will also be set on the following eight subjects, and each candidate will be required to offer himself for examination on one subject at least, at the option of the candidate; but no candidate will be allowed to offer himself for examination on more than four subjects:—1. Translation of a passage from the first book of Cæsar's Commentaries, "De Bello Gallico." 2. Translation of a passage from St. John's Gospel in Greek. 3. Translation of a passage from Voltaire's "Histoire de Charles XII." 4. Translation of a passage from the first two books of Schiller's "Geschichte des dressig-jährigen Krieges." Besides these translations into English, the candidate will be required to answer questions on the grammar of each selected subject. 5. Mathematics. Euclid, books I and 2. Algebra to simple equations inclusive. 6. Mechanics. The questions will be chiefly of an elementary character. 7. Chemistry. The questions will be on the elementary facts of chemistry. 8. Botany and zoology. The questions will be on the classification of plants and animals. The quality of the handwriting and the spelling will be taken into account.

N.B. For the year 1863, decimals, Euclid, books I and 2, and Latin will be added to the list of compulsory subjects in Part 1.

Professional Education.

I. Candidates who shall commence their professional education on or after the 1st October, 1862, will not be allowed to register the commencement of attendance on lectures or hospital practice before they shall have passed an examination in general literature, in conformity with the regulation of the Council in relation thereto.

II. The following will be considered as the commencement of professional education:—1. Attendance on the practice of a Hospital, Dispensary, or other Public Institution recognised by this College for that purpose (*b*). 2. Instruction as the Pupil of a Member of one of the Royal Colleges of Surgeons in the United Kingdom, or of the Faculty of Physicians and Surgeons of Glasgow (*b*). 3. Attendance on Lectures on Anatomy, Physiology, Chemistry, or Natural Philosophy, by Lecturers recognised by this College.

The certificate of the commencement of professional study in any one of the foregoing modes must be transmitted to the College within one week of such commencement; and a certificate of the continuance of such attendance or instruction during the period of six months must be transmitted to the College immediately upon the termination thereof, in order that the same may be registered for future reference.

III. Candidates will be required to produce the following other certificates:—1. Of being twenty-one years of age. 2. Of having been engaged during four years in the acquirement of professional knowledge. 2. Of having studied Practical Pharmacy during 3 months 4. Of having attended lectures on Anatomy, delivered not less frequently than four times in each week, during two winter sessions. 5. Of having performed Dissections during not less than two winter sessions. 6. Of having attended lectures on Physiology delivered not less frequently than twice in each week, during two winter sessions. 7. Of having attended lectures on Surgery during two winter sessions. 8. Of having attended one course of lectures on each of the following subjects—viz., Chemistry, Materia Medica, Medicine, and Midwifery 9. Of instruction and proficiency in the practice of Vaccination. 10. Of having attended, at a recognised hospital or hospitals in the United Kingdon or Colonies, the Practice of Surgery, and clinical lectures on Surgery, during three winter (*c*) and two summer (*d*) sessions. 11. Of having attended, at a recognised hospital or hospitals in the United Kingdom or Colonies, the Practice of Medicine, and clinical lectures on Medicine, during one winter and one summer session.

N.B.—Blank forms of the required certificates may be obtained on application to the Secretary, and all such certificates will be retained at the College.

I. Certificates will not be received on more than one branch of science from one and the same lecturer; but Anatomy and Dissections will be considered as one branch of science.

II. Certificates will not be recognised from any hospital in the United Kingdom unless the surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdon; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such school be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such school be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom.

III. No metropolitan hospital will be recognised by this College which contains less than 150, and no provincial or colonial hospital which contains less than 100 patients.

(*a*) From and after the 1st January, 1863, certificates of having passed any Junior Middle-Class Examination will not be received, Latin not being made compulsory.

(*b*) Attention being paid in either of the foregoing cases to Practical Pharmacy.

(*c*) The winter session comprises a period of six months, and, in England, commences on the 1st of October and terminates on the 31st of March.

(*d*) The summer session comprises a period of three months, and, in England, commences on the 1st of May and terminates on the 31st of July.

IV. The recognition of colonial hospitals and schools is governed by the same regulations, with respect to number of patients and to courses of lectures, as apply to the recognition of provincial hospitals and schools in England.

V. Certificates of attendance, commenced subsequently to the 8th of December, 1859, upon the practice of a recognised provincial or colonial hospital unconnected with, or not in convenient proximity to, a recognised medical school, will not be received for more than one winter and one summer session of the hospital attendance required by the regulations of this College; and in such cases clinical lectures will not be required.

VI. Certificates will not be received from candidates who have resided in London, unless they shall have registered at the College their cards of admission to attendance on lectures and hospital practice within fifteen days from the commencement of the session; and from candidates who have studied in the provincial schools in England, unless their names shall be duly returned from their respective schools.

N.B.—At the registration in October, 1862, all candidates whatever, and at all subsequent registrations every candidate registering for the first time, will be required to produce, in addition to the cards of admission to attendance on hospital practice and lectures to which they shall have entered, a copy of their respective registers of baptism, or other satisfactory certificate of the place and period of their birth, in compliance with the recommendation of the General Council of Medical Education and Registration.

And those candidates who shall not have commenced their professional education before the 1st of October, 1862, will be further required to produce a certificate of having passed one or other of the preliminary literary examinations recognised by this College.

VII. Those candidates who shall have pursued the whole of their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required respectively by the Colleges of Surgeons of Edinburgh and Ireland from candidates for their diploma, together with a certificate of instruction and proficiency in the practice of vaccination; and in the case of candidates who shall have pursued the whole of their studies at recognised foreign or colonial universities, upon the production of the several certificates required for their degree by the authorities of such universities, together with a certificate of instruction and proficiency in the practice of vaccination.

VIII. Members or licentiates of any legally-constituted College of Surgeons in the United Kingdom, and graduates in Surgery of any University recognised for this purpose by this College, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.

IX. Graduates in Medicine of any legally-constituted College or University recognised for this purpose by this College, will be admitted to examination on adducing, together with their diploma or degree, proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.

Professional Examination.

This examination is divided into two parts. 1. The First or Primary Examination, on Anatomy and Physiology, is partly written and partly demonstative on the recently-dissected subject, and on prepared parts of the human body. 2. The Second or Pass Examination, on Pathology, Surgery, and Surgical Anatomy, is partly written and partly oral. 3. The Primary Examinations are held in the months of January, April, May, July, and November, and the Pass examinations generally in the ensuing week respectively. 4. Candidates will not be admitted to the Primary, or Anatomical and Physiological Examination, until after the termination of the second winter session of their attendance at a recognised school or schools; nor to the Pass, or Pathological and Surgical Examination, until after the termination of the fourth year of their professional education. 5. Candidates, being Graduates in Medicine of either of the Universities of Oxford, Cambridge, or London, will be required to present themselves for the Pass Examination in Pathology and Surgery only. 6. The fee of Five Guineas paid by each Candidate prior to his Primary Examination will not be returned, but will be allowed in the fee on his admission as a member. 7. A Candidate having entered his name for either the Primary or Pass Examination, who shall fail to attend the meeting of the Court for which he shall have received a card, will not be allowed to present himself for examination within the period of three months from the date at which he shall have so failed to attend.

Collegial Triennial Anatomical Prize, of Fifty Guineas.—The subject of this prize is, "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distribution not being required); the communications (if any) between the Lymphatics and the Bloodvessels to be demonstrated; and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit, to be elucidated. The dissertation to be illustrated by preparations and drawings."

Jacksonian Prize, of Twenty Guineas.—There are two prizes for the present year (1862), the subjects of which are, "The Relative Value of the Treatment of Popliteal Aneurism by Ligature and by Compression," illustrated by a reference to cases; and "The Healthy and Morbid Anatomy of the Tonsils and the appropriate treatment of their Diseases," illustrated by preparations and drawings." There are also two subjects for prizes for the ensuing year (1863)—namely, "The Pathology and Treatment of Diseases of the Larynx; the diagnostic indications to include the appearances as seen in the living person." The dissertation to be illustrated by drawings and preparations; and "The Normal and Pathological Anatomy of the various Synovial Bursæ connected with the Muscles and Tendons of the Upper Extremity, and the treatment of their Diseases," the dissertation to be illustrated by preparations and drawings.

These prizes are to be written for under the following conditions:—Candidates to be Fellows or Members of the College, not on the Council. The dissertations to be in English, and the number and importance of original facts will be considered principal points of excellence:—recited cases to be placed in an appendix. Each dissertation to be distinguished by a motto or device, and accompanied by a sealed paper containing the name and residence of the author, and having on the outside a motto or device corresponding with that on the dissertation. The dissertations to be addressed to the Secretary at the College. The manuscript prize dissertations and the accompanying drawing and preparation will become the property of the College. Those dissertations which shall not be approved, with their accompanying drawings and preparations, will, upon authenticated application within the period of three years, be returned, together with the papers, unopened, containing the names and residences of the respective authors. The unapproved dissertations which shall remain three years unclaimed, with their accompanying drawings and preparations, will become the property of the College, at which period the papers containing the names of the authors will be burnt, unopened, in the presence of the Committee.

The dissertations for the Collegial Anatomical Prize must be delivered at the College before Christmas day, 1864.

The dissertations for the Jacksonian Prizes for the present year (1862) must be delivered at the College before Christmas day next.

The dissertations for the Jacksonian Prizes for the ensuing year (1863) must be delivered at the College before Christmas day, 1863.

SOCIETY OF APOTHECARIES.

Blackfriars, E.C.

Master—C. W. Wheeler, Esq.
Wardens—H. Combe, Esq., and J. L. Wheeler, Esq.
Court of Examiners—Dr. Ansell, Chairman; Drs. R. H. Robertson, R. King, G. Corfe, R. H. Semple, W. G. T. Dyer, C. Taylor, T. R. Wheeler, H. M. Rowdon, S. H. Ward, J. S. Stocker, and F. C. Webb.
Secretary to the Court of Examiners—A. M. Randall, Esq.
Clerk to the Society—R. B. Upton, Esq.
Professor of Chemistry and Materia Medica, and Examiners for the Society's Prizes in Materia Medica and Pharmaceutical Chemistry—W. T. Brande, D.C.L., F.R.S.
Examiner for the Society's Prizes in Botany—J. D. Hooker, M.D., F.R.S., F.L.S.
Curator to the Botanic Gardens—Mr. T. Moore.
Bedell—Mr. J. C. Sargeant.

Every candidate for a Certificate of Qualification to Practise as an Apothecary, will be required to produce testimonials—1. Of having passed a preliminary examination in Arts as a test of general education. (This examination must be passed before the commencement of professional studies, which is defined by the Medical Council "to be the time of commencing studies at a medical school.") 2. Of having served an apprenticeship or pupilage of not less than five years to a practitioner qualified by the Act of 1815. (N.B.—This period may include the time spent in attending Lectures and Hospital Practice.) 3. Of having attained the full age of twenty-one years. (As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.) 4. Of good moral conduct. 5. And of having pursued a course of medical study in conformity with the regulations of the Court.

Course of Study.—Every candidate whose attendance on lectures shall commence on and after the 1st of October, 1861, must attend the following lectures and medical practice during not less than four winter and four summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

FIRST YEAR.—Winter Session: Chemistry; Descriptive Anatomy;

Physiology.—Summer Session: Botany; Materia Medica and Therapeutics; Practical Chemistry. (*a*)

Second Year.—Winter Session: Anatomy and Physiology; Anatomical Demonstrations and Dissections; Principles and Practice of Medicine; Clinical Medical Practice.—Summer Session: Midwifery and Diseases of Women and Children; Clinical Medical Practice.

Third Year.—Winter Session: Principles and Practice of Medicine; Clinical Medical Practice and Morbid Anatomy.—Summer Session: Clinical Lectures; Forensic Medicine and Toxicology; Clinical Medical Practice and Morbid Anatomy.

Fourth Year.—Winter Session: Practical Midwifery; (*b*) Vaccination; Clinical Medical Practice and Morbid Anatomy.—Summer Session: Practical Midwifery; Vaccination; Clinical Medical Practice and Morbid Anatomy.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1861, will be allowed to complete their studies in conformity with the previous regulations of the Court, provided they are registered.

Registration of Testimonials.—All Testimonials must be given on a printed schedule, and the blanks therein *must* be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration: in London, at the Apothecaries' Hall; in the provincial towns, from gentlemen who keep the registers of the medical schools, and whose names may be known on application to the Secretary of the Court.

All students in London are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court whose names and classes in the register correspond with their schedules.

Tickets of admission to lectures and medical practice must be registered in the months of October and May. Due notice of the days and hours of such registrations will be given from time to time.

The Court also require students at the provincial medical schools to register their names in their own handwriting, with the registrar of each respective school, within the first fifteen days of October, and the first fifteen days of May.

Examination in Arts.

An examination in Arts will take place at the Hall three times in the year. Due notice will be given of the time at which each examination will be held. By order of the Medical Council, an examination in Arts is compulsory on all gentlemen commencing their studies on or after the 1st of October, 1861, and must be passed previous to registration. Testimonials of proficiency in general education will be received, as exempting from the examination in Arts, at this Hall from the following national educational bodies, and also from any of the licensing bodies under the Medical Act of 1858:—A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations. Cambridge Previous Examinations. Matriculation Examination of the University of London. Oxford Middle-class Examinations, Senior and Junior. Cambridge Middle-class Examinations, Senior and Junior. Durham Middle-class Examinations, Senior and Junior. Durham Examinations for Students in Arts, in their second and first years. Durham Registration Examination for medical students. Dublin University Entrance Examination. Queen's University, Ireland: two years' Arts course for the diploma of Licentiate in Arts; Preliminary Examinations at the end of A.B. course; Middle-class Examinations; Matriculation Examinations. First-class Certificate of the College of Preceptors.

Professional Examinations.

The Court of Examiners meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock. Every person intending to offer himself for examination must give notice in writing to the Clerk of the Society on or before the Monday previous to the day of examination, and must at the same time deposit all the required testimonials at the office of the bedell, where attendance is given every day, except Sunday, from ten until four o'clock.

The examination of candidates is divided into two parts, and is conducted partly in writing and partly *viva voce*.

The First Examination, which may be passed after the second summer session, embraces the following subjects:—Latin, of the Pharmacopœia and physicians' prescriptions; Anatomy and Physiology; General and Practical Chemistry; Botany and Materia Medica.

Second Examination, after the fourth summer session (the five years' pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology.

The examination of candidates for certificates of qualification to act as assistant, in compounding and dispensing medicines, will be as follows:—In translating physicians' prescriptions and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica.

By the 22nd section of the Act of Parliament, no rejected candidate can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant, until the expiration of three months.

Fees.—For a certificate of qualification to practise, six guineas; for an assistant's certificate, two guineas.

Prizes in Materia Medica and Pharmaceutical Chemistry, and also in Botany.

The Society of Apothecaries annually offer prizes for proficiency in the knowledge of Materia Medica and Pharmaceutical Chemistry, and also prizes for proficiency in the knowledge of Botany; and all medical students will be considered eligible as candidates for such prizes, who have commenced the *third* winter session of their medical study, and bring testimonials from their teachers of having attended with diligence and regularity their Lectures and class examinations.

The prizes will consist of a gold and silver medal, in each of these two branches of medical science.

The gold medal will be given to the candidate who distinguishes himself most in the examination; and the silver medal to the candidate who does so in the next degree.

The examinations will be held in the months of August and October respectively.

The examination in Botany will be held in the month of August.

The examination in Materia Medica and Pharmaceutical Chemistry will be held in the month of October.

Medical students intending to offer themselves as candidates for these prizes, are requested to observe the following regulations:—

Every student intending to offer himself as a candidate must send a written notice of his intention to the office of the Bedell, on or before the first day of the month in which the examination is to take place.

The notice is to be accompanied by evidence of the candidate having entered on his third winter session, and by certificates from his teachers of his having attended their respective Lectures and class examinations with diligence and regularity.

ARMY MEDICAL DEPARTMENT.

6 *Whitehall yard.*

Director-General—Dr. Gibson, C.B., Honorary Physician to Her Majesty.

Head of Sanitary Branch—Inspector-General Dr. Logan, C.B., Honorary Physician to Her Majesty.

Head of Medical Branch—Deputy Inspector-General Dr. Mapleton, F.R.C.P.

Head of Statistical Branch—Deputy Inspector-General Dr. Balfour, F.R.S.

Staff-Surgeons—W. Braybrooke, Esq., Dr. Crawford, and T. G. Fitzgerald, Esq.

Staff Assistant-Surgeon—W. H. Yates, Esq.

Chief Clerk—W. W. Bassano, Esq.

Senate of the Practical Army Medical School.—Dr. J. B. Gibson, C.B., Director-General Army Medical Department; Sir J. R. Martin, C.B., Physician to the Council of India; Thomas Longmore, Esq., Deputy Inspector-General, Professor of Military Surgery; Dr. C. Morehead, Indian Medical Service, Professor of Military Medicine; Dr. E. A. Parkes, Professor of Hygiene; Dr. W. Aitken, Professor of Pathology; Dr. A. Anderson, Inspector-General of Hospitals, Principal Medical Officer, Chatham.

QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL SERVICE OF HER MAJESTY'S ARMIES.

(*By Royal Warrant, Oct. 17th*, 1859.)

Every candidate presenting himself for admission to the com-

(*a*) By Practical Chemistry is intended a specific course of instruction in the laboratory, with an opportunity of personal manipulation in the ordinary processes of chemistry, and of acquiring a knowledge of the various re-agents for poisons.

(*b*) A certificate of attendance on not less than twenty cases will be received from a legally-qualified practitioner.

petitive examination required for the Medical Service of the Armies must be unmarried. He must produce a birth certificate from the district registrar, or a certificate of baptism, in which the date of birth is stated. If neither of these can be obtained, an affidavit from one of the parents, or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the candidate is not above twenty-six, nor under twenty-one years of age. He must also produce certificates of moral conduct and character, one of them from the parochial minister if possible.

He must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

He must possess a diploma in surgery, or a license to practise it, from the Royal College of Surgeons of England, Scotland, or Ireland; or from the Faculty of Physicians and Surgeons of Glasgow; or from some other corporate body legally entitled to grant a diploma in surgery or a license to practise it. He must besides, and in addition to such diploma or licence, possess a degree in medicine or other legal qualification to practise medicine in Great Britain or Ireland.

Degrees, diplomas, licences, and certificates of age and character, must be lodged at the Army Medical Department for examination and registry, at least one week before the candidate appears for examination.

On producing the foregoing qualifications, the candidate will be examined in Anatomy and Physiology; Surgery; Medicine, including Therapeutics, the Diseases of Women and Children, and Pharmacy; Comparative Anatomy, Zoology, and Botany, with especial reference to Materia Medica. The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside.

Candidates who may desire it, may be examined in the Elements of Physics and in Physical Geography.

After passing his preliminary examination, every candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on Hygiene, Clinical and Military Medicine, Clinical and Military Surgery, and Pathology of Diseases and Injuries incident to Military Service. These courses to be of not less than four months' duration.

At their conclusion the candidate will be required to pass an examination on the subjects taught in the school.

During the period of his residence at the Army Medical School, each candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with uniform—viz., the regulation undress uniform of an assistant-surgeon, but without the sword.

NAVAL MEDICAL SERVICE.

Admiralty Office, Somerset House.

Director-General of the Medical Department of the Navy—

Sir John Liddell, C.B., M.D., F.R.S.

A candidate for entry into the Royal Navy as assistant-surgeon shall make a written application to the Secretary of the Admiralty, on the receipt of which he will be furnished with a printed form to be filled up.

No person is admitted as an assistant-surgeon in the Royal Navy who does not produce a certificate of being registered under the Medical Act, and a Diploma from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin; from the Faculty of Physicians and Surgeons of Glasgow; from Trinity College, Dublin; or from some other incorporate body legally entitled to grant a diploma in surgery; nor as a surgeon, unless he can produce a certificate from one of the said colleges, faculty, or corporate body, founded on an examination to be passed subsequent to his appointment of assistant-surgeon, as to his fitness for the situation of surgeon in the Navy; and in every case the person producing such diploma and certificate shall undergo a further examination touching qualifications in all the necessary branches and points of medicine and surgery, both at the time of his entry and after serving three years, to render himself eligible for surgeon. Previously to the admission of assistant-surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also that they are of good moral character, the certificate of which must be signed by the clergyman of the parish or by a magistrate of the district; that they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy; that their age be not less than twenty nor not more than twenty-six years; that they have actually attended a recognised hospital for eighteen months subsequently to the age of eighteen, in which hospital the average number of patients is not less than 100; that they have been engaged in actual dissection of the human body twelve months, the certificate of which, from the teacher, must state the number of subjects or parts dissected by the candidates; that they have attended lectures, &c., at the recognised Colleges of Physicians and Surgeons in the United Kingdom for periods not less than hereunder stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on Anatomy, Surgery, and Medicine be not attended during winter sessions of six months each.

Anatomy, eighteen months; or General Anatomy, twelve months, and Comparative Anatomy, six months.
Surgery: General Surgery, twelve months; or Military Surgery, six months, and General Surgery, six months.
Theory of Medicine, and Practice of ditto, six months each. If the lectures on the Theory and Practice of Medicine be given in conjunction, then the period required is twelve months.
Clinical lectures (at an hospital as above) on the Practice of Medicine and on the Practice of Surgery, six months each.
Chemistry, six months; or lectures on Chemistry, three months, and Practical Chemistry, three months.
Materia Medica, six months.
Midwifery, six months.
Botany, three months.

A TABULAR VIEW OF THE DAYS AND HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Medical Schools in the Metropolis.

	Days and Hours.			Lecturers.
Guy's Hospital	Oct. 1st,	2	... ...	Mr. Cooper Forster.
St. George's Hospital	,,	2	... ...	Mr. Prescott Hewett
St. Mary's Hospital ...	,,	8	... ...	Dr. Sieveking.
Grosvenor pl. S. of Med.	,,	3	... ...	Dr. Cholmeley.
Charing cross Hospital	,,	3	... ...	Mr. Headland.
London Hospital ...	,,	3	... ...	Mr. Hutchinson.
King's College	,,	8	... ...	Mr. Fergusson.
University College ...	,,	3	... ...	Dr. Edwin Fox.
St. Bartholomew's Hospital	,,	4	... ...	Dr. Martin.
St. Thomas's College...	,,	2	... ...	Dr. Bristowe.
Middlesex Hospital ..	,,	8	... ...	Dr. Priestley.
Westminster Hospital	,,	8	... ...	Dr. Austee.

PRIVATE TEACHERS.

Dr. Barron gives courses of medical and surgical tuition adapted to students for professional examination, including the M.D. of St. Andrew's, at his class-room, 16 St. Thomas's street East, Borough.

Mr. Christopher Heath will resume his evening course of demonstrations and examinations upon the dissected subject, at the Westminster Hospital, on Friday, the 3rd of October, at 7 p.m.

Mr. G. Hind, F.R.C.S., gives daily demonstrations and examinations at 29 Newman street, Oxford street.

The Drs. Power continue daily, at the lecture room, Exeter Hall, Strand, their lectures and examinations for the Competitive and Pass examinations at the various medical and surgical boards.

Dr. Steggall gives instructions to medical students in all the branches of their studies, at his residence, 2 Southampton street, Bloomsbury square.

Mr. Tuson continues his instructions and demonstrations in anatomy, physiology, pathology, and surgery, daily, at his residence, 6 Devonshire street, Portland place. These instructions and examinations are illustrated by recent dissections, models, and anatomical preparations.

Notice.—The Regulations, &c., relative to the Provincial Medical Schools will appear in our next Number, September 24th.

THE STUDENTS' GUIDE.

A New and Improved GUIDE FOR MEDICAL STUDENTS (Session 1862-63) containing all the information respecting the various Schools and Hospitals.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Savory. Monday, Tuesday, Thursday, and Friday, at half-past nine. One course, 5*l.* 5s.; two courses, 7*l.* 7s.; perpetual, 10*l.* 10s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Skey and Mr. Holden. Tuesday, Wednesday, Thursday, and Friday, at half-past two. One course, 5*l.* 5s.; two courses, 7*l.* 7s.; perpetual, 10*l.* 10s.

ANATOMICAL DEMONSTRATIONS—Mr. Callender and Mr. T. Smith. Daily, from half-past ten to two. One course, 3*l.* 3s.; two courses, 5*l.* 5s.

CHEMISTRY—Dr. Frankland, Monday and Friday, at half-past ten; Mr. Attfield (dem.), Wednesday, at ten. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

MEDICINE—Dr. Black, Monday, at half-past two; Dr. Kirkes, Tuesday and Thursday, at half-past three. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

SURGERY—Mr. Lawrence and Mr. Coote. Monday, Wednesday, and Friday, at half-past three. One course, 5*l.* 5s.; two courses, 8*l.* 8s.; perpetual, 7*l.* 7s.

HOSPITAL PRACTICE—Physicians—Dr. Burrows, Tuesday, Thursday, and Saturday; Dr. Farre, Monday, Wednesday, Thursday, and Friday; Dr. Jeaffreson and Dr. Black, Monday, Wednesday, Thursday, and Friday, at half-past one. One course (six months) 12*l.* 12s.; two courses (twelve months), 18*l.* 18s.; perpetual, 31*l.* 10s. Assistant-Physicians—Dr. Kirkes, Tuesday and Friday; Dr. Martin, Monday and Thursday; Dr. Edwards, Saturday; Dr. Harris, Wednesday, at eleven. Surgeons—Mr. Lawrence, Tuesday, Friday, and Saturday; Mr. Skey, Monday, Thursday, and Saturday; Mr. Wormald, Monday, Thursday, and Saturday; Mr. Paget, Tuesday, Friday, and Saturday. One course (six months) 15*l.* 15s.; two courses (twelve months), 21*l.*: perpetual, 31*l.* 10s. Assistant-Surgeons—Mr. H. Coote, Wednesday and Saturday; Mr. Holden, Friday; Mr. Savory, Friday; Mr. Callender, Tuesday, at twelve.

CLINICAL MEDICINE—Drs. Burrows, Farre, and Black. Weekly.

CLINICAL SURGERY—Mr. Lawrence, Mr. Skey, and Mr. Paget. Weekly.

CLINICAL MIDWIFERY, &c.—Dr. Greenhalgh. Weekly operations, Saturday, at half-past one; post-mortem examinations, at twelve.

Summer Session.

MATERIA MEDICA, &c.—Dr. Farre. Tuesday, Thursday, and Saturday, at ten. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. Greenhalgh. Tuesday, Wednesday, Friday, and Saturday, at half-past eight. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

BOTANY—Dr. Harris. Monday, Wednesday, and Saturday, at nine. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Martin. Monday, at eleven; Thursday and Friday, at ten. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Frankland. Monday, Tuesday, Thursday, and Friday, from eleven to one. One course, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. Callender. Tuesday and Friday, at two. One course, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Andrew.

MICROSCOPICAL ANATOMY—Mr. Savory.

PRACTICAL PHARMACY—Mr. Wood.

OPERATIVE SURGERY (Demonst.)—Mr. Callender and Mr. T. Smith. One course, 2*l.* 2s.

Fee for all the Lectures required by the College and Hall, 52*l.* 10s.

Fee for ditto, and Hospital Medical and Surgical Practice, 99*l.* 15s.

DRESSERSHIPS—Three months, twelve guineas; six months, eighteen guineas; twelve months, twenty-five guineas.

In 1863 will be awarded seven scholarships, of the value of from 20*l.* to 50*l.* The Wix Prize for the best essay "On the Connection between the Study of Ancient and Modern Literature and the Studies of Medical Science." The Treasurer's Prize for the best Dissection and the best Practical Examination on Anatomy. The Bentley Prize for the best Report of Surgical Cases. The Hichen's Prize for the best examination in Bishop Butler's "Analogy of Natural and Revealed Religion." The Foster Prize for the greatest industry and skill in the dissecting-rooms.

CHARING-CROSS HOSPITAL AND COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Hyde Salter. Daily, except Saturday, at half-past 3. One session, 4*l.* 4s.; two sessions, 6*l.* 6s.; full period, 7*l.* 7s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. E. Canton. Daily, except Saturday, at nine a.m. One session, 4*l.* 4s.; two sessions, 6*l.* 6s.; full period, 7*l.* 7s.

ANATOMICAL DEMONSTRATIONS—Dr. Goldsbro. Daily. One session, 2*l.* 2s.; two sessions, 4*l.* 4s.; full period, 4*l.* 4s.

CHEMISTRY—Mr. C. W. Heaton. Tuesday, Thursday, and Saturday, at ten. One session, 5*l.* 5s.; two sessions, 6*l.* 6s.; full period, 7*l.* 7s.

MEDICINE—Dr. Chowne and Dr. Willshire. Monday, Wednesday, and Friday, at half-past two. One session, 4*l.* 4s.; two sessions, 6*l.* 6s.; full period, 7*l.* 7s.

SURGERY—Mr. Hancock. Monday, Wednesday and Friday, at half-past twelve. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.; full period, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Chowne and Dr. Willshire. Daily, at one. One session (six months), 10*l.* 10s.; two sessions (twelve months), 15*l.* 15s.; full period, 21*l.* Assistant-Physicians—Dr. Hyde Salter and Dr. Headland, from twelve to two. Surgeons—Mr. Hancock and Mr. E. Canton. Daily, at one. One session (six months), 10*l.* 10s.; two sessions (twelve months), 15*l.* 15s.; full period, 21*l.* Assistant Surgeons—Mr. Hird and Mr. Barwell. From twelve to two.

CLINICAL MEDICINE—Weekly.

Operations, Saturday, at two.

Summer Session.

MATERIA MEDICA, &c.—Dr. Steggal. Monday, Wednesday, and Friday, at nine. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.; full period, 6*l.* 6s.

MIDWIFERY, &c.—Dr. Chowne. Monday, Wednesday, and Thursday, at three. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.; perpetual, 6*l.* 6s.

BOTANY—Mr. Syme. Monday, Wednesday, and Friday, at ten. One session, 2*l.* 2s.; two sessions, 3*l.* 3s.; full period, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Mr. Hird. Monday, Wednesday, and Friday, at 4. One session, 2*l.* 2s.; two sessions, 3*l.* 3s.; full period, 4*l.* 4s.

PRACTICAL CHEMISTRY.—Mr. Heaton. Monday, Wednesday, and Friday. One session, 2*l.* 2s.

NATURAL PHILOSOPHY—Wednesday, Thursday, and Friday, at a quarter past eleven. One session, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. Barwell. Tuesday, Thursday, and Saturday, at half-past three. One session, 3*l.* 3s.; full period, 4*l.* 4s.

PATHOLOGY AND MORBID ANATOMY—Dr. Salter (with Physiology).

Fee for all the Lectures required by the College and Hall, 44*l.* 2s.

Fee for Ditto, and Hospital Medical and Surgical Practice, 68*l.* 7s.

Matriculated students are admitted free to the lectures upon Diseases of the Eye, delivered by Mr. Hancock at the Royal Westminster Ophthalmic Hospital. Dr. Salter gives, in the summer, a course of Microscopical Demonstrations, free to matriculated students. Free scholarships, medals, &c., are given. The fee for matriculation is 2*l.* 2s., to be paid on entering. Medical tutor's class, one session, 2*l.* 2s.; two sessions, 3*l.* 3s.

THE STUDENTS' GUIDE—*Continued.*

ST. GEORGE'S HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Wm. Ogle. Tuesday and Saturday, at a quarter to three. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMY, DESCRIPTIVE, AND SURGICAL—Mr. Pollock and Mr. Holmes. Monday, Wednesday, Thursday, and Friday, at a quarter to three. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Rouse and Mr. Naylor. Daily.

CHEMISTRY—Dr. H. M. Noad. Tuesday, Thursday, and Saturday, at half-past eleven. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Pitman. Monday, Wednesday, and Friday, at half-past eleven. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Tatum. Monday, Wednesday, and Friday, at four. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Page, Dr. Pitman, Dr. Fuller, Dr. Barclay, and Dr. Lee (acc.) Daily, at one. One course (six months), 8*l.* 8s.; two courses (twelve months), 16*l.* 16s.: perpetual, 25*l.* 4s. Assistant-Physicians—Dr. W. Ogle and Dr. Wadham. Surgeons—Mr. Tatum, Mr. H. C. Johnson, and Mr. P. Hewett. Daily, at one. One course (six months), 15*l.* 15s.; two courses (twelve months), 21*l.* 0s.; perpetual, 52*l.* 10s. Assistant-Surgeons—Mr. Pollock, Mr. H. Lee, and Mr. Holmes.

CLINICAL MEDICINE— . Tuesday and Saturday, at a quarter to two.

CLINICAL SURGERY— . Tuesday and Saturday, at a quarter to two.

CLINICAL MIDWIFERY, &c.—Dr. R. Lee.

OPERATIONS on Thursdays, at one.

Summer Session.

MATERIA MEDICA, &c.—Dr. Barclay. Daily, except Saturday, at half-past two. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. R. Lee. Monday, Wednesday, and Friday, at nine. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

BOTANY—Mr. M. T. Masters. Daily, except Saturday, at twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Fuller. Monday, Wednesday, Thursday, and Friday, at ten. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Noad. Daily, at half-past nine. One course, 4*l.* 4s.

COMPARATIVE ANATOMY—Dr. Wm. Ogle (with Physiology.)

PATHOLOGY AND MORBID ANATOMY—Dr. Ogle and Mr. H. Lee.

MICROSCOPICAL ANATOMY—Dr. Ogle. In winter.

OPHTHALMIC SURGERY—Mr. Tatum. In summer.

DENTAL SURGERY—Mr. Vasey. In summer.

PRACTICAL PHARMACY— . One course, 12*l.* 12s.: perpetual, 15*l.* 15s.

OPERATIVE SURGERY (DEMONST.)—Mr. Holmes. In summer. One course, 4*l.* 4s.

Fee for all the Lectures required by the College and Hall, 59*l.* 16s.

Fee for ditto, and Hospital Medical and Surgical Practice, 90*l.*

Gentlemen may become Perpetual Pupils by paying a compounding fee of One Hundred Pounds. Perpetual Pupils are entitled to admission to the practice of the Physicians and Surgeons, to all the Lectures, to compete for all prizes and exhibitions, to hold the appointments of Assistant House-Surgeon and House-Surgeon, and to become Clinical Clerks for two periods of three months each, and Dresser for two similar periods.

Gentlemen will be admitted to the Hospital Practice and Lectures required for the Licence of the Royal College of Physicians, for the Membership of the Royal College of Surgeons, and for the Licence of the Society of Apothecaries, on the payment of a fee of 90*l.* One-half of this fee may be paid at the commencement of the first Winter Session, and one-half at the commencement of the second Winter Session. This fee entitles a pupil to hold the office of Clinical Clerk and Dresser for three months each, but does not admit him to compete for prizes and exhibitions, or for the offices of Assistant House-Surgeon and House-Surgeon.

There is a Maternity Department for the delivery of married lying-in women at their own homes. Vaccination is performed every Thursday morning at ten o'clock, and instruction in vaccination given by the Obstetrical Assistant. Fee, one guinea.

Pupils entering to the Medical or Surgical Practice must hold the office of Clinical Assistant or Dresser for periods of three months each; and Perpetual Pupils will have the privilege of holding the office of Dresser for two periods of three months each without additional fee. The Dresser of the Surgeon of the week boards at the hospital free of expense. Perpetual Pupils are eligible to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months (without additional fee), when properly qualified for the office. The Obstetric Assistant resides and boards in the hospital, and has an annual salary of 100*l.*

EXHIBITION OF PRIZES.—The "William Brown Exhibition," of 40*l.* per annum, tenable for three years, for "the best general fitness for the exercise of the Medical Profession." For first years' students, a prize of twenty guineas at the end of the session for general medical proficiency. Prizes of twenty guineas each for the encouragement of clinical study, to Surgeons' and Physicians' pupils in their second years respectively. Sir B. Brodie's Clinical Prize in Surgery for the best report of not more than twenty surgical cases. The Lewis Powell Clinical Prize for the best report of not more than twenty medical cases. The Thompson Medal for the best clinical report of medical and surgical cases observed in the hospital during the preceding twelve months. Sir Charles Clarke's Prize for good conduct.

A Curator of the Pathological Museum is appointed annually on the recommendation of the Medical School Council, with a salary of 50*l.* per annum.

Two Registrars are appointed annually, each with a salary of 20*l.* per annum.

GROSVENOR-PLACE SCHOOL.

(ADJOINING ST. GEORGE'S HOSPITAL.)

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Richardson. Tuesday, Wednesday, and Friday, at three. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Sharman. Daily, except Saturday, at nine. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Tomes. Daily, from eleven to four.

CHEMISTRY—Dr. Wood. Thursday, Friday, and Saturday, at ten. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

MEDICINE—Dr. Leared and Dr. Chomeley. Monday, Wednesday, and Friday, at 5 p.m. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

SURGERY—Mr. S. Wells, and Mr. W. Adams. Monday, Wednesday, and Friday, at four. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

Summer Session.

MATERIA MEDICA, &c.—Dr. Bainbridge and Dr. Hawkesley Monday, Wednesday, and Friday, at eight a.m. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MIDWIFERY, &c.—Dr. Bloxam and Mr. T. Bloxam, Monday, Wednesday, and Friday, at nine. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

BOTANY—Dr. Bainbridge. Tuesday, Thursday, and Friday, at nine. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. F. C. Webb. Monday Wednesday, and Friday, at twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Wood. Monday, Wednesday, and Friday, at 11. One course, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. R. T. Hulme. Tuesday and Thursday, at nine. One course, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Richardson.

MILITARY SURGERY—Mr. Blenkins. One course, 1*l.* 1s.; perpetual, 2*l.* 2s.

Fee for all the Lectures required by the College and Hall, 36*l.* 15s.

We had not received the Notices, &c., in connection with the above School at the time of going to press.

THE STUDENTS' GUIDE—*Continued.*

GUY'S HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Pavy. Tuesday, Thursday, and Saturday, at a quarter-past twelve. One course, 5*l.* 5s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Poland and Mr. C. Forster. Daily, except Wednesday, at nine. One course, 5*l.* 5s.

ANATOMICAL DEMONSTRATIONS—Dr. Moxon, Mr. Barkart, and Mr. Fagge. Daily, from nine to four. One course, 5*l.* 5s.

CHEMISTRY—Dr. A. Taylor. Tuesday, Thursday, and Saturday, at eleven. One course, 5*l.* 5s.

MEDICINE—Dr. Owen Rees and Dr. Gull. Monday, Wednesday, and Friday, at half-past three. One course, 5*l.* 5s.

SURGERY—Mr. Hilton and Mr. Birkett. Tuesday, Thursday, and Saturday, at half-past three. One course, 5*l.* 5s.

HOSPITAL PRACTICE—Physicians—Dr. Barlow, Monday and Friday, at half-past one; Dr. Owen Rees, Monday and Thursday, at half-past one; Dr. Gull, Wednesday and Saturday, at half-past one; Dr. Oldham (obst.), Tuesday and Thursday at half-past one. Assistant-Physicians—Dr. Habershon, Monday; Dr. Wilks, Wednesday; Dr. Pavy, Friday: out-patients at twelve; Dr. Hicks (obs.), Monday and Friday, at half-past one; Mr. Cock, Monday, Thursday, and Saturday, at half-past one; Mr. Hilton, Monday and Thursday, at half-past one; Mr. Birkett, Monday and Friday, at half-past one; Mr. Poland. One course (six months), 15*l.* 15s.; perpetual, 26*l.* 5s. Surgeons—Mr. France (oph.), Wednesday and Saturday, at half-past one; Mr. Poland, Mr. Bader, and Mr. Salter (dent.); Thursday and Saturday, at twelve. Assistant-Surgeons—Mr. C. Forster, Wednesday, at twelve; Mr. T. Bryant, Monday and Thursday, at twelve; Mr. Durham, Dr. Barlow, Dr. Owen Rees, and Dr. Gull. One course (six months), 15*l.* 15s.; perpetual, 26*l.* 15s.

CLINICAL MEDICINE—Dr. Habershon, Dr. Wilks, Dr. Pavy, Mr. Cock, Mr. Hilton, Mr. Birkett, and Mr. Poland. In summer.

CLINICAL SURGERY—Mr. C. Forster, Mr. Bryant, and Mr. Durham. In summer.

CLINICAL MIDWIFERY—Dr. Oldham and Dr. Hicks. Saturday, at a quarter to nine, a.m.

OPERATIONS on Tuesdays, at half-past one; on the eye, Wednesday, at half-past eleven.

For the entire of the Lectures and Hospital Practice—In the first year, 40*l.*; second year, 40*l.*; and every succeeding year, 10*l.*; perpetual to the whole, 100*l.*

Summer Session.

MATERIA MEDICA, &c.—Dr. Habershon. Tuesday, Thursday, and Saturday, at three. One course, 4*l.* 4s.

MIDWIFERY, &c.—Dr. Oldham. Tuesday, Wednesday, Thursday, and Friday, at a quarter to nine, a.m. One course, 5*l.* 5s.

BOTANY—Mr. Johnson. Tuesday, Thursday, and Saturday, at half-past eleven. One course, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. A. Taylor. Tuesday, Thursday, and Saturday, at ten. One course, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Odling. Monday, Wednesday, and Friday, from ten to one. One course, 4*l.* 4s.

NATURAL PHILOSOPHY—Mr. Fagge. Wednesday, at eleven.

COMPARATIVE ANATOMY—Dr. Pavy and Dr. Moxon. Tuesday and Thursday, at half-past twelve. One course, 4*l.* 4s.

PATHOLOGY AMD MORBID ANATOMY—Dr. Wilks. Daily, at half-past two; in summer, Monday, at twelve.

OPERATIVE SURGERY—Mr. Bryant. Monday, at three. One course, 4*l.* 4s.

OPHTHALMIC SURGERY—Mr. Poland and Mr. Bader. Wednesday and Friday, at three.

DENTAL SURGERY—Mr. Salter.

PRACTICAL USE OF THE MICROSCOPE—Mr. Durham.

DEMONST. OF CUTANEOUS DISEASES—Dr. Gull. Tuesday at two.

Fee for all the Lectures required by the College and Hall, and Hospital Medical and Surgical Practice, 90*l.*

House-Surgeons are appointed for three or six months. Clinical clerks, dressers, ward clerks, dressers' reporters, obstetric residents, and dressers in the eye wards, are selected according to merit. Two dressers in rotation have the privilege of rooms and commons in the hospital, free of charge. The obstetric clerks have the like privilege. A resident House-Surgeon is appointed every six months from those students who have obtained the College diploma. Six scholarships, from 25*l.* to 40*l.* each, are awarded at the close of the summer session for general proficiency.

Voluntary examinations will be held at four periods of the student's course, as follows:—First: at entrance, on Tuesday, October 15th. It will comprise Elementary Classics, Ancient and Modern History, and Mathematics. The candidate who shall most distinguish himself will receive 25*l.*; the second candidate, 20*l.*; and the third, 15*l.*—Second: at the end of July, in the first year, on all the subjects of the first years' course of study. One sum of 30*l.*, and another of 25*l.*, will be given according to proficiency.—Third: at the end of July in the second year, on the subjects which form the course of study up to that time; 35*l.* and 30*l.*—Fourth: at the end of July of the third year, on all the subjects of the curriculum; 40*l.* and 35*l.*

KING'S COLLEGE AND HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Beale. Monday, Wednesday, Thursday, and Friday, at four. One course, 6*l.* 6s.; perpetual, 9*l.* 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Partridge. Daily, at nine. One course, 6*l.* 6s.; perpetual, 9*l.* 9s.

ANATOMICAL DEMONSTRATIONS—Mr. J. Wood. Daily, at nine.

CHEMISTRY—Dr. Miller, Monday and Wednesday; Mr. E. A. Hadow, Thursday and Saturday, at a quarter past ten. One course, 7*l.* 7s.; perpetual, 9*l.* 9s.

MEDICINE—Dr. Johnson, Tuesday and Saturday at four, Thursday at five. One course, 7*l.* 7s.; perpetual, 7*l.* 7s.

SURGERY—Mr. Fergusson. Monday, Wednesday, and Friday, at five. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

HOSPITAL PRACTICE—Physicians—Dr. Budd, Monday, Wednesday, and Friday, at half-past one; Dr. Beale, Tuesday, Thursday, and Saturday, at nine; Dr. G. Johnson, Tuesday, Thursday, and Saturday, at half-past one; Dr. G. Farre (acc.), Tuesday, Thursday, and Saturday, at half-past twelve; Dr. W. A. Guy, Monday, Wednesday, and Friday, at one. One course (six months), 10*l.* 10s.; eighteen months, 15*l.* 15s.; perpetual, 21*l.* Assistant-Physicians—Dr. C. Evans, Monday, Wednesday, and Friday; Dr. Duffin, Monday, Wednesday, and Friday; Dr. Thompson, Tuesday, Thursday, and Saturday; Dr. Liveing, Tuesday, Thursday, and Saturday, at one. Surgeons—Mr. Fergusson, Tuesday, Thursday, and Saturday, at half-past one; Mr. Partridge, Monday, Wednesday, and Friday, at at half-past one; Mr. S. Cartwright, Surgeon-Dentist, Tuesday and Friday, at ten. One course (six months), 15*l.* 15s.; 21 months, 21*l.*; perpetual, 26*l.* 5s. Assistant-Surgeons—Mr. Watson, Tuesday, Thursday, and Saturday; Mr. J. Wood, Tuesday, Thursday, and Saturday; Mr. H. Smith, Monday, Wednesday, and Friday; Mr. Mason, Monday, Wednesday, and Friday, at one.

CLINICAL MEDICINE—Dr. Budd, alternate Mondays, at half-past one; Dr. G. Johnson, alternate Tuesdays, at half-past one; Dr. Beale, Saturday, at nine.

CLINICAL SURGERY — Mr. Fergusson, alternate Thursdays, at half-past one; Mr. Partridge, alternate Fridays, at half-past one.

Fees to Medical and Surgical Practice, 31*l.* 10s., or 36*l.* 15s.

Operations, Saturday, at half-past one.

Summer Session.

MATERIA MEDICA, &c.—Monday, Wednesday, Thursday, and Friday. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. A. Farre. Monday, Wednesday, Thursday, and Friday, at nine. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

BOTANY—Mr. Bentley. Monday, Tuesday, Thursday, and Friday, at a quarter past twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. W. A. Guy. Monday, Tuesday, Wednesday, and Friday, at three. One course, 3*l* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Mr. C. L. Bloxam. Daily, at a quarter past ten. One course, 4*l.* 4s.; perpetual, 8*l.* 8s.

COMPARATIVE ANATOMY—Mr. T. R. Jones. Monday, Wednesday, and Friday, at twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PATHOLOGY AND MORBID ANATOMY—Dr. Beale (with Physiology). Tuesday, at four. One course, 2*l.* 2s.

DENTAL SURGERY—Mr. Cartwright. Tuesday and Friday, at nine. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

HYGIENE—Chapel, daily, at ten.

DEMONSTRATIONS OF CUTANEOUS DISEASES—Principal's Lecture, Wednesday and Friday, at a quarter past one.

Fee for all the Lectures required by the College and Hall, 61*l.* 19s.

Fee for ditto, and Hospital Medical and Surgical Practice, 93*l.* 9s.

The physicians' assistants, the physician-accoucheur's assistant, the clinical clerks, and the house-surgeons and dressers, are selected by examination from amongst those matriculated students of the College, who are pupils of the hospital. No fee is paid for any of these appointments.

The fees for matriculation amount to 5*l.* 15s. 6d., and must be paid on entrance. Registration fee at hospital, 10s. 6d.

Scholarships.—Warneford Scholarships: Two of 25*l.* per annum for three years; one of 25*l.* per annum, for two years. College Scholarships: 1, one of 40*l.* per annum, for two years; 2, one of 30*l.*, for one year; 3, three of 20*l.*, for one year. The Daniell Scholarship of the annual value of 20*l.*

Prizes.—Two Medical Clinical Prizes, one of 3*l.* for the winter session, and the other of 2*l.* for the summer session; and two Surgical Clinical Prizes of the same value. A prize of 3*l.* in each class, summer and winter.

THE STUDENTS' GUIDE—*Continued.*

LONDON HOSPITAL.

Winter Session.

PHYSIOLOGY.—Dr. A. Clark. Monday, Tuesday, and Thursday, at four. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMY, DESCRIPTIVE AND SURGICAL.—M. J. Adams. Monday, Tuesday, Thursday, and Friday, at a quarter past nine. One session, 5*l.* 5s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS.—Mr. J. Couper and Mr. L. S. Little. Daily from ten till three. One session, 5*l.* 5s.; perpetual, 8*l.* 8s.

CHEMISTRY.—Dr. Letheby. Monday, Wednesday, and Friday, at half-past ten. One session, 7*l.* 7s.; perpetual, 7*l.* 7s.

MEDICINE.—Dr. N. Parker. Tuesday, Thursday, and Saturday, at a quarter-past ten a.m. One session, 5*l.* 5s.; perpetual, 6*l.* 6s.

SURGERY.—Mr. Curling and Mr. Hutchinson. Monday, Wednesday, and Friday, at three. One session, 5*l.* 5s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE.—Physicians—Dr. Little, Dr. Fraser, Dr. H. Davies, daily, at eight a.m. or one; Dr. Ramsbotham (Obst.), Tuesday and Friday, at two; Dr. Barnes (Assist.-Obst.), Wednesdays and Saturdays, at one. One session (six months), 6*l.* 6s.; twelve months, 11*l.* 11s.; perpetual, 21*l.* Assistant-Physicians—Dr. Parker, Dr. A. Clark, Dr. Ramskill, and Dr. Down. Daily, at one. Consulting Surgeon—Mr. Luke. Six months, 8*l.* 8s. Surgeons—Mr. Adams, Mr. Curling, and Mr. Critchett, daily, at one; Mr. Barrett (Dental), Tuesday and Friday, at eight a.m. One session (twelve months), 12*l.* 12s.; eighteen months, 18*l.* 18s.; three years, 26*l.* 5s. Assistant-Surgeons—Mr. Hutchinson, Mr. J. Couper, Mr. Maunder, and Mr. Little. Daily, at one.

CLINICAL MEDICINE.—The Physicians.

CLINICAL SURGERY.—The Surgeons.

Summer Session.

MATERIA MEDICA.—Dr. H. Davies. Tuesday, Wednesday, and Friday, at a quarter-past nine. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MIDWIFERY, &c.—Dr. Ramsbotham. Monday, Tuesday, Thursday, and Friday, at three. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY.—Dr. Dresser. Monday, Wednesday, and Friday, at ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE.—Dr. Ramsbotham. Daily (ex. S.), at quarter-past ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY.—Dr. Letheby. Monday, Wednesday, and Friday, at a quarter-past eleven. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY.—Dr. J. L. H. Down. Thursday, at nine. One session, 2*l.* 2s.

PATHOLOGY AND MORBID ANATOMY.—Dr. A. Clark (with Physiol.) P.-M. exam., two and half-past two p.m.

HISTOLOGY AND THE MICROSCOPE.—Dr. A. Clark (in summer).

OPHTHALMIC SURGERY.—Mr. Critchett. Monday and Saturday, at a quarter-past nine a.m (in summer).

DENTAL SURGERY.—Mr. Barrett. Tuesday, at ten a.m. One session, 2*l.* 2s.

Fee for all the Lectures required by the Colleges and Hall, 50*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 88*l.* 4s.

A resident medical officer, who resides and boards in the Hospital, and receives 75*l.*, is appointed for twelve months, is eligible for re-election for the further period of twelve months, and then receives 100*l.* Two house-surgeons, elected every three months, reside in the hospital. A resident accoucheur is appointed for six months, free of all expense. An assistant medical officer, chosen from amongst the pupils, remains in the hospital day and night for a month. Two surgical dressing pupils, in rotation day and night for a week. All the foregoing are provided with commons. Additional dresserships for twelve months are given annually. An assistant-dentist is elected for three months. Post-mortem clerks are selected from amongst the students. Two prosectors are selected annually from amongst those students who have passed the preliminary anatomical examination at the College of Surgeons. Two gold medals are annually awarded to students attending the medical and surgical practice, who shall have most distinguished themselves. Clinical lectures are given by the physicians and surgeons, and by the assistant obstetric physicians.

ST. MARY'S HOSPITAL.

Winter Session.

PHYSIOLOGY—Dr. Broadbent. Monday, Tuesday, Thursday, and Friday, at nine a.m. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr Gascoyen. Monday, Tuesday, Thursday, and Friday, at a quarter to three p.m. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Norton, Mr. Coombs, and Mr. James Lane (oper. surg.) Daily. One session, 3*l.* 3s.

CHEMISTRY—Dr. Matthiessen. Tuesday, Thursday, and Saturday, at a quarter past ten a.m. One session, 5*l.* 5s.; perpetual, 7*l.* 7s.

MEDICINE—Dr. Chambers and Dr. Sibson. Monday, Wednesday, and Thursday at four p.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Lane, Tuesday and Friday at four p.m.; Mr. Sp. Smith, Wednesday at three p.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Alderson, Monday and Thursday at a quarter past one; Dr. Chambers, Wednesday and Saturday at a quarter past one; Dr. Sibson, Tuesday and Friday at a quarter past one; Dr Tyler Smith (obst.), Tuesday and Saturday at half-past one; Dr. H. Jones, Monday and Thursday at half-past twelve; Dr. Sieveking, Tuesday and Friday at half-past twelve; Dr. Markham, Wednesday and Saturday at half-past twelve. One session (six months), 7*l.* 7s.; (twelve months), 12*l.* 12s.; perpetual, 21*l.* Surgeons—Mr Coulson, Wednesday and Saturday at half-past one; Mr Lane, Tuesday and Friday at a quarter past one; Mr Ure, Monday and Thursday at a quarter past one; Mr. Sp. Smith, Monday and Thursday at half-past twelve; Mr. H. Walton, Wednesday and Saturday at half-past twelve; Mr. J. Lane, Tuesday and Friday at half-past twelve; M. W. Cooper (opthalmic), Tuesday and Saturday at half-past one; Mr Toynbee (aural), Monday and Thursday at half-past one. Assistant-Surgeon—Mr. Sercombe (dental), Monday and Thursday at half-past nine a.m. One session (six months), 9*l.* 9s.; (twelve months), 21*l.*; perpetual, 31*l.* 10s.

CLINICAL MEDICINE—Dr. Alderson, Dr. Chambers, and Dr. Sibson, twice a week, at two. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

CLINICAL SURGERY—Mr. Coulson, Mr. Lane, and Mr. Ure, twice a week, at two. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

Operations, Wednesday at half-past one; post-mortem examinations at two.

Summer Session.

MATERIA MEDICA—Dr. Sieveking. Tuesday, Wednesday, Thursday, and Friday, at eight a.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. Tyler Smith and Dr. G. Hewitt. Daily (ex. S.) at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Dr. C. Dresser, Monday, Wednesday, and Friday, at twelve. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Sanderson. Monday, Wednesday, and Friday, at ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Matthiessen. Saturday, from nine to one. One session, 3*l.* 3s.

NATURAL PHILOSOPHY—Mr. G. R. Smalley. Thursday, at a quarter past three. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr Mivart. Tuesday and Thursday at ten. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY (WITH PHYSIOLOGY)—Dr. Broadbent

OPHTHALMIC SURGERY—Mr White Cooper. Tuesday at two. One session, 2*l.* 2s.

AURAL SURGERY—Mr Toynbee. Thursday at half-past two. One session, 2*l.* 2s.

DENTAL SURGERY—Mr Sercombe. One session, 2*l.* 2s.

PRACTICAL PHARMACY AND DISPENSING—Three months, three guineas; six months, six guineas; twelve months, ten guineas.

Fee for all the Lectures, and Hospital Medical and Surgical Practice required by the Colleges and Halls, 89*l.* 5s.

Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. There are also four non-resident medical officers. All these appointments are awarded after competition, without additional fee.

All general students are required to perform the duties of clinical clerks and dressers during the last two years of their curriculum.

Prizes, &c.—A Scholarship in Anatomy of the annual value of 25*l.* A prize of 20l. for students of the first year. Prizes in each session, of the average value of five guineas, for students of the first, second, and third years. Prizes are also given in Comparative Anatomy, Natural Philosophy, and Practical Anatomy. A prize of 4l. 4s. for the best anatomical preparation.

Two prosectors are annually appointed, who each receive 5l. and a certificate.

Students can receive instruction in Vaccination from Mr Gerrans; fee 1l. 1s. Some lectures on the subject are given by Dr. Graily Hewitt.

Entrance fee to the hospital practice and lectures required for the examination in Dental Surgery by the College of Surgeons, 52l. 10s.

All the entrance fees may be paid by instalments, by arrangement

THE STUDENTS' GUIDE—*Continued.*

MIDDLESEX HOSPITAL.

Winter Session.

PHYSIOLOGY—Mr. de Morgan, F.R.S. Monday, Wednesday, and Friday, at four. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMY—Mr. Moore. Daily at twelve, except Saturday. One session, 6*l.* 6s.; perpetual, 10*l.* 10s.

ANATOMICAL DEMONSTRATIONS—Dr. Liveing. Tuesday and Thursday, at three. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

CHEMISTRY—Mr. Taylor and Mr. Heisch. Monday, Wednesday, Friday, and Saturday, at eleven. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Stewart and Dr. Goodfellow. Tuesday, Thursday, and Saturday, at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Shaw. Monday, Wednesday, and Friday, at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Stewart, Dr. Goodfellow, and Dr. H. Thompson, daily, at one; and Dr. Priestley (obst.), Wednesday and Saturday, at twelve. Assistant-physicians—Dr. F. Weber, Dr. Murchison, and Dr. Greenhow. One session (six months), 10*l.* 10s.; two courses (eighteen months), 16*l.* 16s.; perpetual, 21*l.* Surgeons—Messrs. Shaw, De Morgan, Moore, Henry, Nunn, Solberg Wells (ophthalmic), and Tomes, F.R.S. (dental.) One session (six months), 10*l.* 10s.; two courses (twelve months), 12*l.* 12s.; perpetual, 21*l.*

CLINICAL MEDICINE.—Wednesday and Saturday, at three.

CLINICAL SURGERY.—Monday and Friday, at three.

Operations on Wednesday, at one; post-mortem examinations at two.

Summer Session.

MATERIA MEDICA—Dr. H. Thompson. Monday, Wednesday, and Friday, at nine. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

MIDWIFERY—Dr. Priestley. Monday, Wednesday, and Friday, at eight. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

BOTANY—Dr. T. S. Cobbold. Tuesday, Thursday, and Saturday. at half-past two. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Greenhow and Mr. Henry. Tuesday, Thursday, and Saturday, at nine. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

PRACTICAL CHEMISTRY—Mr. Taylor and Mr. Heisch. Tuesday and Friday, at half-past eleven. One session, 3*l.* 3s.

COMPARATIVE ANATOMY—Dr. T. S. Cobbold. Wednesday and Friday, at four. One session, 2*l.* 2s.

PATHOLOGY AND MORBID ANATOMY—Mr. Sibley and Dr. Murchison. Tuesday and Thursday, at four. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

HISTOLOGY AND MICROSCOPE—Dr. W. W. Webb. Monday and Wednesday, at three. One session, 3*l.* 3s.

OPHTHALMIC SURGERY—Mr. Solberg Wells.

AURAL SURGERY—

PRACTICAL PHARMACY—Mr. Devereux. One session, 8*l.* 8s.; two courses, 12*l.* 12s.

PRIZES.

Written periodical class examinations will be held in the course of each session, and must be attended by all general students.

To those students who have most distinguished themselves in all the subjects of study embraced in these examinations, the following prizes will be awarded:

First Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas.

First Summer Session—A prize of the value of three guineas, and a prize of the value of two guineas.

Second Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas.

Second Summer Session—A prize of the value of three guineas, and a prize of the value of two guineas.

Certificates of Honour will also be given for proficiency in each of the classes.

Clayton Prize.—An annual prize, of the value of three guineas, given by Oscar Clayton, Esq., will be awarded for proficiency in comparative anatomy.

Third Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas for reports in clinical medicine; a prize of the value of six guineas, and a prize of the value of four guineas, for reports in clinical surgery.

Certificates of Honour will also be given for good clinical reports.

The Governors' Prize, of twenty guineas will be awarded to the student who, having distinguished himself generally by conduct and acquirements in the school, shall present the best joint clinical reports in medicine and surgery.

ST. THOMAS'S HOSPITAL AND SCHOOL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Brinton. Monday, Wednesday, and Saturday, at four.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. S. Jones. Daily (ex. S.) at twelve.

ANATOMICAL DEMONSTRATIONS—Mr. Rainey and Mr. Croft. Daily, nine to three.

CHEMISTRY—Dr. A. J. Bernays. Tuesday, Thursday, and Saturday, at eleven.

MEDICINE—Dr. Peacock. Tuesday, Thursday, and Saturday, at two.

SURGERY—Mr. Le Gros Clark. Monday, Wednesday, Thursday, and Friday, at three.

HOSPITAL PRACTICE—Physicians—Dr. Barker, Dr. Bennett, Dr. Goolden, Dr. Peacock, Dr. Brinton, Dr. Bristowe, and Dr. Barnes (acc.) Assistant-Physicians—Dr. Clapton and Dr. Gervis (acc.) Surgeons—Mr. South, Mr. Mackmurdo, Mr Solly, Mr. Le Gros Clark, and Mr Simon. Assistant-Surgeon—Mr S. Jones. Daily, at eight.

CLINICAL MEDICINE—Dr. Barker, Dr. Bennett, Dr. Goolden, and Dr. Bristowe. Monday and Wednesday at two.

CLINICAL SURGERY—The Surgeons in rotation. Friday at two.

CLINICAL MIDWIFERY, &C.—Dr Barnes.

Post-mortem examinations at half-past eight. Operations, Saturday, at a quarter past twelve.

Summer Session.

MATERIA MEDICA, &C.—Dr. Bristowe. Monday at twelve; Tuesday, Wednesday, and Thursday, at two.

MIDWIFERY, &C.—Dr. Barnes. Monday, Wednesday, Thursday, and Friday. at a quarter past one.

BOTANY—Dr. Clapton. Monday, Wednesday, and Friday, at three.

MEDICAL JURISPRUDENCE—Dr. Stone. Tuesday and Thursday at twelve; Saturday at eleven.

PRACTICAL CHEMISTRY—Dr. A. J. Bernays. Friday at twelve; Saturday, ten to one.

COMPARATIVE ANATOMY—Mr Ord. Tuesday and Thursday at eleven.

PATHOLOGY AND MORBID ANATOMY—Mr. Simon.

OPHTHALMIC SURGERY—Mr. Mackmurdo.

DENTAL SURGERY—Mr Elliott. Tuesday and Friday at eleven.

MICROSCOPIC DEMONSTRATIONS—Mr. Rainey. Saturday at twelve.

Fees for the entire of the Lectures and Hospital practice in the first year, 40*l.*; second year, 40*l.*; and every succeeding year, 10*l.* Perpetual to the whole, 90*l.* Special entries may be made to any course of Lectures, or to Hospital Practice.

Fee for all the Lectures required by the College and Hall, and Hospital Medical and Surgical Practice, 90*l.*

PRIZES AND APPOINTMENTS—1862-1863.

The Grainger Testimonial Prize, of the value of twenty pounds, will be awarded biennially to third or fourth years' Students, for the best Physiological Essay, to be illustrated by preparations and dissections.

The Cheselden Medal, founded by George Vaughan, Esq., is awarded in respect of a Special Examination in Surgery and Surgical Anatomy.

The Treasurer's Gold Medal is given annually for general proficiency and good conduct to whichever student has passed through his pupilage in the most meritorious manner.

The Smith Prize of Five Pounds, founded by Newman Smith, Esq., for the best essay on "Neuralgia."

The House Surgeons and Resident Accoucheur are chosen according to merit from gentlemen who have obtained their professional diplomas: the former to hold office for six or twelve months; the latter for three or six. All are provided with Rooms and Commons.

Two Hospital Registrars, at an annual salary of 40*l.* each, or one at 80*l.*, will be selected from gentlemen who have been distinguished for merit, and have completed their studies in the School.

Students of each year are classed according to their respective total merits in the examinations; and all of the first class in each year receive certificates of honour.

THE STUDENTS' GUIDE—*Continued.*

UNIVERSITY COLLEGE AND HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Sharpey. Daily, at ten. One course, 6*l.*; perpetual, 9*l.*

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Ellis. Daily, at nine. One course, 7*l.* 7s.

ANATOMICAL DEMONSTRATIONS—Mr. Ellis and Mr. B. Hill, M.B., F.R.C.S. Daily. One course, 4*l.* 4s. This and preceeding course, 10*l.* 10s.

CHEMISTRY—Dr. Williamson. Daily, except Saturday, at eleven. One course, 6*l.*; perpetual, 9*l.*

MEDICINE—Dr. Jenner. Daily, except Saturday, at four. One course, 6*l.* 10s.; perpetual, 8*l.*

SURGERY—Mr. Erichsen. Tuesday, Thursday, and Friday, at five. One course, 4*l.* 10s.; perpetual, 6*l.*

HISTOLOGY AND PRACTICAL PHYSIOLOGY—Dr. Harley. Monday and Wednesday, at four. One course, 3*l.*

HOSPITAL PRACTICE — Physicians—Dr. Jenner, Dr. Garrod, Dr. Reynolds, and Dr. Hare, at one and two; Dr. Murphy (Asch.), thrice weekly. Twelve months, 15*l.* 15s., or with Surgical Practice, 21*l.* Surgeons—Mr. Quain and Mr. Erichsen, daily, at one and two; Mr. W. Jones (Oph.), and Mr. Marshall, thrice weekly. Twelve months, 15*l.* 15s. Mr. Ibbetson, Dentist, Wednesday, at ten. One course, 5*l.* 5s. Assistant-Surgeons—Mr. H. Thompson and Mr. Streatfield (Oph.), weekly. Fees for the whole course (perpetual), 26*l.* 5s., or 36*l.* 15s.

CLINICAL MEDICINE—Dr. Jenner and Dr. Garrod, fortnightly; Dr. Reynolds, bi-weekly.

CLINICAL SURGERY — Mr. Quain, bi-weekly; Mr. Erichsen, weekly.

CLINICAL MIDWIFERY, &c.—Dr. Murphy. Weekly.

Summer Session.

MATERIA MEDICA, &c.—Dr. Garrod. Daily, except Monday, at eight. One course, 4*l.*; perpetual, 6*l.*

MIDWIFERY, &c. — Dr. Murphy. Daily, except Saturday, at twelve. One course, 6*l.*; perpetual, 6*l.*

BOTANY—Mr. Oliver. Daily, except Saturday, at four. One course, 2*l.* or 3*l.*; perpetual, 6*l.*

MEDICAL JURISPRUDENCE—Dr. G. Harley. Monday, Tuesday, Thursday, and Friday at ten. One course, 3*l.*; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Williamson. Daily, except Saturday, at eleven. One course, 4*l.*

NATURAL PHILOSOPHY—Mr. Potter. Monday, Wednesday, and Friday, at a quarter past ten. One course, 4*l.*

COMPARATIVE ANATOMY—Dr. Grant. Daily, except Saturday, at 3. One course, 4*l.*; perpetual, 9*l.*

PATHOLOGY AND MORBID ANATOMY—Dr. W. Fox. Tuesday, Wednesday, and Friday, at nine. One course, 3*l.*; perpetual, 4*l.*

LOGIC (Required by the Army Board)—Dr. Hoppus. Tuesday, Wednesday, and Friday, at a quarter past ten.

OPHTHALMIC SURGERY—Mr. Wharton Jones. Tuesday and Thursday. One course, 2*l.*

DENTAL SURGERY—Mr. Ibbetson, Tuesday and Thursday, at six. One course, 1*l.*

OPERATIVE SURGERY—Mr. Marshall. Daily, at half-past seven, a.m., and six. 5*l.* 5s., or 7*l.* 7s.

PRACTICAL PHARMACY—One course, 3*l.* 3s.; six months, 5*l.* 5s.

Fee for all the Lectures required by the College and Hall, 65*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 90*l.*

Examinations are held in each class at the end of the session. Gold and silver medals awarded.

A course of practical instruction in operative surgery, bandaging, &c., is given by Mr. Marshall, surgeon, in the summer term. Fee, 1*l.* 1s.

Practical Pharmacy. — Instruction for three months, 3*l.* 3s.; six months, 5*l.* 5s.

At the end of every session there will be awarded a Filliter exhibition of 30*l.*, as a prize for proficiency in pathological anatomy; the Longridge exhibition of 40*l.*, as a prize for general profiency; and the Atkinson Morley Scholarship, for the promotion of the study of surgery, 45*l.* for three years. Fellowes' Clinical Medals, one gold and one silver, and further certificates of honour, awarded for the best reports on medical cases. The Liston Clinical Gold Medal, and further certificates of honour, awarded for similar reports on surgical cases.

Analytical Chemistry.—The Birkbeck laboratory is open daily, from nine a.m. to four p.m. Fee, exclusive of the expense of materials—session, 26*l.* 5s.; three months, 10*l.* 10s.; one month, 4*l.* 4s.

Physicians' assistants, house-surgeons, midwifery assistants, physicians' clerks, surgeons' dressers, and ophthalmic surgeons' assistants, are selected from the pupils without additional payments. The physicians' assistants, obstetric assistant, and house-surgeons, reside in the hospital, paying for their board.

WESTMINSTER HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Power. Monday, Wednesday, and Friday, at three. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Holthouse. Daily, except Saturday, at a quarter-past nine. One course, 5*l.* 5s.; two, 7*l.* 7s.

ANATOMICAL DEMONSTRATION—Mr C. Heath and Mr. Teevan. Daily, from ten to two. One course, 2*l.* 2s.; two courses, 3*l.* 3s.

CHEMISTRY—Mr. F. Dupré. Tuesday and Thursday, at three; Friday, at half-past ten. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

MEDICINE—Dr. Basham: Monday, Tuesday, Thursday, and Friday, at, four. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

SURGERY—Mr. B. Holt and Mr. Brooke. Monday, Wednesday, and Friday, at five. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

HOSPITAL PRACTICE—Dr. Basham, Mondayand Thursday, at half-past one; Dr. Fincham, Wednesday and Saturday, at half-past one; Dr. Radcliffe, Tuesday and Friday, at half-past one. One course (twelve months), 12*l.* 12s.; two courses, perpetual, 21*l.* 0s. Assistant-Physicians—Dr. Marcet, Monday and Thursday, at one; Dr. Anstie, Tuesday and Friday, at one; Dr. Latham, Wednesday and Saturday, at one. Surgeons—Mr. B. Holt, Monday and Thursday, at half-past one; Mr. Brooke, Tuesday and Friday, at half-past one; Mr. Holthouse, Wednesday and Saturday. at half-past one; Mr. Clendon (surgeon-dentist.) One course (twelve months), 15*l.* 15s.; perpetual, 21*l.* 0s. Assistant-Surgeons—Mr. Hillman, Monday and Thursday at one; Mr. Power, Wednesday and Saturday, at one; Mr. Heath, Tuesday and Friday, at one.

CLINICAL MEDICINE—Dr. Basham, Thursday, at two; Dr. Fincham, Saturday, at a quarter to one; Dr. Radcliffe, Friday, at half-past one.

CLINICAL SURGERY—Mr. Holt, Thursday, at a quarter to two; Mr. Brooke, Friday, at a quarter-past one; Mr. Holthouse, Saturday, at 9.

Post-mortem examinations at two; Operations, on Tuesday at 2.

Summer Session.

MATERIA MEDICA, &c.—Dr. Radcliffe. Monday, Thursday, and Friday, at three. One course, 3*l.* 3s.; two courses, 4*l.* 4s.

MIDWIFERY, &c.—Dr. F. Bird. Tuesday, Thursday, and Friday, at four. One course, 4*l.* 4s..; two courses, 5*l.* 5s.

BOTANY—Mr. Syme. Monday, Wednesday, and Friday, at half-past eleven. One course, 3*l.* 3s.; two courses, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Fincham and Dr. Anstie. Monday, Wednesday, and Friday, at three. One course, 3*l.* 3s.; two, 4*l.* 4s.

PRACTICAL CHEMISTRY—Mr. F. Dupré. Tuesday and Thursday, at half-past nine. One course, 2*l.* 2s.

NATURAL PHILOSOPHY—Mr. Brooke. Monday, at 4. One course, 2*l.* 2s.

COMPARATIVE ANATOMY—Mr. Power. Tuesday and Friday, at nine. One course, 2*l.* 2s.; two courses, 3*l.* 3s.

DENTAL SURGERY—Mr. Clendon. One course, 2*l.* 2s.

PRACTICAL PHARMACY—One course, 3*l.* 3s.; two courses, 5*l.* 5s.

Fee for all the Lectures required by the College and Hall, 49*l.* 7s.

Fee for ditto, and Hospital Medical and Surgical Practice, 78*l.* 15s.

PRIZE-APPOINTMENTS AND PRIZES.

House-Physician and House-Surgeon.—The offices of House-Physician and House-Surgeon, who, in the absence of the Physicians and Surgeons, have the sole charge of the medical and surgical patients respectively, are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act, the successful competitors being appointed by the House-Committee upon the recommendation of the Physicians and Surgeons. Candidates are required to produce testimonlals as to moral character, and certificates of having acted for six months as Clinical Clerk or Dresser—as Clinical Clerk for the office of House-Physician, as Dresser for that of House-Surgeon. *The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital, free of expense.*

Assistant House-Surgeon.—Is appointed without fee from among the senior students by examination, and is required to attend at the Hospital from ten a.m. to seven p.m. daily. He is provided with commons at the Hospital table.

Clinical Clerks and Dressers.—These appointments are conferred without fee, in rotation, upon the most diligent students. The Clinical Clerk and Dresser of the week are entitled to have luncheon in the Hospital, free of expense.

PRIZES.—The following prizes will be offered for competition to the Students of the Hospital and Medical School:—I. Books of the value of three guineas for each of the Winter Courses; and books to the value of two guineas for each of the Summer courses, to be competed for by students attending those classes.—II. Certificates of Honour to the second-best candidate in each class.—III. A prize of the value of five guineas, to be competed for by all students who have not presented themselves for their final examinations before any of the Examining Boards, the subject being Clinical Medicine.—IV. A prize of similar value, and under similar conditions, for Clinical Surgery.—V. A special prize will be given for Clinical Midwifery by the Westminster Maternity Charity.—VI. A special prize will be given by Mr. Clendon for Dental Surgery.—The examinations for the Clinical Prizes will take place at the end of each Winter Session.

JOURNAL
OF
Practical Medicine and Surgery.

MEDICAL CORRESPONDENCE.

ART. 6280. HOOPING-COUGH; DECOCTION OF SHELLS OF SWEET ALMONDS; METHODICAL EXHIBITION OF POWDERED BELLADONNA-ROOT.—In a recent number we alluded to several remedies empirically recommended for hooping-cough. Dr. Mignot, Physician of the Hospital of Chantelle, speaks highly of another, which we omitted in our enumeration—viz., the decoction made with the shells of sweet almonds.

This beverage is, like other tisanes, taken in cupfuls, and its taste resembles that of coffee; it is prepared by boiling the shells of from twenty to twenty-four sweet almonds in two pints of water; the decoction is then strained and sweetened. This popular remedy has been extensively tested in the district of Gannat, by Dr. Mignot, and this gentleman has come to the conclusion that when the tisane is exhibited at the beginning of the spasmodic stage of hooping-cough, it checks the violence of the paroxysms, and deserves to be considered in the light, not of a specific, but of a useful palliative.

The results of Dr. Mignot's experience leave, therefore, the field open to the researches of other therapeutists anxious to discover an efficient remedy for hooping-cough. We have ventured to express a doubt as to the curative power of belladonna; but we are ready to acknowledge our error, if evidence can be adduced satisfactorily demonstrating that any given preparation of this plant *arrests* hooping-cough in its progress, and we willingly give publicity to the following letter, forwarded by Dr. Vollant, of Argenton-sur-Creuse, one of our most valued contributors:—

SIR,—In one of your recent numbers, allusion is made to several new or revived remedies for hooping-cough, and you stated (ART. 6251 and 6252) that these drugs have doubtless afforded some relief, but that, like other would-be specifics, *without excepting Belladonna*, they have not in any degree shortened the duration of the complaint. I think that your assertion is somewhat too positive with regard to belladonna, and I maintain that when this plant is employed in a certain manner, it not only diminishes the frequency and violence of the paroxysms, but absolutely checks the progress of the disease, and effects a cure as I have had frequent opportunities of ascertaining in several epidemics which have fallen under my personal observation.

This object can, however, be attained only by the exhibition of the root, and not of the leaves of the plant, the powder prepared with the leaves being utterly worthless.

In a general manner, I prescribe the remedy as follows:—

In the incipient stage, I exhibit the powder and syrup of ipecacuanha as an emetic. When the characteristic paroxysms appear, I prescribe the ensuing formula:—

℞ Pulv. radicis Belladonnæ, gr. ij.;
Pulv. sacchari albi, ℈ijss.

Mix accurately, and divide into twelve powders, each of which will contain one-sixth of a grain of the medicinal agent. One powder to be taken in a spoonful of milk or water, at night or in the morning, according to the hour at which the fits return with most violence. The same dose is repeated on the second day, usually with inconsiderable effect. The dose is then doubled for three days in succession, when the paroxysms invariably decrease in frequency; an interval of twenty-four hours is allowed to elapse between each dose, and the treatment is concluded. The spasmodic stage lasts but four or five days, and *a cure* may truly be said to have been effected.

This medication is, to a certain extent, sketched out in ART. 4075 of your journal; but Professor Trousseau, while recommending the exhibition of belladonna in hooping-cough, according to the rules laid down by Bretonneau for the use of cinchona in intermittent fever, does not state that the root is the part of the plant which alone is efficacious, and his treatment lasts three weeks or a month at least. Now I distinctly assert that the powder prepared with the leaves of belladonna is worthless, and to its exclusive use must be attributed the unfavourable sentence which has been passed on the entire plant. If the powdered root is used, the results will be, on the contrary, most satisfactory, and all those who will consent to give a trial to the plan I recommend, will acknowledge that this valuable solanea is the true specific of hooping-cough, but that for this very reason it must be administered in a peculiar and appropriate manner.

— VOLLANT, M.D.,
Argenton-sur-Creuse (Indre).

SCIENTIFIC MISCELLANEA.

ART 6281. PUERPURAL PURIFORM ABSORPTION. FORMATION OF NUMEROUS ABSCESSES; EFFICACY OF TANNIN.—We stated on a former occasion that tannin has been prescribed in intermittent fever as a substitute for sulphate of quinine, and experience only can tell whether this remedial agent will also succeed in circumstances of a different nature in which quinine has proved beneficial. The following cases brought forward by Dr. Woillez, a physician of the hospitals of Paris, would appear to show that tannin is possessed of curative properties in puerperal pyæmia accompanied by metastatic abscesses.

Two years ago, Mr. Woillez was consulted in the case of a lady, who, six days after labour, became affected with puriform absorption. Reiterated rigors had ushered in the disease, which was, moreover, characterised by alarming general symptoms, and abscesses which formed simultaneously in the limbs and in the articulation of the lower jaw. As an epidemic of erysipelas existed at the time, Messrs. Gosselin and Depaul, who both were summoned in consultation, opined that it would be improper to open the abscess with the knife, and recommended the exhibition of sulphate of quinine. So far from improving the condition of the patient, this remedial agent appeared distinctly to increase its gravity, and it occurred to Mr. Woillez to have recourse to tannin, which he administered in doses of ten grains daily; this medicine was persevered in for six or seven weeks, when a complete cure was effected.

This instance of uterine phlebitis, and consequent puriform collections in various parts of the body, apparently relieved by the exhibition of tannin, induced Mr. Woillez to persevere in his experiments, and he has quite recently communicated to the Medical Society of Hospitals, a case in which the same remedial agent would again seem to have been chiefly instrumental in bringing about a favourable issue.

On the 8th of January 1862, a woman, aged twenty, was safely delivered at Hospital Saint-Antoine. On the sixth day after her confinement, she was seized with violent and irregular rigors, which recurred with considerable intensity on the following days. The countenance was much altered, and of a yellowish paleness. The respiration was difficult, the weakness extreme, the pulse 108, the tongue dry, and the thirst excessive. The abdomen was tympanitic, and slightly tender on pressure in the neighbourhood of the womb. Fifteen grains of sulphate of quinine were exhibited in the course of the day, in several small doses. On the third day, the 17th of January, red patches appeared on the skin, and beneath these, abscesses formed on the inner side of the wrist, and at the lower and inner part of the calf of each leg. These tumours were opened with the knife, and gave issue to healthy pus, thus clearly establishing, in Mr. Woillez's opinion, the existence of puriform absorption. He, therefore, discontinued at once the quinine, and prescribed tannin as follows:

℞ Acid. tannici, gr. x.;
Mucilaginis, q. s. M.

Divide into four pills, to be taken in the course of the day in two doses, with food.

These pills, together with bark-wine and generous diet,

were uninterruptedly persevered in for upwards of three months, on account of the formation of fresh abscesses, one at the left ankle, preceded by shivering and local pain, which, for a fortnight, prevented any movement of the foot, another at the back of the right trochanter major, and a third in the vicinity of the left tendo Achillis. Poultices were applied, and an incision performed in each; they healed promptly, the improvement of the patient suffered no further interruption, and she was dismissed after four months' illness on the 3rd of May in a perfectly satisfactory condition.

In this case, Mr. Woillez also met with a momentous complication, in the shape of inflammation of the left lung, characterised by dulness on percussion, tubar respiration, bronchophony, and abundant crepitus. This pneumonia, usually considered as of the worst augury in puriform absorption, promptly yielded to the application of a blister to the chest, and if we reflect on the unusual rapidity of the cure of the pulmonary inflammation, and on the even more speedy cicatrisation of the external abscesses after incision, it is difficult to avoid coming to the same conclusion as Mr. Woillez—viz., that these remarkable results must be attributed to the beneficial agency of the tannin.

As it is possible, however, that in this instance Mr. Woillez may have had to do merely with a coincidence, it is proper to postpone forming an opinion on the efficacy of the remedy until it may have been fully demonstrated by further experiment. It must especially be remarked, that the tannin is recommended as a remedy for puerperal metro-peritonitis, a disease in which Dr. Hervieux has shown that the remedies are utterly worthless. Mr. Woillez conceives, on the contrary, that of these two cases, that tannin especially counteracts the phlebitis, and the pyæmia unconnected with peritonitis when the pain on pressure is insignificant, and when no [illegible] exists, denoting extensive inflammation of the abdominal serous membrane.

ART. 6282. EFFICACY OF ALKALINE MEDICINES IN RHEUMATIC FEVER.—This system of treatment, new to French practitioners, has been for some years the object of serious inquiry in England, and Mr. Jaccoud, who describes it in the last number of the *Gazette Hebdomadaire*, has resorted to the method with results sufficiently favourable to induce others to give it a trial. Dr. Golding Bird, Dr. Garrod, and Dr. Dickinson, are the three British physicians who have bestowed most attention on the subject. Dr. Garrod indifferently employs the bicarbonate of potash or of soda, while Mr. Dickinson combines the use of the acetate with the exhibition of either of the two other alkaline bicarbonates. A paper recently communicated by the latter gentleman to the Medico-Chirurgical Society, states that the doses prescribed oscillate between half an ounce and an ounce and a half in the course of the day, the amount of the bicarbonate being usually double that of the acetate; for instance, half a drachm of acetate of potash and one drachm of bicarbonate of soda every four or six hours, these salts being usually exhibited in a weak solution of acetate of ammonia. Forty-eight cases of acute rheumatic fever were thus treated at St. George's Hospital, and in order to secure reliable results, no other medicines whatever were administered. The average continuance in hospital of this series of patients was twenty-five days, and in one instance only did the heart appear to participate in the disease, and that in a very slight degree, the only symptom observable being a systolic souffle, which supervened during the first twenty-four hours, and promptly disappeared. Previously to Mr. Dickinson, Mr. Garrod had noted a marked abbreviation of the duration of the affection, under the influence of this mode of treatment, and he met with only three instances of cardiac complication out of twenty-four. This is assuredly a satisfactory proportion, especially when compared to the statistics of Messrs. Bouillaud, Bamberger, and Friedreich; but Mr. Dickinson's returns are even more favourable, a circumstance which that practitioner places to the credit of the combination of the acetate with the bicarbonate of potash. The facts hitherto observed imply, therefore, that the exhibition of alkaline salts shortens the average duration of acute rheumatic fever, and by diminishing the frequency of cardiac complications reduces to the minimum amount the chances of immediate or subsequent peril. The influence of the medication on the return of the attacks, on their comparative gravity, and on the general evolution of the disease requires some further elucidation.

The question of doses is an important point in Mr. Dickinson's memoir. In small or moderate doses (from two to four drachms, for instance), the alkaline salts display but little efficacy with regard to the general duration of the symptoms, or to the frequency of heart complications. The efficient doses, as we have stated, vary from four to twelve drachms, daily.

Mr. Jaccoud has tested this treatment at Hospital Beaujon, in five cases of rheumatism, prescribing for each of the first two days five drachms of bicarbonate of soda, and gradually increasing that amount to eight and ten drachms, which were persevered in so long as the feverishness persisted. The medicine was dissolved in two pints of infusion of dog's grass (*Chiendent*), and taken in the course of twenty-four hours.

"So early as the third day," says Mr. Jaccoud, "we observed a notable diminution in the feverishness, very different from the sudden slackening of the pulse, and the formidable collapse occasionally induced by large doses of nitrate of potash. The frequency of the pulse fell by degress, and the body returned gradually to its normal temperature; we were, however, most forcibly struck with one phenomenon—viz., the prompt diminution, not the disappearance, of pain."

We may conclude from these remarks, that although the alkaline treatment may have no claim to be viewed in the light of a specific curative method of rheumatic fever, still it may be resorted to with a degree of confidence not diminished by the fact of its perfectly innocuous and inexpensive character.

ART. 6283. DIFFICULT PARTURITION CAUSED BY THE SHORTNESS OF THE UMBILICAL CORD.—Baudelocque asserts that the shortness of the cord can cause no serious complications in labour, and yet when it is extreme, it may give rise for both mother and child to certain risks, which are remarkably illustrated in a case related by Dr. Aubinais, in the *Journal de la Société de Médecine de la Loire Inférieure.*

A lady residing in the City of Nantes, whose previous accouchement had presented no peculiarity, had been thirty hours in labour; the head presented, complete dilatation of the os uteri was effected, the liquor amnii had escaped, uterine action had set in with energy, and yet delivery was postponed. Dr. Rouillard, who was in attendance, was led by the following circumstances to suspect unusual brevity of the umbilical cord: during contraction a sensation of painful dragging was experienced at the fundus uteri, and at the same time, while the head of the fœtus progressed, the womb seemed to assume the shape of a hollow cup. At the conclusion of each uterine effort, the head re-ascended, and the depression of the womb ceased to be perceptible.

Mr. Rouillard for twenty-fours hours trusted to the efforts of nature; but at the expiration of that interval as labour was stationary, he called in his son-in-law Dr. Aubinais, who at once resorted to the use of the forceps. The instrument was promptly applied, but after a few tractions, the patient screamed and complained of violent pain in the fundus uteri. The tendency to inversion was now evident, but Messrs. Rouillard and Aubinais, nevertheless, persevered in the course they had adopted, resolving at the same time on immediate reduction of the viscus, if inversion followed their efforts. Mr. Aubinais, therefore, resumed his methodical tractions, to which he imparted somewhat greater power, when suddenly the resistance ceased, and as the vulva was expanded, the head was extricated with the utmost ease. The cord had given way at about an inch from the navel; some slight hæmorrhage followed, but as the child showed signs of vitality, a ligature was applied, only when respiration was regularly established. The womb was found to be partially inverted. The after-birth had descended into the vagina, and after its removal, copious flooding took place, causing imminent syncope. Mr. Aubinais inserted his hand into the uterus, and met with a vuluminous spheroid, formed by the inverted portion of the organ. He gently reduced the protrusion by

pressure with the fingers, and this untoward circumstance had no evil result beyond compelling the patient to keep her bed for three weeks. The total lenghth of the cord was under eight inches, and the history of the case shows that Baudelocques opinion as to the insignificance of the brevity of the cord as a complication of labour, is of too general and sweeping a character.

PRESCRIPTIONS AND FORMULAS.

ART. 6284. CHRONIC DIARRHŒA; EFFICACY OF RAW MEAT.—Several little girls were lately pointed out to us in Mr. Bouchut's wards, suffering from obstinate diarrhœa, for which he exhibits raw meat as a remedy. Thus we noticed in St. Margaret's ward, a child aged seven, who had been admitted into the hospital for diarrhœa of long standing; trisnitrate of bismuth had unavailingly been resorted to. Mr. Bouchut pronounced the case to be one of chronic enteritis, unconnected with tuberculosis; he prescribed every day two ounces of raw meat, and on the third day, the dejections became solid. Another little girl, aged twelve, lying in the same ward, passed five or six liquid motions in the day; all the remedies resorted to had failed in checking the intestinal relaxation, and the child was much emaciated. In this instance also, two ounces of raw meat were prescribed each day, and in the course of three weeks, the patient recovered her strength, and all the outward appearances of health.

The nurse of the ward, an extremely intelligent person, exhibits this somewhat repulsive description of food, sometimes in the shape of balls rolled in salt or sugar, according to the child's fancy, or as a sandwich between two pieces of bread covered with butter or jam. The little patients are thus easily persuaded to take this pulp, the taste of which is not disagreeable.

ART. 6285. LOCKED-JAW; EXTRACT OF INDIAN HEMP.—In the same ward, we also observed the sad case of a little girl, three years of age, who was suffering from idiopathic tetanus. Instances of this kind are not common in France; the disease had been ushered in by spasmodic contraction of the maxillary muscles, and the stiffness when we saw the patient was gradually extending to the neck and trunk; the eyes were convulsed, and respiration impeded.

It is not probable, that Mr. Bouchut's efforts will succeed in averting a fatal issue, but we will state for the information of our readers, the manner in which it was his intention to exhibit Indian hemp.

℞. Extr. Cannabis Indiæ, ʒj.;
Alcohol, ʒj. ♏.

Introduce every hour from five to ten drops of the tincture into the throat, by means of a slender tube.

Cannabis indica is a powerful sedative of tetanic contraction; when convulsive action is connected with meningitis, it would, of course, be inappropriate and inefficacious.

ART. 6286. SYMPTOMS OF INTESTINAL OBSTRUCTION, RESULTING FROM CONSTIPATION; EFFICACY OF STRYCHNIA AND NUX VOMICA.—In a debate on intestinal obstruction at the *Société Médico-Pratique de Paris*, Mr. Homolle remarked that it was requisite in this disease to endeavour to remedy this constipation by all possible means, even when the presence of a tumour, not of a stercoral nature, has distinctly been ascertained. When aperients have failed, the practitioner should have recourse to stimulants calculated to call into action the muscular structure of the intestine. In two cases of obscure origin, sufficiently serious to suggest the propriety of the formation of an artificial anus, the necessity for this hazardous operation was averted by the following prescription:

℞ Pulv. strychniæ, gr. ½;
Pulv. nucis vomicæ, gr. jss.;
Magnesiæ calcin., ʒij. M.

Divide into ten powders; one powder to be taken on the first day, two on the second, and three on the third day. In both instances the functions of the intestine resumed their activity, and the symptoms of obstruction disappeared altogether.

ART. 6287.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—Mr. Boudin's memoir on the perils of consanguineous marriages has called forth other communications on the same subject, amongst which we must notice a letter from Dr. Brochard, physician to the Deaf and Dumb Asylum of Nogent-le-Rotrou.

This gentleman, who writes on the 7th of July, states that during a period of fifteen years, fifty-five children, deaf-mute from birth, have been admitted into the institution; fifteen of these subjects were the offspring of marriages between first cousins, and the parents of one were second cousins. Mr. Brochard is further acquainted at La Ferté-Bernard (Sarthe) with a family consisting of eight children, four of whom are deaf-and-dumb from birth, and all are the issue of marriages between first cousins.

The case presents, moreover, this very singular circumstance, that the birth of a deaf-and-dumb child has always alternated with that of a child endowed with the sense of hearing and subsequently of speech.

Of the sixteen deaf-and-dumb subjects at Nogent, but two are only children. One of them, an extremely intelligent girl, an only daughter, is also affected with congenital hemeralopia. The others have brothers and sisters generally healthy and intelligent. One, however, has a deaf sister, and another a deaf-and-dumb brother.

The parents are all healthy people of sound constitution. Their own precedents, or those of their relatives, could in no wise suggest the probability that they would give birth to deaf-and-dumb children. In all these cases, therefore, Mr. Brochard opines that the relationship existing between the parents is the only tangible cause of the deaf-muteness of the offspring

As we have before stated, however, this opinion has been controverted, and in addition to Mr. Child's paper, two communications, one from Mr. Sanson, the other from Mr. Isidore, the chief Rabbi of the French Israelite Consistory, have reached the Academy, calling into question the views advocated by Messrs. Devay, Boudin, and Brochard.

Mr. Sanson merely adduces his own testimony in support of the facts favourable to the results of consanguineous intercourse of domestic animals, brought forward by Mr. Child. Mr. Isidore's object is to confute certain parts of Mr. Boudin's line of argument, from which it would appear that deaf-muteness in the Israelite population is a frequent consequence of the toleration of consanguineous marriages by the Mosaic law.

"This law," says Mr. Isidore, "permits intermarriages between uncles and nieces; but they are prohibited by the civil law, and dispensations are obtained with considerable difficulty. Alliances between cousins are allowed in all countries with the slight differences of canonical objection, which can always be raised without trouble.

"I am not in possession, any more than Mr. Boudin, of perfectly trustworthy and unexceptionable data, as to the total amount of the Israelite population in France; but in our Paris congregation, which amounts to 25,000 souls as the lowest computation, I assert that it would be impossible to find four deaf-and-dumb individuals, Some few weeks since, three were inmates of the Institution of the Faubourg St. Jacques. Two only now remain, both natives of Bordeaux; the third belonged to Rhenish Prussia.

"In general, 100,000 Jews are supposed to be disseminated over the French Empire. Now, if we take as a basis the proportion existing at Paris, we find that all France would barely supply us with twelve or fifteen deaf-and-dumb Jews, a figure very different from that brought forward by Mr. Boudin.

"I do not profess to understand the statistical returns of Dr. Liebreich, of Berlin, who, in a population of 10,000, asserts the existence of twenty-seven deaf-and-dumb subjects (*a*); still less can I account for Dr. Elliotson's strange

(*a*) The figures are not 27, but 2.7.

assertion that in no country is to be found so large a number of cases of squinting, stammering, &c., as in England. These opinions appear to me to be unfounded, and until a satisfactory demonstration of their correctness has been brought forward, I take the liberty of rejecting them *in toto*.

"I am perfectly aware that Mr. Boudin, Mr. Elliotson, and Mr. Liebreich, speak only in the interest of science, and that their intentions cannot be suspected; but these appreciations, especially in the case of the Jews, are not without some danger, and I consider it my duty to point out inadvertencies which might have injurious effects. I do so with entire respect for Mr. Boudin's personal and scientific character."

Academy of Medicine.—Mr. Reybard, of Lyons, read a paper in which he strongly recommends the *continued* or *Glover's* suture in wounds of the abdomen and intestines.

Mr. Reybard begins the suture by securing one end of the thread by a knot including a very minute portion of one of the lips of the wound, and sews up the whole track of the division by stitches placed as close to each other as possible. They are tightened in such a manner as to cause the thread to disappear altogether, and he cuts the extremity of the thread on a level with the wound. The suture is, after a very short interval, followed by plastic exudation, which causes adhesion of the intestine with the adjacent serous surface, and effectually protects the injured part. The threads fall away into the bowel in the course of ten days or a fortnight, the false membranes are gradually absorbed, and when cicatrisation has taken place, it would often be difficult to point out the precise situation occupied by the injury.

It would appear from Mr. Reybard's experiments, that whatever mode of suture be employed, nature effects the union by apposition of the lips of the wound.

The serous surfaces artificially placed in contact with each other by the surgeon, remain but a short time in this position; the connecting adhesions disappear, and the edges of the wound at first protrude into the intestinal cavity, but soon return to their natural situation and unite in a direct manner with each other.

Apposition of the lips of the division is, therefore, according to Mr. Reybard, the natural and inevitable mode of cicatrisation; he, therefore, prefers the Glover's suture, the simplest of all the procedures recommended, and one which immediately effects the result which sooner or later must be produced.

The continued or Glover's suture is applicable, whether the breach in the intestine be small, or the whole cylinder of the bowel be divided, and may therefore be considered an effective substitute for every kind of artificial invagination.

When the injured intestine protrudes through the external wound, the difficulties of reduction may be decreased by closing with a few ligatures a portion of the aperture in the abdominal wall, if its extent be too considerable. The perils of laborious reduction, and of the manipulation of the intestine, should not, however, be exaggerated. The author relates in illustration the history of a case of severe abdominal injury, in which the protruding intestine, wounded in two separate places, was reduced eight hours only after the accident, and with much effort and pressure; yet the patient recovered. Mr. Reybard then dwells on the effects of the contact of air with the peritoneum, which he does not consider to be so injurious as authors have asserted. The bowel, when exposed, and not strangulated, instead of becoming the seat of inflammation and gangrene, is soon protected by a sort of cicatricial sheath, continuous with the integument, which assumes, after a time, some of the characters of the latter. The gravity of traumatic peritonitis is neither due to the contact of air, or even to the violence of the inflammatory action, but solely to the passage of the gaseous or liquid contents of the intestine into the abdominal cavity. Peritonitis caused by the mere contact of air with the serous membrane materially differs in its progress, symptoms, and morbid secretions, from peritoneal inflammation of idiopathic origin, or consequent on intestinal incarceration. These remarks, together with the innocuous character of the suture, sufficiently justify, in the author's opinion, the surgical treatment he recommends for wounds, for which practitioners in general prescribe only internal remedies, of no avail for the preservation of life. One of the arguments which he conceives to be most favourable to the course he advocates, is that abdominal wounds usually occur in young and vigorous individuals on the field of battle, or after duels or affrays. In general, therefore, the age and constitution of the subjects will be found such as promote in the highest degree the success of all surgical procedures, and, *à fortiori*, of a form of surgical interposition not liable in any way to aggravate the perils of the injuries it is intended to remedy.

— Dr. Buez, an Assistant-Surgeon attached to the Expeditionary Force in Mexico, forwarded an interesting letter on the subject of Yellow Fever.

Mr. Buez has, during the last months, witnessed the progress of that disease at Vera Cruz, and he conveys his impressions as follows, to Mr. Michel Lévy.

"In a city so unhealthy as Vera-Cruz," says he, "yellow fever prevails throughout the year in a sporadic manner, but the well-known period at which it annually resumes an epidemic type, is from May to September, with varying degrees of violence. This year, the scourge began its depredations so early as March, and it is, perhaps, reasonable to attribute this irregularity to the foreign occupation. The Spaniards were the first victims, and although thanks to a protracted residence at Havana, many appear now to be seasoned, they were very severely tried.

"The fever was in general moderate, but accompanied by a general tendency to adynamic symptoms.

"The patients, when admitted to hospital, complain at first of violent headache, pain in the back, and a sense of general lassitude in the extremities. This apparently insignificant train of symptoms is, however, characteristic of yellow fever The fever usually lasts from twenty-four to forty-eight hours; if it perseveres beyond this time, without any remission, the case may be viewed as extremely serious. Vomiting soon sets in, at first of bilious matter, but soon of a dark-coloured substance, and death follows without pain or consciousness. If on the third, fifth, or sixth day, the feverishness subsides, the patient falls into a very low, adynamic condition, and his countenance closely resembles that of a person affected with typhoid. A few cases of this kind have recovered, but it was found extremely difficult to restore strength; the convalescence was indefinitely protracted.

"The progress of the disease is not unfrequently treacherous. Many patients died without having presented the three principal inauspicious features of the affection—viz., vomiting, icterus, and suppression of urine."

The treatment adopted this year chiefly consisted in the exhibition of purgatives, a method much recommended by Mr. Belot, of Havana. Aperients, and especially castor oil, are exhibited from the first, and frequently repeated; tea is prescribed as a diaphoretic. The supply of ice unfortunately failed almost altogether, and ether and effervescent drinks are inefficient substitutes to check the vomiting. Blood-letting was very sparingly resorted to; indeed, depletion produced no good effects even on plethoric subjects.

Up to May 31, the mortality had been 22 per cent.

— The President then requested Mr. Nélaton to read the speech he had delivered at Lyons, as the Representative of the Academy, on the occasion of the solemn inauguration of the statue of Bonnet. We reproduce *verbatim* this oration, in which the useful labours of the late illustrious Professor are reviewed and estimated with equal justice and conciseness.

. . . . . .

"In France," says Mr. Nélaton, "wit is essentially popular, and too often exercised at the expense of judgment and generosity; it is the fashion, for instance, to turn academical institutions into ridicule, and to charge them, if not absolutely with ignorance, at least with addiction to prejudice and hostility to improvement. Heaven forbid that I should attempt to represent them as entirely free from error. Critics endowed with more respect for truth than love for sarcasm must, however, acknowledge that academies always receive with favour conscientious communications, whatever their origin, and encourage above all original inquiries, so long as originality

does not outstep the limits at which it must receive another name.

"Such being the qualities held in highest esteem by academies, it was easy to foretell that they would not fail to take Bonnet into favour; endowed with a singular degree of sagacity, with indomitable industry, and untiring perseverance, of a most hopeful and earnest disposition, and at the same time, a man of remarkable prudence and reserve, Bonnet necessarily met in the academies with the most cordial and flattering encouragement.

"He felt beforehand that such would be the case, and so great was his confidence in their judgment, that shortly after the conclusion of his studies, and yet already Surgeon-in-Chief elect of the Hôtel-Dieu of Lyons, he forwarded in 1835 to the Academy of Sciences, a first memoir which eloquently shows his ardent progressive tendencies, and his deep faith in the power of surgical art.

"Surgery had but recently achieved one of its most glorious conquests over disease and pain; for an operation appalling in its preparations, and often fatal in its results, a method had been substituted, which in the simpler instances of its application, scarcely deserves the name of operation. Yet Bonnet's generous ambition remained unsatisfied even with this immense progress; he aspired further, and sought for the means of replacing crushing by liquefaction of the stone. His attempt proved abortive, and others which have followed in the same track, have been equally unfortunate; but it will remain as a profitable example, calculated to encourage and inspirit future investigators, who will be enabled to reply to those who believe the discovery of a solvent for vesical calculus to be a dream, that a pathway pointed out by such a man as Bonnet, cannot be without an issue.

"Previously to this first communication, Bonnet had published several useful papers, with the co-operation of his eminent master, Professor Trousseau, whose friendly support and useful advice never failed him.

"From the year 1835 he continued to follow his own peculiar bent with indefatigable perseverance. Not a single year elapsed without his forwarding to the Academies and the scientific periodicals, some new communication, the most unimportant of which embodied a useful and sometimes a prolific idea. I do not intend, gentlemen, to allude to all Bonnet's labours, but I must at least notice their general and leading characteristics. . . . . His chief object was the relief of suffering humanity. . . . . Like all Medical men equal to their calling, Bonnet's constant pre-occupation was to contend with human infirmity. This was his first thought; it pervaded all his works; in the second place, he addressed himself invariably to those infirmities which are the most serious, the most obstinate, and have hitherto baffled all the efforts of art.

"His communication relative to the liquefaction of vesical calculi, was followed by another on the Radical Cure of Hernia, a problem which the most eminent surgeons have endeavoured fruitlessly to solve.

"Palliative remedies, and unavailing methods only, had hitherto been applied to the treatment of varicose veins. Bonnet determined on discovering a system of radical cure, and more fortunate here in his researches, than in the case of hernia, he not only succeeded in curing varicose dilatations supposed to be beyond the resources of treatment, but also laid the foundation of that method of cauterisation to which, at a later period of his life, he gave such immense extension. The surgical applications of sesquichloride of iron, another great conquest due of the Lyons' School, has of course much restricted the use of cauterisation in the treatment of varicose veins, but the important discovery of Pravaz does not lessen the credit due to Bonnet, and cauterisation still preserves a considerable degree of importance in the management of several diseases of the venous system.

"He next addressed himself to puriform absorption, and his researches on this point will doubtless be productive of fruitful results, for which we shall be indebted to his original investigations.

"The desire of conquering difficulties supposed to be insurmountable, again induced Bonnet to inquire into the means best calculated to prevent the return of a terrible disease, cancer, when an operation has been judged necessary for its removal.

"In this the Lyons Professor was unsuccessful, but he made ample amends for his failure by the publication of his extensive work on articular diseases, a magnificent production, in which shine all the qualities of his inventive, ingenious, and penetrating mind, and which alone would establish his title to be considered a surgeon of the highest order. Here, again, Bonnet's genius addresses itself to affections which before were generally incurable; by persevering inquiry, he detected the cause of the habitual failure of the surgeon, and conceiving that the condition of the diseased joints, serious in itself, was further aggravated and maintained by the improper attitude imparted to the limbs, he determined on removing this first cause of the evil. Struck with the fact that the slightest movement occasioned excruciating pain, he established as a principle the absolute immobility of the joint, and, with a view to its application, invented a series of mechanical contrivances which might awaken the jealousy of the most skilful and ingenious mechanist; at a later period, he associated cauterisation with immobility, thus contending with defective nutrition after having conquered pain.

"This was not enough; a cure of the joint being effected, it is necessary to restore its movements. For this purpose, taking advantage of the highly useful distinction of elemental and general movements, he imagined and reduced to a system a series of operations, which occasionally permit the surgeon to give back their original flexibility to limbs which articular stiffness, and even apparently complete ankylosis, appeared to condemn to perpetual immobility.

"These works, which I have very insufficiently enumerated, and the leading idea of which I have endeavoured to point out, had been fully appreciated by the Profession at large, and by the Academies. Recompenses were presented to Bonnet: in 1840, he was named corresponding member of the Academy of Medicine; and, in 1854, the Academy of Sciences conferred on him the same title. In 1857, the Academy of Medicine, deeming that the rank of corresponding member was not in harmony with the importance of Bonnet's labours, in token of its esteem, presented him with the title of National Associate.

"Despite the high academical honours thus bestowed on him, Bonnet conceived that his efforts were not sufficiently appreciated—the expression is incorrect, I mean sufficiently popularised, and he determined on being himself their exponent before a Parisian audience. He did me the honour of selecting my lecture-room for the purpose, and I had the gratification of introducing him to my pupils in the course of the year 1858.

"If, at his entrance into the amphitheatre, he had any doubt as to the popularity of his name with the youth of the Paris School of Medicine, he was speedily undeceived.

"Scarcely had I said: 'Gentlemen, I have the honour of presenting to you Professor Bonnet, of Lyons,' when a cheer was raised which must have shown to our illustrious guest that his labours were as popular on the banks of the Seine as on those of the Rhone.

"On the same day, I took leave of Bonnet, little suspecting that we were to meet no more.

"On the following day, in the presence of physicians from all parts of the world, he delivered in my amphitheatre two lectures, which permitted my usual audience to establish a comparison, doubtless unfavourable to the Paris Professor. The Paris Professor was nevertheless happy and proud of the triumph of his colleague, a triumph which supplied one more proof that Paris is jealous of no glory, more especially of that which has been acquired by industry, and is beneficial to mankind.

"This success in no wise cooled Bonnet's untiring activity. Faithful to a fault to the precepts laid down by himself in a remarkable pamphlet on the *Idleness of the Youth of the Opulent Classes*, he returned home, not to enjoy his well-earned honours, but to enter without repose upon a new undertaking, which death alone interrupted.

"I have alluded, gentlemen, but to the smallest part of the remarkable qualities which recommended Bonnet to the esteem, the affection, and the respect of his fellow-countrymen; and yet what I have said would sufficiently explain the consternation which spread over this city on the sad morning of the 1st

December, 1858, a feeling which was faithfully echoed in Paris.

"Great was our sorrow when he was taken from us; now after an interval of nearly four years, and in presence of that statue which will transmit to future generations the beloved and respected image of Bonnet, our melancholy is softened by consoling thoughts; . . . whatever be the goodness or greatness of men they must pass away; but their works, and the recollection of their good deeds remain behind them a valuable inheritance. These works live by their own merits; but the remembrance of good actions fades less in our memory, when the chisel of the artist has fixed in bronze or marble the features of the illustrious dead. This is a truth which seems to be more impressed upon our own than upon preceding generations. Our fathers erected statues but to historical characters; better inspired and more just, we perpetuate in the same manner the memory of useful men. Cuvier, Parmentier, Bichat, Fourrier, Mathieu de Dombasle, Geoffroy St. Hilaire, the Abbé de l'Epée, Gay Lussac, Jacquard, Amédée Bonnet, all have their statues; to-morrow Larrey will have his *(a)*. These noble memorials dispersed over France, are so many good spirits whose mission is to encourage progress and inspire virtue.

"More highly favoured than her sister cities, Lyons from this day can boast of two of these beneficent spirits within the area of her walls, thus giving to the world a great and useful example. Let her persevere in this noble path as she has persevered in the path of industry, and this ancient city, teeming with glorious recollections, which has astonished her rivals by the magic productions of her looms, will, pointing to the statues of Jacquard and of Amédée Bonnet, show how, on the banks of the Rhone, true glory is appreciated, and virtue rewarded.

(a) The City of Tarbes is on the point of erecting a monument to the memory of Larrey.

The Medical Circular.

REGULATIONS OF UNIVERSITIES, &c.

UNIVERSITY OF EDINBURGH.

I. Three Medical Degrees are conferred by the University of Edinburgh, viz., Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.) The Degree of Master in Surgery is not conferred on any person who does not also, at the same time, obtain the Degree of Bachelor of Medicine.

II. The preliminary branches of Extra-Professional Education are English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and the proficiency of students in these branches is ascertained by examination, as far as possible, prior to the commencement of their Medical study.

III. No candidate is admitted to a Professional Examination who has not passed a satisfactory examination on at least two of the following subjects, in addition to the subjects mentioned above:—Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy; and the examination on these latter subjects also takes place, as far as possible, before the candidate has entered on his medical curriculum.

The Examinations under Sections 2 and 3 are conducted by Examiners in Arts, together with some of the Medical Examiners.

IV. A degree in Arts (not being an Honorary Degree) in any one of the Universities in England, Scotland, or Ireland, or in any Colonial or Foreign University, specially recognised for this purpose by the University Court, exempts from all preliminary examination.

V. No one is admitted to the Degree of Bachelor of Medicine or Master in Surgery, who has not been engaged in Medical and Surgical study for four years,—the Medical Session of each year, or *Annus Medicus*, being constituted by at least two courses of not less than 100 lectures each, or by one such course, and two courses of not less than fifty lectures each; with the exception of the Clinical Courses, in which Lectures are to be given at least twice a-week during the prescribed periods.

VI. Every candidate for the Degrees of M.B. and C.M. must give sufficient evidence by Certificates:—

1. That he has studied each of the following departments of Medical Science, during courses of not less than 100 lectures, viz:—Anatomy, Chemistry, Materia Medica, Institutes of Medicine or Physiology, Practice of Medicine, Surgery, Midwifery, and the Diseases peculiar to Women and Children; two courses of Midwifery, of three months each, being reckoned equivalent to a six months' Course, provided different departments of Obstetric Medicine be taught in each of the Courses, and General Pathology, or in schools where there is no such Course, a three months' Course c Lectures on Morbid Anatomy, together with a supplementary Course of Practice of Medicine, or Clinical Medicine; Practical Anatomy, six months, Practical Chemistry, three months; Practical Midwifery, three months at a Midwifery Hospital, or a certificate of attendance on six cases from a Registered Medical Practitioner; Clinical Medicine and Clinical Surgery, during Courses of six months, or two Courses of three months; Lectures being given at least twice a-week; Medical Jurisprudence, Botany, and Natural History, including Zoology, during Courses including not less than fifty Lectures.

2. That he has attended, for at least two years, the Medical and Surgical Practice of a General Hospital, which accommodates not fewer than eighty patients, and possesses a distinct Staff of Physicians and Surgeons.

3. That he has been engaged, for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at the laboratory of an Hospital, Dispensary, Member of a Surgical College or Faculty, Licentiate of the London or Dublin Society of Apothecaries, or a Member of the Pharmaceutical Society of Great Britain.

4. That he has attended, for at least six months, by Apprenticeship or otherwise, the Out-practice of an Hospital, or the Practice of a Dispensary, Physician, Surgeon, or Member of the London or Dublin Society of Apothecaries.

VII. The studies of candidates for the Degree of Bachelor of Medicine and Master in Surgery are subject to the following Regulations:—

1. One of the four years of Medical and Surgical study, required by Section 5, must be in the University of Edinburgh.

2. Another of such four years of Medical and Surgical study must be either in the University of Edinburgh, or in some other University entitled to give the Degree of Doctor of Medicine.

3. Attendance during, at least, six winter months on the Medical or Surgical Practice of a General Hospital, which accomodates at least eighty patients, and during the same period, on a Course of Practical Anatomy, may be reckoned as one of such four years, and to that extent shall be held equivalent to one year's attendance on Courses of Lectures, as above prescribed.

4. One year's attendance on the Lectures of Teachers of Medicine in the Hospital Schools of London, or in the School of the College of Surgeons in Dublin, or of such Teachers of Medicine in Edinburgh, or elsewhere, as shall from time to time be recognised by the University Court, may be reckoned as one of such four years, and to that extent shall be held as attendance on Courses of Lectures, as above prescribed.

5. Candidates may, to the extent of four of the Departments of Medical study required by Section 6, Sub-section 1, attend in such year or years of their Medical and Surgical studies, as may be most convenient to them, the Lectures of the Teachers of Medicine specified in the foregoing Sub-section 4.

6. All candidates, not students of the University, availing themselves of the permission to attend the Lectures of Extra-Academical Teachers in Edinburgh must, at the commencement of each year of such attendance, enrol their names in a book to be kept by the University for that purpose, paying a fee of the same amount as the Matriculation fee paid by the Students of the University, and having, in respect of such payment, a right to the use of the library of the University.

7. The fee for attendance on the Lectures of an Extra-Academical Teacher in Edinburgh, with a view to graduation, must be of the same amount as that exigible by Medical Professors in the University.

VIII. Every Candidate must deliver, before the thirty-first day of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—(1.) A Declaration, in his own handwriting, that he has completed his twenty-first year; and that he will not be, on the day of graduation, under articles of Apprenticeship to any Surgeon or other master:—(2.) A statement of his Studies, as well in Literature and Philosophy as in Medicine, accompanied with proper Certificates:—(3.) A Thesis composed by himself, to be approved by the Medical Faculty.

IX. Each Candidate is examined, both in writing and *vivâ voce*—first, on Chemistry, Botany, and Natural History; secondly, on Anatomy, Institutes of Medicine, and Surgery; and, thirdly, on Materia Medica, Pathology, Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, and Medical Jurisprudence. The Examinations on Anatomy, Chemistry, Institutes of Medicine, Botany, and natural History, are conducted, as far as possible, by Demonstrations of objects placed before the Candidates; and those on Medicine and Surgery in part by Clinical Demonstrations in the Hospital.

. . . . . .

XVIII. The Degree of Doctor of Medicine may be conferred on any Candidate who has obtained the Degree of Bachelor of Medicine and is ot the age of twenty-four years, and has been engaged, subseqnently to his having received the Degree of Bachelor of Medicine, for at least Two Years in attendance on an Hospital, or in the Military or Naval Medical Services, or in Medical and Surgical Practice; provided always that the degree of Doctor of Medicine shall not be conferred on any person, unless it be a Graduate in Arts of one of the Universities of England, Scotland, or of such other Universities as are above specified, or unless he shall, before or at the time of his obtaining the Degree of Bachelor of Medicine, or within three years thereafter, have passed a satisfactory Examination in Greek, and in Logic or Moral Philosophy, and in one at least, of the following subjects—namely, French, German, Higher Mathematics, and Natural Philosophy.

XIX. The Medical Examiners of all Candidates for Graduation in Medicine are the Professors in the Faculty of Medicine, and, in addition, three persons appointed annually by the University Court.

XX. The provisions of these Statutes came into operation on February 4, 1861.

XXI. Persons who began their Medical Studies before February 4, 1861, are entitled to graduate under the system in force before or after that date, according as they may comply with the regulations in force in the University before or after that date.

UNIVERSITY OF CAMBRIDGE.

Chancellor—The Duke of Devonshire.
High Steward—Lord Lyndhurst.
Vice-Chancellor—G. Phillips, D.D.
Registrar—H. R. Luard, M.A.
Professors—Regius Professor of Physic: H. J H. Bond, M.D.
Professor of Chemistry: G. D. Liveing, M.A.
Professor of Anatomy: William Clark, M.D.
Professor of Botany: C. C. Babington, M.A., F.R.S.
Downing Professor of Medicine: W. W. Fisher, M.D.
Linacre Lecturer on Physic: G. E. Paget, M.D.
Lecturer on Surgery and Anatomy: G. M. Humphry, M.D.
Lecturer on Chemistry: G. D. Liveing, M. A.

New Regulations, confirmed Feb. 17th 1859.

For the degree of Bachelor in Medicine.—Five years of medical study are required, with the exception of medical students who have graduated as Bachelors of Arts, in whose case four years of medical study are deemed sufficient.

Of the time required to be spent in medical study, six terms to be spent in the University, commencing not earlier than after the expiration of the first three terms of residence, provided that four terms so spent shall suffice in the case of any B.A. who shall have taken an honour in the Mathematical, Classical, Natural Sciences, or Moral Sciences Tripos.

Two examinations take place for the degree of Bachelor of Medicine. The first examination may be passed by the student after the completion of three years of medical study, and the second after the completion of the course of medical study.

The course of study previous to the first examination consists of one course at least of lectures on each of the following subjects:—Chemistry (including manipulations), Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy; and the practice of dissection during one session at least. The certificates must show that the lectures on Pathology were attended subsequently to those on Chemistry and Human Anatomy and Physiology, and the lectures on Materia Medica and Pharmacy subsequently to those on Chemistry and Botany.

As evidence of medical study in the University, every student is required to produce certificates of diligent attendance in each term on courses of lectures on some two of the following subjects:—Chemistry, Botany, Human Anatomy and Physiology, Comparative Anatomy, Materia Medica and Pharmacy, Pathology; or of diligent attendance in each term on a course of lectures on some one of those subjects, and also on the medical practice of Addenbrooke's Hospital. Certificates to be deemed satisfactory if the lectures be delivered either by a professor of the University, or by a graduate of the University approved by the Senate.

The first examination is in Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology; Celsus, the Aphorisms and Epidemics of Hippocrates, Aretæus on the Causes and Signs of Disease.

Previous to the second examination the student is required to produce certificates of having attended one course at least of lectures on Clinical Medicine, Clinical Surgery, Medical Jurisprudence, and Obstetrical Medicine.

The second examination is in Pathology and the Practice of Physic, Clinical Medicine, Medical Jurisprudence, and the medical treatment of surgical and obstetrical diseases.

The first and second examinations for the degree of M.B. take place each twice annually: first, in the week immediately succeeding that in which the division of the Michaelmas term falls; secondly, in the week immediately succeeding that in which the division of the Easter term falls. The examinations to be conducted principally by written questions and answers.

The candidate for the degree of M.B. is required to produce certificates of having attended hospital practice during three years.

The student of medicine, whether B.A. or not, may be admitted to the degree of Bachelor of Medicine in the eleventh term after the completion of his first term of residence.

The inauguration of Bachelors of Medicine and perfecting of their degree in every year is on the day of the Magna Comitia.

For the degree of Doctor in Medicine.—All persons are required to produce certificates of having been engaged in medical study during five years.

Masters of Arts to produce the same certificates of attendance on lectures and hospital practice, and pass the same examinations, as are required for the degree of M.B.; except persons who have obtained honours in the Natural Sciences Tripos, and passed with distinction the examination in Botany, Chemistry, or Comparative Anatomy. Candidates possessing such certificates will not be required to be examined again in those subjects.

Medical study out of the University will in all cases be understood to mean study at some well-known school of medicine which has been recognised by the Board of Medical Studies.

Royal College of Surgeons of England. — The following are the Hospitals and Schools of Surgery and Medicine from which Certificates of Professional Education for the Fellowship will be received for 1862-63:—Hospitals.—London.—St. Bartholomew's, St. Thomas's, Westminster, Guy's, St. George's, London, Middlesex, University College, Charing-cross, King's College; St. Mary's Paddington. English Provincial.—Bath United Hospital, Bedford General Infirmary; Birmingham.—General Hospital, Queen's Hospital; Bristol Infirmary; General Hospital; Cambridge—Addenbrooke's Hospital; Derbyshire General Infirmary, Devon and Exeter Hospital, Gloucester General Infirmary, Hants County Hospital, Hull Infirmary, Kent and Canterbury Hospital, Leeds General Infirmary, Leicester Infirmary; Liverpool — Royal Infirmary, Northern Hospital, Southern Hospital; Manchester Royal Infirmary, Newcastle-upon-Tyne Infirmary, Norfolk and Norwich Hospital, Northampton General Infirmary, Nottingham General Hospital; Oxford—Radcliffe Infirmary; Salisbury General Infirmary, Salop Infirmary, Sheffield General Infirmary, Staffordshire General Infirmary, Sussex County Hospital, Worcester Infirmary. Dublin.—Richmond, Dr. Steevens's, City of Dublin, Mercer's Meath, Jervis street, St. Vincent's, Adelaide. Irish Provincial.—Belfast General Hospital; Cork—North and South Infirmaries; Galway—County Infirmary and Town Hospital. Edinburgh.—Royal Infirmary. Scotch Provincial.—Glasgow Royal Infirmary, Aberdeen Royal Infirmary. Schools.—London.—St. Bartholomew's St. Thomas's, Guy's, St. George's, London, Middlesex, University College, King's College, Westminster, Charing-cross, Grosvenor place, Kinnerton street, St. Mary's. English Provincial.—Birmingham—Royal School of Medicine and Surgery, Sydenham College; Bristol—Old Park Medical School; Hull and East Riding School of Medicine, Leeds School of Medicine, Liverpool Infirmary School of Medicine, Manchester Royal School of Medicine and Surgery, Newcastle-upon-Tyne College of Medicine, Sheffield Medical Institution, York School of Medicine. Dublin.—Royal College of Surgeons, Trinity College, Apothecaries' Hall, Carmichael School of Medicine, Dublin School of Medicine, Original School of Medicine, Peter street, Cecilia street Medical School, Dr. Steevens's Hospital. Irish Provincial. — The Queen's Colleges of Belfast, Cork, and Galway, the several Schools recognised by the Royal College of Surgeons in Ireland. Edinburgh.—University. Scotch Provincial.—Glasgow University. Aberdeen. — King's College, Marischal College, and University. The several Schools recognised by the Royal College of Surgeons of Edinburgh. Schools and Hospitals in the British Colonies.—The Medical Colleges of Bengal and Madras, the Grant Medical College of Bombay, the Church University of Toronto, Melbourne Hospital, Australia. In Foreign Countries.—Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelburg, Bonn, Gottingen, Wurzburg, Leyden, Liege, Pavia, Pisa, Stockholm, Copenhagen, New York, Philadelphia Harvard University, Boston.

(Continued at page 223.)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 24, 1862.

THE SCHOOLS.

Five hundred youths will arrive in London this session to enter upon the study of medicine. In every instance, probably, the School or Hospital has been already selected, and any advice we could give, therefore, upon the merits of the several Schools, would be of little practical purpose. Some Hospitals are distinguished above others for opportunities of studying particular departments of the profession; the London Hospital, for example, is particularly strong in surgery; Guy's is well known for its museum; and St. Bartholomew's offers a good field for the cultivation of all branches of medical science. Then, again, particular men give celebrity to particular Hospitals, as Fergusson to King's College, and Erichsen to the North London. St. Thomas's has established a new claim to the choice of students by its situation in the Surrey Gardens, which certainly offer a more agreeable and salubrious arena for study than the over-crowded localities in the centres of which many of the other Hospitals are placed.

Wherever he enter, the student must give himself heartily to his work. Let him learn practically. If he be attending the Materia Medica class, let him examine the drugs themselves; if the anatomical class, let him be unceasing in his dissections. The Practice of Medicine and Surgery cannot be learned from books, but must be studied at the bedside. Let him be quite sure of this. He may learn curt answers to curt questions from manuals, but he cannot learn disease as a fact by poring at night over those treacherous aids to study. It is easy to conceive that a man may write a very fine manual, and yet be quite ignorant of practical medicine; so also a youth may learn every word that the other has written, and yet not be able to diagnose a disease when he sees it. Be then a diligent attendant in the dissecting room, the wards, and the dead-house, where alone the science and art of Medicine can be effectually acquired.

There is now too much lecturing; but this the student cannot help; he must therefore turn to the best account the opportunities that offer, and conscientiously apply himself to the pursuit on which he has entered.

IS ALCOHOL FOOD?

The question put in this heading is now exciting grave interest, not only among the Profession, but also among the public. We find the newspapers discussing it, and endeavouring to enlighten their readers upon the physiological arguments which it involves; yet the Profession itself is divided in judgment, and opinions the most contradictory are expressed upon the subject. Dr. Inman read a paper at the recent meeting of the British Medical Association, in support of the view that alcohol was food; on the other hand, Mr. Higginbottom read another paper at the same meeting to show that alcohol was not much, if any, better than a poison. Between two such authorities who shall decide?

Mr. Higginbottom says: "It is now generally admitted that alcohol is not an aliment; and from daily observation for more than half a century, I do not consider it a medicine in the true sense of the word." We think that Mr. Higginbottom jumps at his conclusion when he complacently assumes that "it is now *generally admitted* that alcohol is not an aliment," and this week we report the case of a patient who, the writer states, "took no food whatever" for some months before her death, except such as she derived from inordinate quantities of alcohol and laudanum. Then as to alcohol being a medicine, Mr. Higginbottom denies its claim to be so called, because the term medicine is "derived from 'medeor' to cure," and during his "long practice he has not known or seen a single disease cured by alcohol." This is a specimen of the *de*ductive mode of Medical inquiry that is not likely, we think, to prove very satisfactory.

These quotations show that Mr. Higginbottom has very strong opinions upon this subject,—opinions derived from a long and successful practice. He says,—speaking of the prevalence of typhoid fever in a village in Derbyshire,—"it was observed that a number of the rich died, who had been treated with the *artificial* stimulus of wine, and that the poor lived, who had little else but natural stimulants, pure air, pure water, and simple diet. The fact was so apparent that it was a saying in the villages, "The Doctors were blamed for killing the rich, and the Almighty praised for curing the poor!" It is an equally remarkable fact as reported to us by Dr. Letheby, that typhoid fever, which has been unusually prevalent this summer in the City of London, has been fatal chiefly among the rich or well-to-do classes. Some years since, our attention was drawn to the comparative mortality among poor fever patients, deprived of all domestic comforts and kept on a minimum dietary of which alcohol formed no part, and others supplied with all the stimulants which modern science deems necessary for their cure, and the advantage was so obviously in favour of the first description of patients, that we were both surprised and puzzled by the results. So far these observations confirm Mr. Higginbottom's, but still the general question of the action of alcohol in the animal economy remains to be settled.

We hope that this investigation will be carried out both physiologically and practically, by competent and unbiassed men, so that we may have some definite and reliable conclusions presented to us for our guidance at the bedside.

SUMMARY OF THE WEEK.

THE ASSOCIATION JOURNAL.

We are glad to perceive that the Editor of the Association's print has ceased from his vulgar abuse of the 'Lancet' and ourselves, because, forsooth, in the interests of legitimate medical journalism, we chose to remind the members of that body of a few plain truths. Now that this pugnacious Editor has cooled down a little, let us admonish him that nothing shows the weakness of a cause so much as calling names, and nothing is more ungentlemanly. We can overlook a great deal in a man who is, as it were, fighting for the support of a cause which involves his daily bread, but no excuse can be found for one in the position of a gentleman using low language and the weapons of the low. To abuse a triumphant attorney in a failing lawsuit is an old dodge, and we suppose our contemporary thought it might succeed in a medical difference; but we question whether any one of his many masters can approve of his conduct—no gentleman can. Plain, straightforward truths have been revealed to the members of the Association generally; unpalatable they may have been, but not one has been, or can be, refuted. The Association at this moment is insolvent. If it were to wind up its affairs to-morrow, the hat must go round for contributions to pay its debts. It had not, at the last meeting, 1,500 subscri-

bing members, though 2,000 names might have been on the books. Sir Charles Hastings candidly stated that there were 500 defaulters who neither would nor could be made to pay their subscriptions. The journal is a joint-stock speculation, in which every member is a partner, and is individually liable for its debts. But he can be reached only through the Court of Chancery. One gentleman, on being reminded of his responsibility, and that the printer, or even the editor, could sue him at any time for any claim he might have on the Association, took fright, and sent in his resignation *instanter*. We suspect that many more will do the same, when they become aware of their liability. Notwithstanding the assertions of the Journal to the contrary, we say emphatically, the Association is rotten at the core. Sir Charles Hastings never hesitates to admit that without the Journal it would cease to exist, and with the Journal they are getting deeper and deeper into debt. The hat will soon have to be sent round again, and if it return empty, the aid of the Court of Chancery will be sought under the powers of the Joint-Stock Winding-up Act, unless Sir Charles will benevolently put his hand in his pocket, and pay off the deficiency.

A REMARKABLE OPERATION FOR OVARIOTOMY.

Considerable excitement has been caused in metropolitan circles by the occurrence of an accident of a very remarkable nature in connexion with an operation for ovariotomy. A woman was admitted into St. George's Hospital for an ovarian tumour, which had existed for about nine months. She had been tapped twice, and had aborted once between the tappings. Under these circumstances, Mr. Pollock determined to perform the operation of ovariotomy. He made the usual incision, discovered a multilocular tumour, tapped the largest cyst, and having tied the pedicle with two ligatures, one of wire and the other of whip cord, severed it and removed the tumour. So far well. But there happened to be another tumour. The operator saw it, handled it, and made up his mind to remove that too. He accordingly tapped it, and to his astonishment there flowed forth some clear fluid and venous blood. The startling fact was then apparent that the operator had tapped the uterus! A further examination proved that it contained a dead fœtus. Of course the operation was not carried to the usual conclusion; the wound was closed, and the operator formed a very serious prognosis. His fears were justified, for the woman aborted on the same evening, gradually sank, and died during the second night.

It is needless to say that this unfortunate accident has created an abundance of talk, and is likely to occupy a memorable place in the history of ovariotomy. The wonder is, not that the fact of pregnancy was not diagnosed previous to the operation; for such an oversight might easily occur in the early months of gestation; but that after the tumour was removed and the operator had the womb under his eye and hand, he could not distinguish that important organ. Bystanders at such operations will in future cry, "Look out for the uterus!"

HOSPITAL STATISTICS.

The Council of the Statistical Society have undertaken the duty of collecting and arranging the medical statistics of the London Hospitals, and have published in the 'Statistical Journal' the results of their first year's labour. We find that the total number of the in-patients treated in all the Hospitals during the year was 35,506, and that the average rate of mortality was 9.5 per cent. There was a great difference, as we have pointed out on a previous occasion, between the death-rate of the medical and that of the surgical cases, the average in the former cases being 12.9 per cent., and in the latter only 5.6 per cent. The several hospitals, however, exhibit very different rates of mortality, the average among medical cases at St. Bartholomew's being so high as 18.7 per cent., St. George's 10.9, and the Metropolitan Free only 7.9. It is very important to know the causes of this difference of mortality. What has treatment or dietary to do with these results? Or is it exclusively due to the class of cases received? We append a table of the death-rate at each of the Hospitals for 1861:

	Per cent.
St. Bartholomew's	10.7
Guy's	9.4
St. Thomas's	9.7
London	8.4
St. George's	8.3
Middlesex	11.7
St. Mary's	10.1
Westminster	9.6
King's College	10.7
University	11.2
Royal Free	6.0
Charing-cross	8.3
Metropolitan Free	6·8
Great Northern	8.2

REGULATIONS OF UNIVERSITIES, &c.

(Continued from page 221.)

UNIVERSITY OF DURHAM.

Warden—The Venerable Charles Thorp, D.D., F.R.S.
Reader in Medicine—Denis Embleton, M.D., F.R.C.S.
Lecturer in Chemistry—T. Richardson, M.A.
Registrar—The Rev. T. Chevallier, B.D.

Students who matriculate are enabled to proceed to a licence in medicine, and then to the degrees of Bachelor and Doctor of Medicine and of Master in Surgery.

Regulations relating to Medical Students, passed in Convocation, in Easter Term, 1861.

1. No one shall be held to be a student in medicine who has not been registered in a register kept for that purpose. No one shall be so registered unless he has passed the registration examination, or such other examination as the Warden and Senate shall deem equivalent.

2. No grace for a licence in Medicine shall be granted, unless the petitioner is of the age of twenty-one years, has spent four years in medical study since his registration at one or more of the following places—namely, Durham, Newcastle-upon-Tyne, or in some other medical school approved by the University, and has passed two public examinations. No one shall be admissible to the first and second of these examinations unless he has spent four years at least in medical study as above prescribed. No one shall be admissible to either of these examinations unless he has produced satisfactory testimonials of conduct, and such certificates of attendance on Lectures and hospital practice as the Warden and Senate shall require.

3. No grace for the degree of Bachelor in Medicine shall be granted, unless the petitioner is a Licentiate in Medicine, and is of the standing of twenty-one terms (seven years) at least from the date of his registration or matriculation. No one, who is not a Bachelor of Arts, shall be admissible to the degree of Bachelor of Medicine, unless he has kept three terms by residence at Durham, and has passed both the final examination for the degree of Bachelor of Arts, or an equivalent to it, and also the examination for the degree of Bachelor of Medicine. The Warden and Senate shall have authority to arrange for medical students an examination equivalent to that for the degree of Bachelor of Arts, by substituting for the theological part of it an examination in Hippocrates, Galen, or such other ancient medical author or authors as they may think fit.

4. No grace for the degree of Doctor of Medicine shall be granted unless the petitioner is a Bachelor of Medicine of twenty-four terms at least (eight years) standing from his registration or matriculation, nor unless he has performed such exercises as the Warden and Senate require. This regulation shall be held to apply to those who are already Bachelors of Medicine.

5. No grace for the degree of Master in Surgery shall be granted unless the person is of the age of twenty-one years, has spent four years in medical and surgical study since his registration as a student in medicine, in some one or more of the following places—namely, Durham, Newcastle-upon-Tyne, or other medical school

approved by the University, and has passed two public examinations. The first of these examinations shall be the first examination appointed for students in medicine. The second shall be partly the same as that appointed for students in medicine, and partly different from it. No one shall be admissible who has not spent four years at least in medical and surgical study, as above prescribed, and passed the first examination. The second examination for the degree of Master in Surgery may or may not be passed at the same time with the second examination for a licence in Medicine.

Regulations relating to Persons now Students in Medicine at the Newcastle-upon-Tyne School of Medicine.

Any student in medicine who has pursued his medical studies in the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the University of Durham before the same date, shall be entitled to count the time thus spent at Newcastle as if it had been spent after registration, provided he passes one of the ordinary registration examinations before the 31st of October, 1862.

Any student in medicine, who has spent two or more years in medical study at the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the University of Durham before the same date, shall be admissible to the second and final examination for a licence in Medicine, or for the degree of Master in Surgery, without having passed the first examination, provided he has passed one of the ordinary registration examinations before the 31st of October, 1862, and has completed four years of medical study since his admission as a medical student at Newcastle.

The registration examination at Durham shall be held twice yearly, shortly before the winter session, and shortly before the summer session of the Medical School of Newcastle-upon-Tyne. The exact day shall be fixed in each case by the Warder.

Every one who passes the registration examination shall receive a certificate, signed by the examiners, for which he shall pay the sum of 1*l.* The Warden shall have authority, in case of urgency, to appoint an extraordinary registration examination at any time. Any one who receives a certificate at an extraordinary registration examination shall, instead of the usual fee of 1*l.*, pay the sum of 2*l.*

Subjects of Examination for the Registration of Medical Students at Durham, in September, 1862, *and in April*, 1863.—The History contained in St. Matthew's Gospel. English Grammar and writing from dictation. Arithmetic, including Vulgar and Decimal Fractions. History of the reign of Elizabeth. To draw from memory an outline map showing the coast line, the chief ranges of mountains, and the principal rivers, of some of the following countries, to be selected by the examiners, in the geography of which questions will also be set: Great Britain, Ireland, Italy. Translations with grammatical questions, from some one of the following subjects, to be selected by the candidate: Cæsar, de Bello Gallico, b. iv.; Cicero, de Amicitia; Virgil, first book of the Æneid; Horace, first book of the Odes. Any candidate may, if he please, offer himself for examination in some one or more of the three following subjects:—1. The first book of Euclid. 2. The first book of Xenophon's Anabasis in Greek, and Greek Grammar. 3. Voltaire's History of Charles XII. in French, and French Grammar.

Candidates who wish to be examined in any of these subjects, must give notice of the subjects which he selects, ten days before the examination.

THE STUDENTS' GUIDE.

(Continued from our last Number.)

BIRMINGHAM SYDENHAM COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Jordan. One session, 4*l.* 4s.; perpetual, 9*l.* 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Elkington, Mr. Jones, and Mr. Johnson. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRINCIPLES AND PRACTICE OF MEDICINE—Dr. Fletcher and Dr. Russell. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRINCIPLES AND PRACTICE OF SURGERY—Mr. Baker and Mr Bolton. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

SURGICAL PATHOLOGY—Mr. Pemberton.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Howkins.

CHEMISTRY—Dr. Hill. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

Summer Session.

MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN—Dr. Elkington. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MATERIA MEDICA AND THERAPEUTICS—Mr. Bassett. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRACTICAL CHEMISTRY—Dr. Hill. One session, 2*l.* 2s.

BOTANY, STRUCTURAL AND SYSTEMATIC — Mr Westcott. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

FORENSIC MEDICINE—Dr. Hill and Mr. Swain. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

CLASSICS AND MATHEMATICS—Mr. Bates.

Composition fee for all the Lectures required by the College and Hall, 42*l.* Perpetual fee to all the Lectures, 50*l.* Entrance fee, 2*l.* 2s.; Medical tutor, 2*l.* 2s.

The Medical Tutor will assist the Students in the subjects of their Lecture and in the Dissecting Room. He will also hold classes daily for the practical instruction of the junior students.

Clinical courses will be given by those Lecturers who are attached to the various public institutions of the town.

Prizes will be awarded in each class, under fixed regulations; and a Council Prize will also be given for general proficiency.

Some of the Lecturers will receive Students in their houses; and Parents or Guardians are requested to communicate with the Principal before placing Students in lodgings.

Students entering Sydenham College are requested to furnish proof of having had a sufficient preliminary education, of being of good moral character, and are required to observe the bye-laws of the College.

BIRMINGHAM QUEEN'S COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Lawson. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. F. Jordan. One course, 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Mr. F. Jordan and Dr. Foster. One course 4*l.* 4s.

CHEMISTRY—Mr. Anderson. One course, 4*l.* 4s.

MEDICINE AND PATHOLOGY—Dr. Wade. One course, 4*l.* 4s.

SURGERY—Mr. Sands Cox. One course, 4*l.* 4s.

HOSPITAL PRACTICE—Queen's Hospital—Physicians—Dr. Wade, Dr. A. Fleming, Dr. Sutton; Dr. Foster (Asst.) One course (six months), 6*l.* 6s. Surgeons—Mr. W. S. Cox, Mr. J. F. West, Mr. Gamgee; Mr. F. Jordan (Asst.) One course (twelve months), 10*l.* 10s. Mr. Berry, Mr. Clay, Mr. Suckling (obst.) One course (three years), 21*l.*

Summer Session.

MATERIA MEDICA, &c.—Dr. Divers. One course, 4*l.* 4s.

MIDWIFERY, &c.—Mr. Clay and Dr. Suckling. One course, 4*l.* 4s.

BOTANY—Dr. Hinds. One course, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Mr. Postgate. One course, 4*l.* 4*l.*

PRACTICAL CHEMISTRY—Mr. Anderson. One course, 3*l.* 3s.

COMPARATIVE ANATOMY—One course, 3*l.* 3s.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Parker.

OPHTHALMIC MEDICINE AND SURGERY—Mr. Hunt.

CLINICAL MEDICINE—Dr. Wade, Dr. Fleming and Dr. Sutton.

CLINICAL SURGERY—Messrs. Cox, West, and Gamgee.

Fees for all the Lectures required by the College and Hall, and for Hospital Medical and Surgical Practice, 68*l.* 5s.

Scholarships and Prizes for strictly Professional Knowledge.—The Warneford Scholarships: Four scholarships of 10*l.* each, held for two years, conferred for diligence and good conduct. The Warneford gold medals, two prizes for essays of a religious as well as scientific nature. Dr. Wade's prize of 5*l.* 5s. for Clinical Reports in Medicine. Professor Sands Cox's prize of 5*l.* 5s. for regular attendance on surgical practice and clinical lectures, and the best report of Surgical cases. A silver medal is also given annually by the professors for superior answering in each class.

BRISTOL MEDICAL SCHOOL.

ANATOMY AND PHYSIOLOGY—Dr. Martyn and Dr. Fripp. Monday and Saturday, at a quarter-past-nine, and Wednesday, and Friday, at a quarter-past ten. One course, 5*l.* 5s.; perpetual, 9*l.* 9s.

THE STUDENTS' GUIDE—*Continued.*

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Coe and Mr. Leonard. Monday, Tuesday, Thursday, and Saturday, at a quarter-past ten. One course, 5*l.* 5s.; perpetual, 9*l.* 9s.

ANATOMICAL DEMONSTRATIONS—Mr. F. Lansdown, Mr. Winter, and Mr. Atchley.

CHEMISTRY—Mr. Herapath. Tuesday, Wednesday, Thursday, and Friday, at a quarter-past nine. One course, 5*l.* 5s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Brittan. Monday, Wednesday, and Friday, at a quarter-past eight. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Prichard. Tuesday, Thursday, and Saturday, at a quarter-past eight, a.m. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Bristol Royal Infirmary, and Bristol General Hospital. Daily, at half-past eleven to two. Surgeons—(See Additional Information on Schools.)

Summer Session.

MATERIA MEDICA—Dr. Burder. Daily (except Saturday), at 9 a.m. One course, 4*l.* 4s.; perpetual, 6*l.* 6.

MIDWIFERY—Dr. Swayne. Daily, except Saturday, ten. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Mr. T. E. Clark. Monday, Tuesday, Thursday, and Friday, at ten. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

MEDICAL JURISPRUDENCE—Mr. W. M. Clarke and Mr. Herapath (Toxicology). Monday, Tuesday, Thursday, and Friday, at nine. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

PRACTICAL CHEMISTRY—Mr. Herapath. Daily, except Saturday, at 8 a.m. One course, 3*l.* 3s.

CLINICAL MEDICINE.—Weekly.

CLINICAL SURGERY.—Weekly.

Fees for all the Lectures required by the College and Hall, except Practical Chemistry, 47*l.* 5s.

Fee for all the Lectures and for Hospital Medical and Surgical Practice, 87*l.* 5s.

Prizes are awarded after competition amongst students of the first, second, and third years' respectively. The interest of 500*l.* will be given to the prizeman of the third year, who shall have been educated at the Infirmary, and can produce certificates of good conduct and moral character. The prizeman of the third year, who shall have been educated at the General Hospital, will receive in addition to the School prize, the sum of twenty guineas, given by the Committee of that institution.

BRISTOL GENERAL HOSPITAL.—130 beds. Physicians—Dr. S. Martyn, Dr. Geo. F. Burder, Dr. H. E. Fripp. Surgeons—Mr. R. W. Coe, Mr. W. Michell Clark, Mr. F. Poole Lansdown, Mr. Henry Marshall. Physician-Accoucheur—Dr. J. G. Swayne. Resident-Surgeon—Dr. R. C. B. Holland.

Medical or Surgical Practice—Six months, 6*l.*; one year, 10*l.*; perpetual, 20*l.* Library fee, one guinea per annum. Dressership or clinical clerkship, five guineas for six months. Two scholarships of 15*l.* each are awarded annually, and a prize of twenty guineas is given to the hospital student who is successful in the third year's competition at the School. Dressers reside in the Hospital in weekly rotation free of expense.

BRISTOL ROYAL INFIRMARY.—This hospital contains 242 beds. Physicians—Drs. Brittan, Fairbrother, E. L. Fox, and Beddoe. Surgeons—Messrs. Green, Prichard, Bernard, H. A. Hore, and C. Leonard.

Fees.—Surgeon's pupil, first year, 12*l.* 12s.; two years, 21*l.*; three years, 26*l.* 5s. Dresser (extra fee), 12*l.* 12s.; two years, 21*l.*; three years, 26*l.* 5s. Physicians' pupil, six months, 8*l.*; one year, 15*l.*; eighteen months, 20*l.*; perpetual, 25*l.*

Each physician appoints a clinical clerk without extra fee. Each pupil is required to pay an entrance-fee to the Infirmary of 5*l.*, and a subscription of 1*l.* 1s. per annum to the library.

Dressers reside in the house for one week in rotation to attend on casualties.

Prizes.—Suple prize: A gold medal, value 5*l.* 5s., and 7*l.* 7s. in money annually, to successful candidates, medical and surgical. Clark's prize: Interest of 500*l.* annually to the prizeman of his third year's examination at the medical school, if educated at the Bristol Royal Infirmary.

CAMBRIDGE UNIVERSITY.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Humphry. Daily at one. Sessional course, 5*l.* 5s.

ANATOMICAL DEMONSTRATIONS—Dr. Humphry. Daily, at one. Sessional course, 5*l.* 5s.

CHEMISTRY—Professor Liveing. Monday, Tuesday, Thursday, and Friday, at twelve. Sessional course, 3*l.* 3s.

MEDICINE—Dr. Bond. Daily (except Saturday), at nine a.m. Sessional course, 3*l.* 3s.

SURGERY—Dr. Humphry. Monday, Tuesday, Thursday, and Friday, at twelve. Sessional course, 3*l.* 3s.

HOSPITAL PRACTICE—Addenbrooke's Hospital.—Physicians—Dr Bond, Dr. Paget, and Dr. Haviland. Surgeons—Mr. C. Lestourgeon, Mr. J. Hammond, and Dr. Humphry. Sessional course, (six months), 8*l.* 8s.; twelve months, 10*l.* 10s.; perpetual, 15*l.* 15.

Summer Session.

MATERIA MEDICA—Dr. Fisher. Monday, Tuesday, Thursday, and Friday, at ten. Sessional course, 2*l.* 2s.

MIDWIFERY—Mr. Lestourgeon. Sessional course, 2*l.* 2s.

BOTANY—Professor Babington. Monday, Wednesday, and Friday, at one. Sessional course, 1*l.* 1s.

PRACTICAL CHEMISTRY—Professor Liveing.

COMPARATIVE ANATOMY—Dr. Clark. Monday, Wednesday, and Friday, at one. Sessional course, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Bond. Monday, Tuesday, Thursday, and Friday, at nine.

CLINICAL MEDICINE—Friday.

CLINICAL SURGERY—Thursday.

Attendance on the lectures and practice at Addenbrooke's Hospital is recognised by the Universities of Cambridge and London, and by the College of Surgeons and the Society of Apothecaries, for one year.

HULL AND EAST RIDING SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. R. M. Craven. Daily, at eight a.m. Sessional course, 5*l.* 5s.; perpetual, 8*l.* 8s. (Pathology).

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. King. Daily, at five. Sessional course, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMICAL DEMONSTRATIONS—Dr. King.

CHEMISTRY—Mr. Walton. Tuesday, Wednesday, Thursday, and Friday, at eight p.m. Sessional course, 5*l.* 5s.

MEDICINE—Dr. Daly. Daily, at three. Sessional course, 5*l.* 5s.; perpetual, 7*l.* 7s.

SURGERY—Mr. J. H. Gibson. Tuesday, Thursday and Saturday, at four. Sessional course, 3*l.* 3s.; perpetual, 5*l.* 5s.

HOSPITAL PRACTICE—Hull General Hospital—Physicians—Sir H. Cooper, Tuesday, and Friday; Dr. Owen Daly, Wednesday and Saturday, from twelve to two. Surgeons—Dr. W. J. Lunn, Monday and Thursday; Mr. R. M. Craven, Tuesday and Friday; Dr. K. King, Wednesday and Saturday from twelve to two.

Summer Session.

MATERIA MEDICA—Mr. Arden and Mr. Holden. Daily, at eight a.m. Sessional course, 5*l.* 5s.; perpetual, 7*l.* 7s.

MIDWIFERY—Mr. H. Gibson. Daily, at seven a.m. Sessional course, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Mr. Niven. Monday, Wednesday, Friday, and Saturday, at three. Sessional course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Munroe. Monday, Wednesday, Friday, and Saturday, at three. Sessional course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Mr. Walton. Sessional course, 2*l.* 2s.

HISTOLOGY—Dr. Munroe.

CLINICAL MEDICINE—Sir H. Cooper and Dr. Daly. Twice weekly. Sessional course, 1*l.* 1s.

CLINICAL SURGERY—Dr. Lunn, Mr. Craven, and Dr. King. Twice weekly.

Fee for all the Lectures required by the College and Hall, exclusive of Chemistry, 42*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 64*l* 1s.

LEEDS SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Ikin and Mr. Wheelhouse. Monday and Tuesday, at twelve. First course, 4*l.* 4s.; second course, 3*l.* 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. W. N. Price and Mr. Wheelhouse. Tuesday, Thursday, and Saturday, at twelve. First course, 6*l.* 6s.; second course, 5*l.* 5s.

ANATOMICAL DEMONSTRATIONS—Mr. Teale, Jun.

CHEMISTRY—Mr. Scattergood and Mr. Reynolds. Monday, Wednesday, Thursday, and Friday, at six. First course, 4*l.* 4s.; second course, 3*l.* 3s.

MEDICINE—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Monday, Tuesday, Wednesday, and Thursday, at five. First course, 5*l.* 5s.; second course, 3*l.* 3s.

SURGERY—Mr. Nunneley and Mr. S. Hey. Monday, Wednesday, and Friday, at eight p.m. First course, 4*l.* 4s.; second course, 3*l.* 3s.

HOSPITAL PRACTICE—Leeds General Infirmary. Physicians—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Surgeons—Mr. Smith, Mr. T. P. Teale, and Mr. Hey.

Summer Session.

MATERIA MEDICA, &c.—Mr. Bishop. Daily (ex. S.), at half-past five. First course, 4*l.* 4s.; second course, 2*l.* 2s.

THE STUDENTS' GUIDE—*Continued.*

MIDWIFERY, &c.—Mr. Smith and Mr. W. N. Price. Daily, at seven a.m. First course, 4*l.* 4s.; second course, 2*l.* 2s.

BOTANY—Mr. W. Hall. Monday, Tuesday, Thursday, and Friday, at ten. First course, 3*l.* 3s.; second course, 1*l.* 11s. 6d.

MEDICAL JURISPRUDENCE—Dr. P. Smith. Tuesday and Friday, at three. First course, 3*l.* 3s.; second course, 1*l.* 11s. 6d.

[illegible]bed, [illegible]CHEMISTRY—Mr. Scattergood. Monday and Thursday, at [illegible]r the [illegible] course, 2*l.* 2s.

[illegible] san[illegible]C MEDICINE AND SURGERY—Mr. Nunneley.

dicine. and [illegible]EDICINE—Dr. Chadwick and Dr. Heaton, twice [illegible]dwick and Mr Smith, ditto.

[illegible]RGERY—Mr. Teale and Mr. S. Hey.

Fees for all the Lectures required by the College and Hall, except Pract. Chem., 12*l.*

Three clinical clerkships and dresserships are at the disposal of the Physicians and Surgeons to the General Infirmary, and are gratuitous.

Clinical lectures are given on ophthalmic and aural practice at the Eye and Ear Infirmary, by Mr. Nunneley.

Physicians: Dr. Geo. Wilson, Dr. P. Smith, Dr. Hardwick. Surgeons: Mr. W. R. Cass, Mr. Henry Chorley, Mr. C. G. Wheelhouse. Resident Medical Officer and Secretary: Mr. Biddle. Assistants: Messrs. Braim and Hainsworth. Dispenser: Mr. Peacock.

LIVERPOOL ROYAL INFIRMARY.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Fletcher and Dr. Waters. Daily, at half-past eight and (ex. Saturday) half-past nine a.m. Courses required, 8*l.* 8s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Fletcher and Dr. Waters. Daily, at half-past eight and (ex. Saturday) half-past nine. Courses required, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Dr. Graham. Courses required, 5*l.* 5s.

CHEMISTRY—Dr. J. B. Edwards. Tuesday, Thursday, and Saturday, at four. Courses required, 5*l.* 5s.

MEDICINE—Dr. Cameron. Daily, at five (ex. Saturday) Courses required, 5*l.* 5s.

SURGERY—Mr. Long. Four days weekly, at six. Courses required, 5*l.* 5s.

HOSPITAL PRACTICE—Liverpool Royal Infirmary. Physicians—Dr. Vose, Dr. Turnbull, and Dr. Inman. Ten to one. Courses required, six months, 10*l.* 10s.; twelve months, 18*l.* 18s. Surgeons—Mr. Stubbs, Mr. Long, and Mr. Bickersteth. Ten to one. Courses required, three years, 36*l.* 15s.

Summer Session.

MATERIA MEDICA—Dr. J. B. Nevins. Daily, at eight a.m. Courses required, 4*l.* 4s.

MIDWIFERY, &c.—Mr. Batty, Dr. Grimsdale, Dis. of Children.

BOTANY—Dr. Collingwood. Tuesday, Wednesday, Thursday, and Friday, at half-past nine. Courses required, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. E. Whittle. Four days, at three. Courses required, 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Edwards. Monday and Thursday, at six. Courses required, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Gee. Wednesday, at three. Courses required, 1*l.* 1s.

OPHTHALMIC SURGERY—Dr. R. H. Taylor. Tuesday and Friday, at two. Courses required, 1*l.* 1s.

DENTAL SURGERY AND MECHANICS—Mr. Snape.

Fee for all the Lectures required by the College and Hall, 45*l.*

Ditto, and for Hospital Medical and Surgical Practice, 81*l.* 15s.

Students are admitted to the Medical and Surgical practice of the Liverpool Royal Infirmary, from ten a.m. to one p.m. daily. The certificates are received by the University of London, the Royal College of Physicians of London, the Royal College of Surgeons of England, the Worshipful Society of Apothecaries, &c.

The Liverpool Royal Infirmary contains 226 beds, and operating and lecture theatres; and a good museum of healthy and morbid anatomy is attached to the School.

Clinical lectures are delivered by the Physicians and Surgeons of the Infirmary.

Six Dressers and six Clinical Clerks will be elected quarterly, by selection and examination, from amongst the house and out-pupils of the Infirmary, from the students attending the School in their second or third session, and from all Medical pupils who have entered on their third year of professional education. The office will be tenable for two successive periods. Pupils of the Infirmary are admitted to learn Pharmacy in the shop for six months. Clinical wards have been set aside for select cases, and a clinical prize instituted for annual competition.

Fees for Medical and Surgical practice—For six months, 10*l.* 10s.; for the first year, 18*l.* 18s.; for the second, 12*l.* 12s.; for the third, 13*l.* 10s.; for three years, 36*l.* 15s.

Four apprentices are admitted for five years to reside and board in the house, for 60 guineas per annum; and for one, two, or three years, upon payment of 70, 130, or 190 guineas. These sums include library and *lecture* fees, but not hospital practice.

For further particulars apply at the Infirmary.

Students are admitted to the practice of the Lock Hospital attached to the Royal Infirmary; fee, 3*l.* 3s. per annum; six months, 2*l.* 2s.

To the Lying-in Hospital, Myrtle street, by permission of the Committee, without fee. Students may have Midwifery cases assigned to them under the superintendence of the Medical Officers.

Eye and Ear Infirmary, 3*l.* 3s. for three months.

Children's Hospital, Hope street, 3*l.* 3s. for six months, 5*l.* 5s. perpetual. Dental practice, 1*l.* 1s. per annum, 1*l.* 11s. 6d. perpetual.

Rainhill County Asylum, 4*l.* 4s. for three months.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr Turner and Mr. W. Smith. Tuesday, Wednesday, and Thursday, at twelve. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Lund. Tuesday, Wednesday, Thursday, and Friday, at a quarter to nine. One course, 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Mr. Fred. Heath and Dr. Deville.

CHEMISTRY—Mr. D. Stone. Tuesday at one, Wednesday at two, Friday at half-past twelve. One course, 4*l.* 4s.

MEDICINE—Dr. H. Browne. Monday at one, Wednesday at two, Friday at one. One course 4*l.* 4s.

SURGERY—Mr. G. Southam. Monday, Tuesday, and Thursday, at two. One course, 4*l.* 4s.

HOSPITAL PRACTICE: Manchester Royal Infirmary—Physicians—Drs. Ainsworth, E. Wilkinson, Renaud, Watts, Browne, and Robert. Daily, ten to twelve. Full period, 31*l.* 10s. Surgeons—Messrs. Gordon, Ransome, Beever, Smith, Dumville, and Southam. Daily, ten to twelve. Full period, 21*l.*

Summer Session.

MATERIA MEDICA—Mr. A. Somers. Tuesday and Wednesday at twelve, and Friday at half-past twelve. One course, 4*l.* 4s.

MIDWIFERY, &c.—Mr Greaves. Monday, Wednesday, Thursday, and Friday, at nine. One course, 4*l.* 4s.

BOTANY—Mr. Grindon. Monday, Wednesday, and Thursday, at two. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Mr. G. M. Harrison. Monday and Wednesday at one, and Friday at half-past one. One course, 4*l.* 4s.

PRACTICAL CHEMISTRY—Mr. D. Stone. Tuesday and Thursday, at one. One course, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. W. Roberts. Monday and Thursday, at twelve. One course, 4*l.* 4s.

OPHTHALMIC SURGERY—Mr. Hunt. Monday, at a quarter to nine; Mr Lund (in winter), Saturday, at a quarter to nine. One course, 2*l.* 2s.

CLINICAL MEDICINE—Physician, Royal Infirmary. Wednesday, at eleven.

CLINICAL SURGERY—Surgeon, Royal Infirmary. Tuesday, at eleven.

Fee for all the Lectures required by the College and Hall, 42*l.*

Fee for ditto, and for Hospital Medical and Surgical Practice, 53 guineas, including fee for dresserships.

Three scholarships offered for competition: one of 20*l.* for third year's students; one of 15*l.* for second year's students; and one of 10*l.* for first year's students, for general proficiency. Also, prizes for first, second, and third year's students, from 1*l.* 1s. to 5*l.* 5s.

NEWCASTLE COLLEGE OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Embleton. Twice a week, at a quarter to nine, a.m. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. M'Nay. Four days a week, at nine. One course. 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Mr W. Murray. Daily, from ten to four.

CHEMISTRY—Dr. Richardson, Mr. E. J. J. Browell, and Mr. A. F. Marreco. Monday, Tuesday, Thursday, and Friday, at four, p.m. One course, 4*l.* 4s.

MEDICINE—Dr. Charlton. Monday, Wednesday, and Friday, at five p.m. One course, 4*l.* 4s.

SURGERY—Dr. Heath. Monday, Wednesday, and Friday, at seven, One course, 4*l.* 4s.

HOSPITAL PRACTICE: Newcastle Infirmary—Physicians—Dr.

THE STUDENTS' GUIDE—*Continued.*

White, Dr. Charlton, Dr. Embleton, and Dr. Humble. Each twice weekly, at eleven. Surgeons—Sir John Fife, Dr. Heath, Mr. Annandale, and Dr. Gibb. Daily, at half-past nine. One course (six months), 5*l.* 5s.; (twelve months), 7*l.* 7s.; perpetual, 17*l.* 17s.

Summer Session.

Materia Medica and Therapeutics—Dr. Humble. Daily, at five. One course, 3*l.* 3s.

Midwifery, &c.—Dr. Frost, Dr. Dawson, and Dr. Gibson, Daily, at eight, a.m. One course, 3*l.* 3s.

Botany—Mr. Thornhill and Mr H. B. Brady. Monday, Wednesday, Thursday, and Friday, at nine, a.m. One course, 3*l.* 3s.

Medical Jurisprudence—Dr. Donkin. Monday, Tuesday, Thursday, and Friday, at six, p.m. One course, 3*l.* 3s.

Practical Chemistry—Dr. Richardson and Mr. E. J. Browell. Daily, from ten to five. One course, 3*l.* 3s.

Pathology and Morbid Anatomy—Dr. Fenwick and Dr. Gibb. Wednesday, at four, p.m. One course, 3*l.* 3s.

Military Surgery—Sir John Fife.

Operative Surgery—Dr. Heath. One course, 3*l.* 3s.

Fee for all the Lectures required by the College and Hall, 46*l.* 4s.

Fee for ditto, and Hospital Medical and Surgical Practice, 64*l.* 1s.

Medical Scholarships in the University of Durham.—Four scholarships of 25*l.* a year each, tenable each for four years by students pursuing their medical studies in the University, or at Newcastle, and not of sufficient standing to proceed to a licence in Medicine. Two non-resident clinical clerkships and four dresserships are conferred for merit.

SHEFFIELD MEDICAL INSTITUTION.

Winter Session.

Anatomy and Physiology—Dr. Keeling. Daily. One course, 4*l.* 4s.

Anatomy, Descriptive and Surgical—Mr. Skinner and Mr. Allanson.

Anatomical Demonstrations—Mr. H. Walker. Daily. One course, 2*l.* 2s.

Chemistry—Dr. Bingley. Daily. One course, 6*l.* 6s.

Medicine—Dr. Bartolomé. Daily. One course, 4*l.* 4s.

Surgery—Mr. Barber and Mr. Favell. Three days weekly. One course, 3*l.* 3s.

Hospital Practice: Sheffield General Infirmary—Physicians—Dr. C. Thomson, Dr. Bartolomé, and Dr. Elam. Surgeons—Mr. H. Jackson, Mr. Barber, and Mr. W. H. Favell. Twelve months, 10*l.* 10s.; perpetual, 15*l.* 15s.; 21*l.*

Summer Session.

Materia Medica—Mr Kemp. Daily. One course, 4*l.* 4s.

Midwifery, &c.—Mr. Arden. Daily. One course, 3*l.* 3s.

Botany—Mr. Birks. Daily. One course, 3*l.* 3s.

Medical Jurisprudence—Mr. Griffiths. Daily, at eight, p.m. One course, 3*l.* 3s.

Practical Chemistry.—Dr. Bingley.

Operative Surgery—Mr. Barber.

Clinical Medicine—Dr. Bartolomé

Clinical Surgery—Messrs. Jackson, Barber, and Favell.

Fee for all the Lectures required by the College and Hall, except Practical Chemistry, 42*l.*

YORK SCHOOL OF MEDICINE.

Winter Session.

Anatomy and Physiology—Mr. Allen and Mr. Hornby. Daily at half-past three. One course, 6*l.* 6s.; perpetual, 10*l.* 10s.

Anatomical Demonstrations—Mr. Hornby and Mr. North. Monday, Wednesday, Friday, and Saturday, at nine. One course, 4*l.* 4s.; perpetual, 7*l.* 7s.

Chemistry—Mr. Proctor. Tuesday, Wednesday, and Fridsy, at seven, p.m. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

Medicine—Dr. Swaine. Daily (except Saturday), at half-past ten. One course, 5*l.* 5s.; perpetual, 8*l.* 8s.

Surgery—Mr. Hey and Mr. Keyworth. Monday, Wednesday, and Friday, at half-past four. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

Hospital Practice: York County Hospital—Physicians—Dr. Simpson and Dr. Shann. Daily, twelve to two. One course (eighteen months), 12*l.* 12s.; perpetual, 15.. 15s. Surgeons—Mr. Hey and Mr. Husband. Daily, twelve to two. One course (one year), 12*l.* 12s.; perpetual, 15*l.* 15s.

Summer Session.

Materia Medica—Mr. O. A. Moore. Daily, at half-past nine. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

Midwifery—Mr. J. Allen and Mr. Anderson. Daily, at eight, a.m. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

Botany—Mr. Ball. Daily, at five. One course, 2*l.* 12s.; perpetual, 4*l.* 4*l.*

Medical Jurisprudence—Mr. Procter. Four days weekly, at ten. One course, 2*l.* 12s.; perpetual, 4*l.* 4s.

Psychological Medicine—Dr. Tuke. Friday, at four.

Clinical Medicine—Drs. Simpson, Shann, and Swaine. Twice weekly.

Clinical Surgery—Mr. Husband. Thursday, at seven, p.m.

Fee for all the Lectures required by the College and Hall, 42*l.*

Fee for perpetual attendance on both the medical and surgical practice of the York County Hospital, twenty-five guineas. Pupils entering to the surgical practice are allowed to dress the patients in their turn, without additional fee. Pupils entering the surgical practice, or attending the surgical lectures, will be allowed to attend the practice of the Ophthalmic and Ear Institution without additional fee.

York Dispensary — Physicians — Drs. Simpson, Shann, and Swaine. Surgeons—Messrs. Dodsworth, W. Matterson, Moore, and North.

Surgeons to the Ophthalmic Institution—Messrs. Reed and Paley.

Surgeon to the Ear Institution—Mr. O. A. Moore.

UNIVERSITY OF EDINBURGH.

Winter Session.

Anatomy, Demonstrations, &c.—Dr. Goodsir. Tuesday, one and 4. Fee, 8*l.* 8s.

Chemistry—Dr. Lyon Playfair. Tuesday, at ten. Fee, 4*l.* 4s.

Materia Medica—Dr. Christison. Tuesday, at nine. Fee, 4*l.* 4s.

Physiology (Institutes of Medicine)—Dr. Bennett. Tuesday, at eleven. Fee, 4*l.* 4s.

Pathology and Pathological Anatomy—Dr. Henderson. Tuesday, at four. Fee, 4*l.* 4s.

Medicine—Dr. Laycock. Tuesday, at three. Fee, 4*l.* 4s.

Surgery—Mr. Miller. Tuesday, at ten. Fee, 4*l.* 4s.

Midwifery, &c.—Dr. Simpson. Tuesday, at eleven. Fee, 4*l.* 4s.

Medical Jurisprudence—Dr. D. Maclagan. Fee, 4*l.* 4s.

Natural History—Prof. Allman. Tuesday, at two.

Dietetics and Pharmacy—Dr. Christison (with Materia Medica). Tuesday, at nine.

Hospital Practice—Edinburgh Royal Infirmary—Physicians: Dr. Bennett, Dr. Simpson, and Dr. Laycock. Daily, at twelve. —Surgeon: Mr. Syme. Daily, at twelve.

Clinical Medicine—Dr. Bennett and Dr. Laycock. Tuesday and Friday, at twelve. Fee, 3*l.* 3s.

Clinical Surgery—Mr. Syme. Monday and Thursday, at twelve. Fee, 3*l.* 3s.

Summer Session.

Botany—Dr. Balfour. Eight o'clock. Fee, 4*l.* 4s.

Histology—Dr. Bennett.

Medical Jurisprudence—Dr. D. Maclagan. Eleven o'clock. Fee, 4*l.* 4s.

Comparative Anatomy—Mr. Goodsir. Fee, 2*l.* 2s.

Practical Chemistry—Dr. Lyon Playfair. Fee, 3*l.* 3s.

Natural History—Mr. Allman. Two o'clock. Fee, 4*l.* 4s.

Medical Psychology and Insanity—Dr. Laycock.

Matriculation.—Every student, before entering with any Professor, must produce a matriculation ticket for the ensuing session. Tickets will be issued at the Matriculation Office in the College, every lawful day, from ten till four o'clock. Enrolment in the general album is the only legal record of attendance in the University.

Library.—The library will be open for the purpose of giving out books to students, either on loan or for reference, in the hall appropriated for that purpose, every lawful day during the Winter Session from ten o'clock, a.m. till four o'clock, p.m., except on Saturdays, when it will be shut at one o'clock precisely.

Every student applying for books must present to the Librarian his matriculation ticket for the session, with the ticket of at least one Professor.

Every book taken out must be returned within a fortnight, uninjured.

N.B.—Information relative to the *curricula* of study for degrees, examinations, &c., may be obtained, on application to the Secretary, at the College.

A table of fees may be seen in the Matriculation Office, and in the reading-room of the Library.

EDINBURGH, SURGEON'S HALL.

Winter Session.

Anatomy, Demonstrations, &c.—Dr. J. Struthers. Daily, at eleven and four. First course, 7*l.* 9s.; second course, 6*l.* 8s.

Chemistry—Dr. S. Macadam. Daily, at ten. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

Materia Medica—Dr. M. Thomson. In summer, at ten. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

Physiology (Institute of Medicine)—Dr. Sanders. At eleven. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

THE STUDENTS' GUIDE—*Continued.*

PATHOLOGY AND PATHOLOGICAL ANATOMY—Dr. R. Haldane. At four (Saturday at eleven. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

MEDICINE—Dr. W. T. Gairdner and Dr. W. Begbie. At three. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

SURGERY—Mr. Spence, Dr. P. H. Watson, and Mr. Edwards. At ten. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

MEDICAL JURISPRUDENCE—Dr. Littlejohn. At two. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

NATURAL PHILOSOPHY—Mr. W. Lees. At one. First course, 2*l.* 2s.

DISEASES OF CHILDREN—Dr. Keiller.

HOSPITAL PRACTICE: Edinburgh Royal Infirmary—Physicians—Dr. W. T. Gairdner, Dr. W. Begbie, Dr. Sanders, Dr. J. M. Duncan, and Dr. Haldane. At twelve. Surgeons—Mr. J. Spence, Dr. J. D. Gillespie, and Mr. Walker (Ophth). At twelve. Assistant-Surgeons—Dr. John Struthers and Dr. P. H. Watson. First course (six months), 3*l.* 3s.; second course (twelve months), 5*l.* 5s.; perpetual, 10*l.* at one payment.

CLINICAL MEDICINE—Drs. Gairdner, Begbie, Sanders, and Duncan (and in Summer). Tuesday and Friday, at twelve. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

CLINICAL SURGERY—Mr. Spence (and in Summer). Monday and Thursday, at twelve. First course, 3*l.* 5s.; second course, 2*l.* 4s.; perpetual, 5*l.* 5s.

Summer Session.

BOTANY—Mr. Bayldon.

HISTOLOGY—Dr. Sanders.

MEDICAL JURISPRUDENCE—Dr. Littlejohn. At eleven. First course, 3*l.* 5s.

COMPARATIVE ANATOMY—Dr. J. Struthers. First course, 2*l.* 2s.

PRACTICAL CHEMISTRY—Dr. S. Macadam and Dr. S. Thomson. Nine to five. First course, 3*l.* 3s.;

NATURAL PHILOSOPHY—Mr. W. Lees. At one. First course, 2*l.* 2s.

MEDICAL PSYCHOLOGY AND INSANITY—Dr. Skae. At two.

MIDWIFERY—Dr. Keiller and Dr. J. M. Duncan. At ten. First course, 3*l.* 5s.

DIETETICS AND HYGIENE—Dr. S. Jackson and Dr. G. Stewart. At half-past nine. First course, 3*l.* 5s.

In the summer Dr. Begbie lectures on the History of Medicine; Dr. P. H. Watson on Vencreal Diseases; Mr. Edwards on Surgical Appliances; Dr. Haldane on Pathological Anatomy; Dr. Husband on Vaccination; and Dr. A. Robertson on Diseases of the Eye.

EDINBURGH DENTAL DISPENSARY, Cockburn street.—Consulting Surgeons—Professor Goodsir, F.R.S., James Spence, F.R.C.S.E. Consulting Surgeon-Dentist—Robert Nasmyth, F.R.C.S.E. Surgeon-Dentists—F. B. Imlach, F.R.C.S.E., Dr. J. Smith, F.R.C.S.E., Dr. Orphoot, Chas. Hutchins, Esq., Dr. Roberts, Dr. Hogue.

EDINBURGH EYE INFIRMARY, 140 George street.—Number of beds, 6. Surgeons—Mr. B. Bell and Dr. P. H. Watson. Average number of patients, 900. Open daily at 1.

EDINBURGH NEW TOWN DISPENSARY, 17 East Thistle street. Consulting Physician—Dr. Maclagan. Consulting Surgeon—Dr. J. Duncan. Acting Medical Officers—Drs. J. A. Hunter, Edwards, Watson, Dycer, Scoresby Jackson, and Grainger Stewart. Physicians-Accoucheur—Drs. Dumbreck, Pagan, J. Y. Simpson, and T. G. Weir. Apothecary—Mr. Milne. Secretary to Managers—Dr. T. G. Weir. Secretary to Medical Officers—Dr. Jas. Hunter. Average number of patients prescribed for at the Dispensary during the past year, 4,981; out-patients, 2,788. Six months, 3*l.* 3s.

EDINBURGH ROYAL PUBLIC DISPENSARY AND VACCINE INSTITUTION.—Medical Officers—Drs. Pattison, Haldane, Somerville, W. T. Gairdner, Husband, Wright, Sanders, Littlejohn, Wilson, and Messrs. Spence Ritchie, and Paw. Apothecary and Cupper—Dr. Gordon. Physicians-Accoucheur—Drs. Keiller, Wright, and J. M. Duncan. Vaccinator—Dr. Husband. Medical Secretary—Dr. Pattison. Average number of patients, 10,356.

EDINBURGH ROYAL MATERNITY HOSPITAL.—Number of beds, 26. Consulting Physicians—Drs. J. Y. Simpson and J. Moir. Physicians—Drs. A. Thomson, T. G. Weir, A. Keiller, and A. Wood. Consulting Surgeon—Dr. A. Zeigler. Ordinary Surgeon—Dr. Jas. Dunsmure. Jas. Buchanan, S.S.C., Secretary. Ticket, 1*l.* 3s.

ROYAL INFIRMARY, EDINBURGH.—No fees are payable for any medical or surgical appointment. Four resident physicians and three resident surgeons are from time to time appointed; they live in the house free of charge. Candidates must be legally qualified to practise. The appointment is for six months. Non-resident clinical clerks are appointed by the physicians and surgeons. Each surgeon appoints from four to nine dressers for six months. Assistants in the pathological department are appointed by the pathologist.

GLASGOW UNIVERSITY.

ANATOMICAL DEMONSTRATION, &c.—Dr. A Thomson. At eleven, two, and ten. One course, 3*l.* 3s.

CHEMISTRY—Dr. T. Anderson. At ten. One course, 3*l.* 3s.

MATERIA MEDICA—Dr. Easton. At eleven. One course, 3*l.* 3s.

PHYSIOLOGY (INST. OF MEDICINE)—Dr. Buchanan. At four. One course, 3*l.* 3s.

MEDICINE—Dr. Macfarlane. At ten. One course, 3*l.* 3s.

SURGERY—Mr. Lister. At ten. One course, 3*l.* 3s.

MIDWIFERY, &c.—Dr. Pagan. At three. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Rainy. At twelve. One course, 3*l.* 3s.

NATURAL HISTORY—Dr. Rogers. At twelve. One course, 3*l.* 3s.

NATURAL PHILOSOPHY—Mr. W. Thompson. At nine and eleven. One course, 4*l.* 4s.

LECTURES ON THE EYE—Dr. Mackenzie. At six. One course, 2*l.* 2s.

HOSPITAL PRACTICE—Glasgow Royal Infirmary. Physicians—Drs. Tannahill, Bell, Fraser, Ritchie, and Orr, at half-past eight. Surgeons—Dr. Lyon, Dr. Morton, Dr. G. Buchanan and Mr. Lister; at half-past eight. Assistant-Surgeons—Dr. Dewar and Dr. G. H. B. M'Leod. One year, 5*l.* 5s.; perpetual, 10*l.* 10s.

CLINICAL MEDICINE—The Physicians. Monday and Thursday at nine.

CLINICAL SURGERY—The Surgeons. Tuesday and Friday at nine.

Summer Session.

BOTANY—Dr. W. Arnott.

MEDICAL JURISPRUDENCE—Dr. Rainy. At twelve. One course. 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Anderson.

NATURAL HISTORY—Dr. Rogers.

MEDICAL PSYCHOLOGY AND INSANITY (Operative Surgery)—Dr Lister.

Bursaries tenable by Medical Students—The Brisbane Bursary, of 50*l.* yearly, held for four years by a student of Medicine, who is a Master of Arts. The Walton Bursary of 20*l.* yearly, held by a medical student (a native of England being preferred) for four years. The Armagh Bursaries, three in number, amounting each to 25*l.* yearly, for three years, open to students of divinity, law and medicine, who have taken the degree of M.A.

GLASGOW, ANDERSON'S UNIVERSITY.

Winter Session.

ANATOMY, DEMONSTRATIONS, &c.—Dr. G. Buchanan. At five and one. One course, 4*l.* 4s.

CHEMISTRY—Dr. Penny. At ten and eleven. One course, 2*l.* 2s.

MATERIA MEDICA—Dr. Morton. At four. One course, 2*l.* 2s.

PHYSIOLOGY (Institute of Medicine).—Dr. E. Watson—At twelve. One course, 2*l.* 2s.

MEDICINE—Dr. A. Anderson. At three. One course, 2*l.* 2s.

SURGERY—Dr. G. H. B. M'Leod. At two. One course, 2*l.* 2s.

MIDWIFERY, &c.—Dr. J. Paterson. At ten. One course, 2*l.* 2s.

HOSPITAL PRACTICE: Glasgow Royal Infirmary—Physicians—Drs. Bell, Ritchie, Fraser, and Orr. Daily, at half-past eight. Surgeons—Drs. Lyon, Morton, G. Buchanan, and Mr. Lister. One course (one year), 5*l.* 5s.; third, 1*l.* 1s.; perpetual, 10*l.* 10s.

CLINICAL MEDICINE—The Physicians. At nine.

CLINICAL SURGERY—The Surgeons. At nine.

Summer Session.

BOTANY—Dr. Bell. At half-past seven, a.m. One course, 2*l.* 2s.

MEDICAL JURISPRUDENCE—Dr. Cowan. At one. One course, 2*l.* 2s.

NATURAL PHILOSOPHY—Dr. J. Taylor. At eleven. One course, 2*l.* 2s.

MIDWIFERY—Dr. J. Paterson. At ten. One course, 2*l.* 2s.

Fee for all classes and hospital practice, 40*l.*

GLASGOW EYE INFIRMARY.—Consulting Surgeons—Drs. H. Rainy and A. Anderson. Surgeons—Drs. Mackenzie and W. Brown. Assistant-Surgeon—Dr. G. Rainy. House-Surgeon—Dr. T. Reid. Hour of visit, one p.m. Student's fee for six months' attendance, 2*l.* 2s. To those attending, or who have attended, the Lectures on the Eye in Glasgow University, 1*l.* 1s.

GLASGOW ROYAL INFIRMARY.—Physicians—Drs. Bell, Ritchie, Fraser, and Scott Orr. Surgeons—Drs. Lyon, Morton, G. Buchanan, and Mr. Lister. Surgeons to Out-patients—Drs. M'Leod and Dewar. Physician to Out-patients—Drs. Cowan and Steven. Resident Superintendent—Dr. Thomson. Fees—First year, 5*l.* 5s.; second year, 5*l.* 5s.; third year, 1*l.* 1s. Perpetual to the practice and clinical lectures, 10*l.* 10s.; practical pharmacy, 3*l.* 3s. The office of Physicians' and Surgeons' Assistant, held for two years, is open to all students of the third year. The Assistants are boarded in the hospital for 22*l.* 10s. per annum. Dressers to the Surgical

THE STUDENTS' GUIDE—*Continued.*

wards and Assistants to the Dispensary are appointed for three months without fee.

Glasgow Lying-in Hospital, North Portland street (formerly St. Andrew's square). This hospital contains 24 beds. The number of women delivered in connection with the hospital exceeds 1,000 annually. Surgeon—Dr. J. G. Fleming. Physician—Dr. J. G. Wilson. House-Surgeon—Dr. Flemington. Student's fee for six months' attendance (including certificate), one guinea.

ABERDEEN UNIVERSITY.

Winter Session.

Anatomy, Demonstrations, &c.—Dr. Lizars. At twelve. One course, 3*l.* 3s.

Practical Anatomy—Dr. Lizars and the Demonstrator. From ten to four. One course, 2*l.* 2s.

Chemistry—Mr. Brazier. At three. One course, 3*l.* 3s.

Materia Medica—Dr. Harvey, At nine. One course, 3*l.* 3s.

Physiology (Inst. of Medicine)—Dr. Ogilvie. At 4. One course, 3*l.* 3s.

Medicine—Dr. Macrobin. At three. One course, 3*l.* 3s.

Surgery—Mr. Pirrie. At one. One course, 3*l.* 3s.

Midwifery, &c.—Dr. Dyce. At four. One course, 3*l.* 3s.

Medical Jurisprudence—Dr. Ogston. At nine. One course, 3*l.* 3s.

Natural History—Mr. Nicol. At two. One course, 3*l.* 3s.

Natural Philosophy—Mr. Thomson. At nine and ten. One course, 3*l.* 3s.

Hospital Practice—Aberdeen Royal Infirmary—Physicians—Drs. Dyce, Kilgour, Nicol, and Williamson. Daily at ten. Surgeons—Mr. W. Keith, Mr. W. Pirrie, Mr. D. Kerr, Mr. D. Fiddes. Daily, at ten.

Clinical Medicine—Dr. Kilgour. One course, 2*l.* 2s.; subsequent, 1*l.* 1s.

Clinical Surgery—Mr. Keith. One course, 2*l.* 2s.; subsequent, 1*l.* 1s.

Summer Session.

Botany—Dr. Dickie. At eight. One course, 3*l.* 3s.

Practical Anatomy and Demonstrations—Dr. Lizars and the Demonstrator. At noon. One course, 2*l.* 2s.

Practical Chemistry—Mr. Brazier. One course, 3*l.* 3s.

Zoology, with Comparative Anatomy—Mr. Nicol, F.R.S.E. At nine a.m. One course, 3*l.* 3s.

Histology—Dr. Ogilvie and Mr. J. Thomson. From one to three. One course, 2*l.* 2s.

Natural Philosophy—Mr. Thomson. One course, 2*l.* 2s.

The Aberdeen Royal Infirmary (280 beds) is open daily at ten.

The Aberdeen General Dispensary, Vaccine, and Lying-in Institution is open to the student on application to the Medical officers.

The Aberdeen Lunatic Asylum contains about 280 patients. Consulting-Physician—Dr. Macrobin. Physician and Superintendent—Dr. Robert Jamieson. A course of clinical instruction is given in the summer by Dr. Jamieson. Fee for the course of three months, 2*l.* 2s.

Aberdeen Lunatic Asylum.—Consulting Physician: Dr. Macrobin. Resident-Physician: Dr. Robert Jamieson. It contains above 300 patients. A limited number of pupils are permitted to witness the practice. A course of clinical instruction in the Nature and Treatment of Insanity is given during the summer session, by Dr. Jamieson. Fee, 2*l.* 2s.

UNIVERSITY OF DUBLIN.

Winter Session.

Anatomy and Physiology, and Comparative Anatomy—Dr. M'Dowel. Daily, at one (Saturdays excepted).

Practical Anatomy—Drs. Barton and Bennett. Daily, at twelve (Saturdays excepted).

Theory and Practice of Surgery—Prof. Smith. Thursday, Friday, and Saturday, at three.

Institutes of Medicine and Pathology—Prof. Law. Wednesday, Thursday, Friday, and Saturday, at ten.

Materia Medica and Pharmacy—Prof. Osborne. Wednesday, Thursday, Friday, and Saturday, at eleven.

Chemistry—Prof. Apjohn. Monday, Tuesday, Wednesday, and Thursday, at two.

Practice of Medicine—Prof. Banks. Monday, Tuesday, Wednesday, and Thursday, at three.

Midwifery—Prof. Churchill. Monday, Tuesday, Wednesday, and Thursday, at four.

Summer Session.

Botany—Prof. Harvey.

Medical Jurisprudence—Prof. Brady.

Practical Chemistry—Prof. Apjohn.

Certificates from this School are received by all licensing bodies in Medicine and Surgery.

The fee for each course is three guineas; a reduction of one-sixth is made to perpetual pupils paying in advance for all the Lectures.

Dr. Barton will commence the course of lectures on Practical Anatomy upon Monday, the 27th of October, at twelve.

The Dissecting rooms, which are furnished with every appliance whereby the study of Practical Anatomy may be aided, will be opened upon the 1st of October. Dissections will be superintended throughout the session, and every assistance given to the pupils, by the Professor of Anatomy and Physiology, by the Lecturers on Practical Anatomy, and by the Demonstrators, one or more of whom will constantly attend in the dissecting room.

The Scholarships, founded by the Board of Trinity College, value respectively 20*l.* per annum for two years, and the Exhibitions, founded by the Professors of the School, will be examined for in April and in June.

Sir Patrick Dun's Hospital will be visited at nine, a.m., daily, by the Clinical Professors, and Clinical Lectures delivered twice in each week during the winter session, as also during the months of May, June, and July.

The Library of the College of Physicians is open on every Tuesday and Friday at three o'clock, for the delivery of books to students subscribing 10s.

Dublin Lying-in Hospital, Rutland square.—Consulting-Surgeon: Mr. J. W. Cusack. Consulting-Physician: Dr. C. W. Croker. Master: Dr. John Denham. Assistants: Dr. J. R. Kirkpatrick and Dr. John Cronyn. Secretary: J. G. Strickland, Esq. The diploma (which is recognised as a qualification in midwifery) is to be acquired by six months' attendance on the practice and lectures of the hospital, and by passing an examination before the Master and Assistants. The lectures are recognised by all the licensing bodies. The pupils of this hospital are privileged to attend the Cow-pock Institution, Sackville street and York street. Attendance for six months: Intern pupil, 21*l.*; Extern pupil, 10*l.* 10s. Fee on Diploma, 10s. 6d. The winter course of theoretical and clinical instruction will commence in November.

Westmoreland Lock Hospital, Townsend street, Dublin.—Extern Surgeon: Mr. T. Byrne, A.B., M.B. Resident Surgeon: Mr. R. Emerson, L.R.C.S.I. and E. Pupils admitted to a course of clinical instruction.

DUBLIN ROYAL COLLEGE OF SURGEONS.

Anatomy and Physiology—Dr. Jacob. Daily, except Monday, at twelve.

Anatomy, Descriptive and Surgical—Dr. Bevan and Mr. Morgan. Daily, at twelve.

Practical Anatomy and Dissections—Dr. Mapother, Mr. Croly, Mr. Stoney, and Mr. M'Allister.

Chemistry—Dr. Barker. Monday, Wednesday, and Friday, at one.

Practical Chemistry—Dr. Barker.

Materia Medica and Pharmacy—Mr. Macnamara.

Botany and Zoology—Dr. Mitchell.

Hospital Practice—City of Dublin Hospital. Daily, at 9.

Clinical Lectures—Three times weekly.

Surgery—Mr. Hargrave and Dr. Power.

Midwifery, &c.—Dr. Sawyer. Tuesday, Thursday, and Saturday, at four.

Medicine—Dr. Benson. Monday, Wednesday, and Friday, at three.

Mediacl Jurisprudence—Dr. Geoghegan.

Comparative Anatomy—Dr. Jacob.

Military Surgery—Mr. Tuffnell.

Logic—Dr. J. Murray.

Fees—Course, 2*l.* 2s. in all the classes (except Military Surgery, 3*l.* 3s.; and Comparative Anatomy, free).

DR STEEVENS' HOSPITAL AND MEDICAL COLLEGE, DUBLIN,

Anatomy and Physiology—Mr. Hamilton, at ten. First course, 3*l.* 3s.

Anatomy, Descriptive and Surgical—Mr. Symes, at twelve. First course, 7*l.* 7s.

Practical Anatomy and Dissections—Mr. Symes and Mr Hyde.

Chemistry—Dr. Aldridge, at twelve. First course, 3*l.* 3s.

Practical Chemistry—Dr. Cameron. First course, 3*l.* 3s.

Materia Medica and Pharmacy—Dr. Gordon, in Summer. First course, 3*l.* 3s.

Botany and Zoology—Dr. T. W. Grimshaw, in Summer. First course, 3*l.* 3s.

Natural Philosophy—Dr. Cameron, in Summer.

Hospital Practice—Dr. Steevens' Hospital. Daily, at half-past eight.

THE STUDENTS' GUIDE—*Continued.*

Clinical Lectures—Mr. Collis and Mr. Wilmot, at eleven. First course, 3*l.* 3s.

Surgery—Dr. Hardy, thrice weekly. First course, 3*l.* 3s.

Midwifery, &c.—Dr. Freke and Dr. Burke, at eleven. First course, 3*l.* 3s.

Medicine—Dr. Pollock, in Summer.

Medical Jurisprudence—Dr. Hamilton, in Summer.

Comparative Anatomy—Mr. Savage.

Physicians: Dr. Croker, Dr. Freke, and Dr. Burke. Surgeons: Mr. Colles, Mr. Wilmot, and Mr. E. Hamilton. Resident Surgeon: Mr. Symes. Operations on Saturday, at ten.—Fees: Six months' attendance, 7*l.* 7s.; nine months, 9*l.* 9s. Lectures and Hospital Practice for College and Hall, 63 Guineas.

DUBLIN, CARMICHAEL SCHOOL AND RICHMOND HOSPITAL.

Anatomy and Physiology—Mr. Curran. Daily, at twelve.

Anatomy, Descriptive and Surgical—Dr. Cruise. Daily, at one.

Practical Anatomy and Dissections—Mr. Speerne and Mr. O'Grady.

Chemistry—Dr. Davy. Tuesday, Thursday, and Saturday, at two.

Practical Chemistry—Dr. Davy. Tuesday, Thursday, and Saturday, at two.

Materia Medica and Pharmacy—Dr. Frazer.

Botany and Zoology—Dr. Campbell.

Hospital Practice — Richmond, Whitworth, and Hardwicke Hospitals.

Surgery—Dr. R. M'Donnell. Monday, Wednesday, and Friday, at eleven.

Midwifery, &c.—Dr. Jennings. Tuesday, Thursday, and Saturday, at three.

Medicine—Dr. Mayne. Monday, Wednesday, and Friday, at two.

Medical Jurisprudence—Dr. O'Reilly.

Comparative Anatomy—Mr. Curran.

Fee for each course, 3*l.* 3s., except Comparative Anatomy, free.

DUBLIN CATHOLIC UNIVERSITY.

Anatomy and Physiology—Mr. T. Hayden and Dr. Cryan. Daily, except Saturday, at one.

Anatomy, Descriptive and Surgical—Dr. R. Cryan. Daily, except Saturday, at twelve.

Practical Anatomy and Dissections—Dr. H. Tyrell and Mr. P. Hayes. Daily, from seven to seven.

Chemistry—Dr. W. K. Sullivan. Tuesday, Thursday, and Saturday, at two.

Materia Medica and Pharmacy—Dr. Quinlan. Tuesday, Thursday, and Saturday, at twelve.

Institutes of Medicine and Pathology—Dr. R. D. Lyons. Tuesday, Thursday, and Saturday, at three.

Natural Philosophy—Mr. H. Hennesey.

Surgery—Mr. A. Ellis. Monday, Wednesday, and Friday, at three.

Midwifery, &c.—Dr. Byrne. Monday, Wednesday, and Friday, at two.

Medicine—Dr. R. D. Lyons. Tuesday, Thursday, and Saturday, at three.

Medical Jurisprudence—Dr. Macswiney. Monday, Wednesday, and Friday, at twelve.

Comparative Anatomy—Mr. T. Hayden and Dr. R. Cryan.

Logic—Dr. B. D. Dunne.

Fees—Qualified matriculated students, free; non-matriculated students, 2*l.* 2s. each course.

BELFAST QUEEN'S COLLEGE.

Anatomy and Physiology—Dr. P. Redfern. Daily, except Saturday, at two. First course, 3*l.*; second course, 2*l.*

Anatomy, Descriptive and Surgical—Dr. P. Redfern.

Practical Anatomy and Dissection—Daily, except Saturday, at twelve. First course, 3*l.*

Chemistry—Dr. T. Andrews. Daily, except Saturday, at three. First course, 2*l.*; second course, 1*l.*

Practical Chemistry—Dr. T. Andrews. Monday, Wednesday and Friday, at eleven. First course, 2*l.*

Materia Medica and Pharmacy—Dr. J. S. Reid. Monday, Tuesday, Wednesday and Thursday, at four. First course, 2*l.*; second course, 1*l.*

Botany and Zoology—Dr. W. Thomson. Monday, Tuesday, Wednesday, and Friday, at one. First course, 2*l.*; second course, 1*l.* 10s.

Natural Philosophy — Dr. Stevelly. Monday, Wednesday, and Friday, at one. First course, 1*l.* 10s.

Hospital Practice—Belfast General Hospital.

Surgery—Dr. A Gordon. Monday, Tuesday, Wednesday, and Thursday, at one. First course, 2*l.*; second course, 1*l.*

Midwifery—Dr. W. Burden. Monday, Wednesday, Thursday, and Friday at three. First course, 2*l.*; second course, 1*l.*

Medical Jurisprudence—Dr. J. C. Fergusson. Monday, Tuesday, Wednesday and Friday at four. First course, 2*l.*; second course, 1*l.*

Comparative Anatomy—Dr. J. F. Hodges. Tuesday at three, Saturday at one. First course, 2*l.*; second course, 1*l.*

Logic—Tuesday, Wednesday, Thursday and Friday at one.

CORK QUEEN'S COLLEGE.

Anatomy and Physiology—Dr. J. H. Corbett. Daily, except Saturday, at one. First course, 3*l.*; second course, 2*l.*

Anatomy, Descriptive and Surgical — Dr. J. H. Corbett. Daily, except Saturday, at twelve.

Practical Anatomy and Dissections—Dr. J. H. Corbett and Dr. Shinkwin. Daily, at twelve. First course, 3*l.*

Chemistry—Dr. J. Blyth. Monday, Wednesday, and Friday. First course, 2*l.*; second course, 1*l.*

Practical Chemistry—Dr. J. Blyth. Monday, Tuesday, Wednesday, and Thursday. First course, 3*l.*

Materia Medica and Pharmacy—Dr. Purcell O'Leary. Monday, Tuesday, Thursday, and Friday, at two. First course, 2*l.*; second course, 1*l.*

Botany and Zoology—Mr. J. R. Green. Monday, Wednesday, and Friday. First course, 2*l.*

Natural Philosophy—Mr. J. England. Tuesday, Thursday, and Saturday. First course, 1*l.* 10s.

Hospital Practice—North and South Infirmaries.

Surgery—Dr. D. B. Bullen. Monday, Wednesday, and Friday, at three. First course, 2*l.*; second course, 1*l.*

Midwifery—Dr. J. R. Harvey. Monday, Wednesday, and Friday, at four. First course, 2*l.*; second course, 1*l.*

Medicine—Dr. D. C. O'Connor. Tuesday and Thursday, at three; Saturday, at one. First course, 2*l.*; second course, 1*l.*

Medical Jurisprudence—Mr. Barry. Tuesday, Thursday, and Friday, at three. First course, 2*l.*

Comparative Anatomy—Dr. Blyth. First course, 2*l.*

Logic—Mr. G. S. Reid. First course, 1*l.*

GALWAY QUEEN'S COLLEGE.

Anatomy and Physiology—Dr. C. C. King. Daily (ex S.) at two. First course, 3*l.*; second course, 2*l.*

Practical Anatomy and Dissections—Mr. R. Reid. Daily at one. First course, 3*l.*; second course, 3*l.*

Chemistry—Dr. Rowney. Monday, Wednesday, and Friday, at twelve. First course, 2*l.*

Practical Chemistry—Dr. Rowney. Tuesday, Thursday, and Saturday, at two. First course, 3*l.*

Materia Medica and Pharmacy—Mr. S. M'Coy. Monday, Wednesday, and Friday, at four. First course, 2*l.*; second course, 1*l.*

Botany and Zoology—Dr. A. G. Melville. First course, 2*l.*

Institutes of Medicine and Pathology—Tuesday, Thursday, and Saturday, at eleven.

Natural Philosophy—Mr. A. H. Curtis. Monday, Wednesday, and Friday, at twelve. First course, 1*l.* 10s.

Hospital Practice—Galway Infirmary and Town Hospital. First course, 4*l.*; second course, 4*l.*

Surgery—Dr. J. V. Browne. Monday, Wednesday, and Friday, at four. First course, 2*l.*; second course, 1*l.*

Midwifery, &c.—Dr. R. Doherty. Tuesday, Thursday, and Saturday, at three. First course, 2*l.*; second course, 1*l.*

Medicine—Dr. Colahan. Monday, Wednesday, and Friday, at three. First course, 2*l.*; second course, 1*l.*

Medical Jurisprudence—Mr. S. M'Coy. Tuesday, Thursday, and Saturday, at four. First course, 2*l.*; second course, 1*l.*

Practical Pharmacy—Mr. S. M'Coy. First course, 2*l.*

Logic—Dr. T. W. Moffett. Monday, Wednesday, and Friday, at one.

Galway County Infirmary.—Surgeon: J. V. Brown, A.B., T.C.D., M.D., L.R.C.S.I., Professor of Surgery, Queen's Coll. Visiting-Physician, Richard Doherty, M.D.

The Town Fever Hospital contains 30 beds, with a capability of accommodating a far greater number when epidemics prevail. Physician: Dr. Nicholas Colahan.

THE STUDENT'S GUIDE—*Continued.*

ORIGINAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

PETER STREET, DUBLIN.—FOUNDED 1810.

ANATOMY, PHYSIOLOGY, AND PATHOLOGY, &c.—Mr. T. P. Mason and Mr. Edward Ledwich. Five days weekly, at one o'clock.

THEORY AND PRACTICE OF SURGERY—Mr. J. Wharton and Mr. J. S. Hughes. Tuesdays, Thursdays, Fridays, and Saturdays, at twelve o'clock.

SURGICAL AND DESCRIPTIVE ANATOMY, DEMONSTRATIONS, AND DISSECTIONS—Mr. Edward Ledwich. Daily, at eleven, a.m., and from seven till nine o'clock, p.m.

THEORY AND PRACTICE OF MEDICINE—Dr. W. Moore. Mondays, Wednesdays, and Fridays, at three o'clock.

MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN—Dr. J. Kingland. Tuesdays, Thursdays, and Saturdays, at three o'clock.

MATERIA MEDICA AND THERAPEUTICS—Mr. H. Minchin. Mondays, Wednesdays, and Fridays, at two o'clock.

FORENSIC MEDICINE AND HYGIENE—Mr. Robert Travers. Mondays and Wednesdays, at four o'clock.

THEORY OF CHEMISTRY, PRACTICAL CHEMISTRY, AND NATURAL PHILOSOPHY—Dr. C. Cameron. Tuesdays, Thursdays, and Saturdays, at two o'clock.

A Course of Operations to be performed by the Student, under the superintendence of the lecturer (subjects, &c. included), 5*l.* 5s.

This School, claiming priority of foundation many years before any of its kindred unchartered institutions were projected, was established in 1810, by John Kirby, LL.D. At this period, the schools of the College of Surgeons and University were the only sources of Medical education in Ireland, and this necessarily involved an absence of that competition always so conducive to the true spirit of improvement. Since its foundation, this institution has maintained its character for the sound principles of its anatomical and surgical instruction, and numbers amongst its former pupils several of the most distinguished teachers of the Irish School of Medicine.

Endowments in favour of Students, subject to the conditions prescribed by the Founder, in the following departments:—two in Anatomy and Physiology; two in Minute Anatomy; two in Practical Anatomy, and one in Surgery. The usual prizes in the other departments will be awarded at the termination of the session.

Certificates of attendance upon these lectures are recognised by the Queen's University, Ireland; the King and Queen's College of Physicians; by the Dublin and London Universities; the College of Physicians of London; the Colleges of Surgeons in Dublin, London, and Edinburgh; the University of Glasgow, as constituting an "*Annus Medicus*;" the Faculty of Glasgow; by the Army and Navy Medical Boards; and the Apothecaries' Halls, London and Dublin.

GENERAL CORRESPONDENCE.

THE WAKLEY TESTIMONIAL.

To the Editor of the Medical Circular.

SIR,—I have only this moment read your article of last Wednesday on the Wakley Testimonial, and I am surprised to find it announced in your gloss of the statement furnished to you by Mr. Godrich and myself, that we charge Mr. Lawrence and Mr. Elliotson with *counteracting* the efforts of the advocates of the testimonial. Now I beg permission most distinctly to deny saying any such thing. We asserted that the party whom Mr. Wakley styled *bats* were actively hostile to the proposal, and we merely left it to be inferred that the negation of the support of those eminent men, once friends, who greatly benefited by the circulation of the 'Lancet,' acted as a damper upon the subscription.

Had you allowed us to tell our own tale in your pages, and then commented on it, however severely, it would have been more consistent with fair play, if not with "magnanimity;" and it would have avoided the misrepresentation of which I complain. Trusting to your sense of justice to admit this correction,

I remain, Sir, your obedient servant,

D. O. EDWARDS.

Grove house, Brompton, Sept. 9, 1862.

[In the foregoing letter we are accused of "misrepresenting" the purport of a printed document. Our answer to so impertinent a charge will be most effectively given by publishing the paragraph to which allusion is made. This is the paragraph:—

"Mr. Wakley had been too strenuous and uncompromising a reformer not to have created many enemies. Every person interested in corporate abuses, the old monopolists whom he distinguished as *bats* regarded the career of Mr. Wakley with an evil eye, but were not the only opponents of the movement; several alienated friends, such as Mr. Lawrence and Dr. Elliotson were unfavourable to it. These parties were not inactive agents in counteracting the efforts of the committee."

Who are "*these parties*" in the last sentence but Mr. Lawrence and Dr. Elliotson, the immediate antecedents, and not *those* parties described as "*bats*" in an earlier part of the paragraph? If these two honorary secretaries are unable to write grammatically and intelligibly, it is not our fault if we misunderstand their meaning. To write in such a negligent manner, and then to accuse us of misrepresentation, is an example of cool effrontery that we could not have believed possible on the part of either of these gentlemen. Lest, however, they may be unable to perceive their own blunders, we will reconstruct their sentences and show how they ought to have been framed in order to convey, what now appears to have been, the intended meaning.

"Every person interested in corporate abuses, (*including*) the old monopolists whom he distinguished as *bats*, regarded the career of Mr. Wakley with an evil eye; these parties were not inactive agents in counteracting the efforts of the committee. But (*these*) were not the only opponents of the movement; several alienated friends such as Mr. Lawrence and Dr. Elliotson were unfavourable to it."

As the sentences were written by Messrs. Edwards and Godrich they distinctly and positively convey the meaning we applied. No rearrangement of the sentences, moreover, will justify Mr. Edwards's construction that it was merely the "negation" of the support of Mr. Lawrence and Dr. Elliotson that he wished to be inferred, because it stands written "ipsissimis verbis" that they were among the "opponents" of the movement. It is a pity that gentlemen do not learn to write correct and readable English before they favour the world with their lucubrations; if they did they would save themselves from exposure, and their friends much unnecessary trouble.—Ed. MEDICAL CIRCULAR.]

IS ALCOHOL FOOD?

SIR,—Having had the privilege of attending at the College of Physicians on the occasion of the anniversary of our Association, I had the pleasure of hearing read, *inter alia*, the papers by Dr. Inman and Mr. Higginbottom; and, but for the pressure of time, I might have then related the following case, which bears strongly upon the question referred to—viz., is alcohol food or physic? I leave to your discretion the publishing of the case, and to my professional brethren the opportunity of drawing such conclusions as to them may seem most legitimate.

Sept. 1861. I am, &c., VERAX.

CASE.—S. L., the widow of a farmer, residing with her son and two daughters, had led a busy, active life, and lived very abstemiously. At the age of eighty-two, or eighty-three, her strength declined, and she was no longer capable of assisting in the affairs of her house. Her bodily powers seemed to give way all at once, her energy failed her, and her appetite nearly left her. This was about the latter end of the summer of 1828.

The general feeling of uneasiness and of sinking she nearly always experienced, led her to take small doses of tincture of opium; and, as her appetite had nearly left her, she was persuaded by her friends to try and take small pieces of bread-and-butter, or a little soft biscuit, with brandy-and-water. She was quite free from disease of any kind; was perfectly sensible; but so weak, and so much reduced, as to be unable to sit up or to converse. Thus she continued to exist, frequently sleeping; always calm and tranquil, and never complained. Laudanum was the only thing she asked for; and the quantity she took during twenty-four hours occasioned so much alarm in the minds of her friends, that they were ever anxious to substitute brandy-and-water for the opiate, thinking it would prove less detrimental to her. In this they succeeded to some extent. Her weakness increased; and, when awaking from her short sleeps, she appealed to her daughter to give her "a little sip," meaning of laudanum. The eyes were for the most part closed; and her daughter generally offered brandy-and-water, which, when tasted, was frequently refused, with the remark, "No, not that; a little sip of the other." This plan was continued, only with increased doses of both brandy and laudanum, more frequently administered, till she died, in June, 1830. During several of the last months of her life, she took upwards of two pints of tincture of opium, and upwards of two gallons of brandy, each week. The only medicine was calcined magnesia, a teaspoonful of which was administered occasionally, perhaps once or twice a week; and this was quite sufficient to affect the bowels. For some months before her death, she took no food whatever. Always of a spare habit, she was wasted to the extreme point of attenuation. Her mental faculties continued unimpaired to the last few days of her existence, the prolongation of which, for a period little short of two years, was mainly if not entirely owing to the opium or to the alcohol, or to a combination of the two.—'British Medical Journal.'

MEDICAL NEWS.

MORTALITY IN SCOTLAND.—The number of deaths registered in Scotland during the second quarter of the present year was 17,376, being in the annual proportion of 225 in every ten thousand of the estimated population, or one death in every forty-four persons. The corresponding quarter the of previous seven years averaged only 210 deaths in every ten thousand. As usual, the deaths in the town districts greatly exceeded those of the country districts; in the town districts the deaths being 261 for every ten thousand, and 187 for same number in the country.

COST OF LUNATICS.—From the sixteenth Report of the Commissioners in Lunacy, it appears that the entire weekly cost of lunatics in county and borough asylums for 1861, ranged from 7s 2d. to about 10s. 8d. for each individual. At Bristol, however, the entire weekly cost amounted to 13s. 4¾d. In hospitals, as appeared from a large number of returns, the cost of a lunatic varied from 15s. 2d. to about 22s. 2d.

EFFECTS OF IN-AND-IN BREEDING—Dr. B. Webster says:—"The system of breeding in and in, as far as my experience goes, even in what may be considered the finest bloods, has always produced greater aptitude to fat, small bone, and tendency to disease. Clever physiologists may account for this, but I should like to know how they can explain the significant fact, that an Arab mare that has once had a colt by a half-bred horse can never again breed a pure Arab, the colts, even after any number of years, always taking, to some extent, after the horse she first bred by. The same rule holds good with regard to all our breeds of short-horns, or Hereford cattle, Leicester or Southdown sheep, Fisher Hobb's pigs or his pointers."

NOTICES TO CORRESPONDENTS.

Dr. EBENEZER FLEMING.—Received.

W. W.—We are unacquainted with the Regulations of the Veterinary College.

Mr. COOPER.—Received.

Dr. W. S.; Chirurgus; S. B.; A Subscriber, Bristol; Mr. Wood; Censor; A Pupil; Mr. Collins; Dr. W. B. (with enclosures); Mr. Parker; Indigens, &c., &c., communications received.

PARTIALITY AND ARROGANCE OF THE 'LANCET.'

To the Editor of the Medical Circular.

SIR,—You have often recorded complaints on this subject, and should you think the following likely to keep alive that feeling of the profession which alone can repress it, I shall feel obliged by the insertion of my statement.

A short time since the notes of a really important case were sent by me to the 'Medical Times' and 'Lancet,' and both those journals immediately inserted the report. From the former no complaint arose, but in a subsequent matter I met with such marked unfairness at the hands of the 'Lancet,' that I went up and called at the office to ask them at any rate to set me right in their statements of fact. To my astonishment, I was reminded of the above-mentioned circumstance, and told that I was upon their "black list" upon that account, and in the end they managed to inflict upon me a somewhat serious and unmerited annoyance.

The adoption of such tyrannous devices to preserve its start, sufficiently displays the 'Lancet's forebodings, yet I always expose this conduct among my friends, in order to accelerate the decline of a journal which schemes for influence even by intimidating its supporters.

As evidence of good faith I enclose my card, but prefer to subscribe myself MUSTARD SPOON.

[The jealousy of other periodicals, which the conduct of the 'Lancet,' as described above, denotes, is discreditable to that journal, and will prove in the end destructive of its interests. The 'Lancet,' perhaps, wishes it to be believed that the formation of a "black list" is an evidence of its strength, but this is an al surd mistake. Everybody knows that it is an inspiration of fear and weakness, the last resort of a journal trembling for its influence. Such tyranny is sure to be detested and denounced. The 'Lancet's thunder is now nothing more than the rumbling of big stones in an empty cask.]

To the Editor of the Medical Circular.

SIR,—May I direct your attention to an article on Medical Partnerships in the 'Lancet,' of August 2, and a letter in reply thereto in the last number of that journal. The article of August 2, was written by a barrister of Lincoln's inn, who is the hired advocate of a senior partner in a pending suit—being, in fact, a "case of premature delivery" of a speech not due till November next. The senior partner contends that the only question at issue is what portion of the premium is to be returned, if any; so I can leave you to judge what was the object of that article, and whether the obtaining the insertion of an *ex parte* view of that very question, in the shape of a leading article, was fair. The 'Lancet' unsuspiciously fathered the article, thinking that, as it came from Lincoln's inn, it was a fair and impartial exposition of the law of Medical Partnership.

Now, having discovered the true parentage, and that it is really a statement of the case of "the senior *versus* the junior partner," it would be glad to repudiate it, were it not for the unguarded adoption.

I am, &c., A LOVER OF FAIR-PLAY.

Dr. S.—Received with thanks.

Mr. CRUMMEY.—Communication received; but arrived too late for this number.

A SUBSCRIBER.—The subject shall receive a notice next week.

MR. PEARCE shall receive a private note.

DUBITANS.—No practitioner would be justified in undertaking the responsibility of a case without sufficient opportunities of personally judging of the state of his patient. The clergyman ought to have sense enough to see the folly and possible mischief of his prejudice.

Liverpool Royal Infirmary

SCHOOL OF MEDICINE.

The SESSION of 1862-63 will commence on WEDNESDAY, 1st OCTOBER, when an Introductory Lecture will be given at Two o'clock, by Dr. E. WHITTLE.

WINTER SESSION.

Principles and Practice of Surgery—Mr. Long, F.R.C.S.E.
Principles and Practice of Medicine—J. Cameron, M.D., M.R.C.P.
Anatomy, Physiology and Pathology, and Descriptive and Surgical Anatomy—Mr. F. D. Fletcher; A. T. H. Waters, M.D., M.R.C.P.; A. F. Graham, M.D., Demonstrator of Anatomy.
Chemistry and Pharmacy—J. B. Edwards. Ph.D.

SUMMER SESSION.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—T. F. Grimsdale, M.R.C.P. Edin.
Materia Medica and Therapeutics— J. Birkbeck Nevins, M.D. Lond.
Medical Jurisprudence and Toxicology—E. Whittle, M.D. Lond. M.R.I.A.; J. B. Edwards, Ph.D.
Botany—C. Collingwood, M.A. Oxon. M.B., M.R.C.P.
Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.
Practical Chemistry—J. B. Edwards, Ph.D.
Pathological Anatomy—R. Gee, M.D., M.R.C.P.
Dental Surgery and Mechanics—Mr. Snape, L.D.S., R.C.S.

The Dissecting Room is open Daily from 8 a.m. to 6 p.m., under the superintendence of the Anatomical Lecturers and the Demonstrator of Anatomy.

The Fee for all the Lectures (including Practical Chemistry) required by the College of Surgeons and the Apothecaries' Hall is 45*l.*, payable in advance.

ANNUAL EXHIBITIONS.

Royal Infirmary Medical Scholarship—value 42*l.*—consisting of a Gold Medal, value 10*l.* 10s., and Six Months' Free Board and Residence, with Dressership and Clerkship in the Royal Infirmary. In case the Scholarship is gained by a Resident Pupil, Six Months' payment (31*l.* 10s.) will be returned to him.

Four Exhibitions—value 31*l.* 10s. each—consisting of Free Board and Residence in the Royal Infirmary for Six Months, with Dressership on award of the Medical Board.

HOSPITAL PRACTICE.

Students are admitted to the Medical and Surgical Practice of the Liverpool Royal Infirmary from 10 a.m. to 1 p.m. daily.

Fees for Medical and Surgical Practice—For Six Months, 10*l.* 10s.; for the first year, 18*l.* 18s.; for the Second, 12*l.* 12s.; for the Third, 13*l.* 10s.: for three years, 36*l.* 15s.

F. D. PLETCHER, Registrar.

St. Mary's Hospital Medical

SCHOOL.—The WINTER SESSION will commence WEDNESDAY, OCTOBER, 1st, at Eight o'clock p.m., with an INTRODUCTORY ADDRESS by Dr. SIEVEKING, after which a CONVERSAZIONE will be held.

As an incentive to Clinical Study, the Medical Appointments in this Hospital, including FIVE HOUSE-SURGEONCIES, have always been open to its Pupils without additional Fee or expense of any kind: thus offering advantages, both professional and pecuniary, of far more value to the Student than any system of Scholarships or Prizes.

Physicians—Dr. Alderson, Dr. Chambers, Dr. Sibson, Dr. Headfield Jones, Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Coulson, Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. J. Lane.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. White Cooper.
Aural Surgeon—Mr. Toynbee.
Surgeon-Dentist—Mr. Sercombe.

LECTURES.—Medicine: Dr. Chambers, and Dr. Sibson. Surgery: Mr. Lane and Mr. Spencer Smith.—Physiology: Dr. Brondbent.—Anatomy: Mr. Gascoyen.—Operations on the Dead Body: Mr. James Lane. — Dissections: Mr Norton and Mr. Coombs.—Chemistry: Dr. Matthiesson.

SUMMER SESSION.—Midwifery: Dr. Tyler Smith and Dr. Grally Hewitt.—Materia Medica: Dr. Sieveking.—Botany: Dr. Dresser. — Medical Jurisprudence: Dr. Sanderson. — Practical Chemistry: Dr. Matthiesson. — Ophthalmic Surgery: Mr. White Cooper.—Aural Surgery: Mr. Toynbee.—Dental Surgery: Mr. Sercombe. — Comparative Anatomy: Mr. Mivart.—Natural Philosophy: Mr. Smalley.

Clinical Lectures on Medicine and Surgery are delivered twice a week, throughout each Session by the Physicians and Surgeons.—A Maternity Department is attached to the Hospital.

Students are required to perform the duties of Clinical Clerks and Dressers in each Session during the last two years of their curriculum.

PRIZES, &c.—A Scholarship in Anatomy of the annual value of 25*l.*—A Prize of 20*l.* for Students of the First Year.—Prizes in the several Classes, at the end of each Session, of the average value of Five Guineas.—Two Prosecters, who each receive 5*l.* and a Certificate.

The Fee for the Hospital Practice and Lectures required by the Colleges of Physicians and Surgeons, and the Society of Apothecaries, is 89*l.* 5s., which may be paid by instalments.

A detailed Prospectus will be sent and further information obtained on application to

GEO. G. GASCOYEN, Dean of the School.

St. Mary's Hospital, August, 1862.

Dr. Steevens' Hospital,

Dublin, contains 250 Beds, with distinct Wards for Fever, Syphilis, Diseases of the Eye, and Diseases of Females; there is also in connection with the Hospital a Maternity Department, and an extensive Dispensary for Out-Patients.

SYSTEMATIC COURSES of LECTURES are delivered during the Winter and Summer Sessions on all the subjects required by the Colleges, Halls, and the Public Service. These Lectures are given in a commodious Medical School within the walls of the Hospital, whereby great saving of the student's time is secured, as well as more abundant opportunity of observing accidents and important cases immediately on their admission.

Students enjoy the advantages of a Reading Room, Museum, and Lending Library.

There is accommodation in the Hospital for two Medical and six Surgical Resident Pupils as Dressers. Fee £21, including Hospital Certificate.

Comfortable lodgings may also be procured in the vicinity of the Hospital (five minutes' walk from Phœnix Park) of which a Registry is kept by the Resident Surgeon. Parent and Guardians have thus an opportunity of placing the Pupil under the supervision of one of the surgeons or the Chaplain of the Hospital. Some of the Lecturers receive Pupils to reside in their families.

SPECIAL PRIVATE CLASSES are held for the preparation of Gentlemen for the Licensing Bodies and Competitive Examinations.

SENIOR, MIDDLE, and JUNIOR EXHIBITIONS will be awarded at the end of the session to those whose answering exhibits general proficiency in every branch of their professional studies.

There will also be a prize for the best reported series of cases which have occurred in the Hospital during the session.

TWO MIDWIFERY ASSISTANTS are each year (month of November) selected by competitive examination — salary £30 per annum.

The DISSECTING ROOMS, which are most spacious and well ventilated, will be opened on October 1, for Practical Anatomy. The Lecturers and Demonstrators attend unremittingly throughout the day, to assist the student in this most important pursuit, for which unusual facilities exist.

The sessional courses of Lectures will commence on the first Monday in November.

Fee for all the courses of Lectures and Hospital Practice for College and Hall, 63 Guineas, in two instalments.

Further particulars on application to Dr. Symes, Resident Surgeon, at the Hospital; or to E. Hamilton, M.D., Secretary, 128 Stephen's green.

JOURNAL

OF

Practical Medicine and Surgery.

BIBLIOGRAPHY.

ART. 6288. *Des Emboliès Pulmonaires, Thèse de* 152 *pages, Ornée de Figures Lithographiées, Soutenue le* 3 *Janvier*, 1862, *Devant la Faculté de Paris.* (Pulmonary Emboli, an inaugural thesis, with illustrations, pp. 152, defended at the School of Medicine of Paris, on the 3rd of January, 1862), *by B. Ball, M.D., late Interne (Gold medal) of the Hospitals, and honoured with a prize by the Academy of Medicine, etc. (a)*

In a recent bibliographical notice (Art. 6273), we adverted to the very considerable share of *cerebral emboli* in the production of softening of the brain. Dr. Benjamin Ball's memoir on *Pulmonary Emboli* lays before us another series of morbid phenomena equally deserving of attention. The symptoms are not essentially more momentous than in the former variety of vascular obstruction, but they assume forms more varied, and often give rise to more immediate peril.

After a perspicuous definition of the question he intends to inquire into, Mr. Ball supplies us in his first chapter with a general outline of the history of these erratic coagula, and restores to Van Swieten the credit of the first idea, and the earliest experimental demonstration of the existence of venous emboli. Since his writings, even when arterial emboli were fully and universally recognised, retrogressive vascular obstructions were passed over in silence. The solidist doctrine, at a certain period within our own recollection, utterly rejecting the long prevalent theories of humoralist pathology, could not admit the possibility of venous coagulation, unconnected with any pre-existing local inflammatory action; inquiries undertaken for entirely different purposes, demonstrated, however, in the most peremptory manner, that in many instances the cause of the coagulation of the blood must be sought for in the chemical constitution of that fluid. Virchow was the first who rescued this theory from unmerited oblivion. This historical sketch fairly assigns to each author his proper share in the elucidation of the problem, bears the impress of sound judgment and of sagacious literary discrimination, guided by extensive personal acquaintance with a subject to which, with Dr. Charcot, his collaborator, Dr. Ball has already, in 1858, creditably devoted his attention.

The second chapter treats of morbid anatomy, and the author endeavours to point out the characteristics which distinguished coagula, developed in the place in which they are discovered (thrombi, autochtonous coagula), from emboli, which having formed in a more or less distant part of the vascular system, have been conveyed by the blood to the pulmonary vessels. He shows that as a rule, peripheric thrombus is the usual origin of pulmonary embolus. Dr. Ball then minutely inquires into its structure, describes the somewhat complicated mechanism of the migration of fibrinous fragments, and supplies the means of identifying them, and of discovering the fact of the detachment of any portion of the concretion. In as many distinct paragraphs, he expatiates on genuine venous coagula, the fibrinous concretions of the heart, spontaneous thrombus of the pulmonary artery and the retrogressive changes which coagulated fibrin undergoes under the influence of time.

Amongst the veins of the extremities, in which are most generally formed the emboli afterwards found in the circulation of the lungs, Mr. Ball remarks that various statistical returns establish the fact that those of the leg supply in most instances the obstructing matter; hence naturally arises, in cases of pulmonary embolus, the indication of seeking in that region for the origin of the erratic coagula. He points out, on the other hand, the great unfrequency of their primary development in the heart, and the improbability, except in instances of approaching death, of the spontaneous formation of a clot in the pulmonary artery, in which the blood is propelled with great energy by the ventricular contraction. But the gradual and varied changes, which time brings about in the fibrinous concretion, are here of the very highest importance. Want of space unfortunately forbids our dwelling at greater length on these alterations, and we must refer our readers to the work itself for a more detailed view of this interesting part of the subject.

With regard to the mode of formation and subsequent history of pulmonary embolus, Mr. Ball describes the penetration of the concretion into the artery. It may obliterate the vessel at its first bifurcation, or be admitted into smaller and even capillary branches according to its size. The fibrinous coagulum is usually arrested at a bifurcation and presents itself under the aspect of a whitish mass, surrounded by soft, and irregular filaments, distending, but in general not adhesive to the walls of the blood-vessels. It differs from coagula formed *in situ* by the following characteristics: these in general originate in the smaller ramifications, are arborescent, and their structure is throughout homogenous; their form is irregular, their texture stratified, and instead of distending the blood-vessel like the embolus, they do not completely fill its cavity.

The author merely glances at capillary emboli, but the few brief remarks, in which he indulges on the subject, show that further inquiry on this point cannot fail to lead to fruitful results.

Mr. Ball concludes the chapter relating to morbid anatomy by a description of the physical changes observable in the lung as a consequence of vascular occlusion, changes which, of course, vary with the special nature and peculiarities of the obstructing concretion, its size, consistency, and the time during which it has remained in the blood-vessel. "Whenever," says he, "sudden or very rapid death does not arrest the progress of the case, inflammatory action sets in in the artery, the lungs become congested, adhesions form between the vascular parietes and the foreign body, and bring on anatomical changes of various descriptions."

The usual consequence of an obstruction of this kind is mortification. If the coagulum is of sufficient magnitude to obliterate a large arterial branch, it may gradually become in some measure disaggregated under the influence of the impetus of the blood, pass into vessels more and more minute, and finally give rise to capillary emboli, which may generate inflammation, abscess, and gangrene of the deep-seated parts of the viscus.

The primary and essential condition of the existence of pulmonary embolus being the previous presence of a coagulum in some part of the venous circulation, it is obvious that among the causes of the disease, we must place all the morbid circumstances which can possibly occasion coagulation of the blood in the veins. Thus, for instance, the various cachectic conditions of the system, when they have reached an advanced stage, and the anæmia consequent on protracted chronic disease may be concerned in its production. This peculiar tendency of the fibrin to separate spontaneously and to coagulate in the veins, without any absolute increase of its amount in the entire mass of the blood, Vogel terms *Inopexia*. If to this condition of the circulating fluid is superadded any inflammatory complication whatever, as may frequently be observed in the puerperal state, and during the progress of tuberculosis, the conditions favourable to the formation of thrombus, and therefore to pulmonary embolus, will be combined in the most perilous degree. Thus, in these two affections, we especially meet with *phlegmasia alba dolens*, and subsequently the sudden death caused by pulmonary vascular obstructions, which Mr. Velpeau has spoken of, and which surprise and appal the physician.

Our remarks have expanded to such considerable length, that we must refrain from dwelling on Chapters IV. and V., which treat of the symptoms and diagnosis, prognosis and treatment of pulmonary embolus.

In concluding this excellent monograph, teeming with suggestive remarks and pregnant views, Mr. Ball does not conceal from himself that the subject admits of further inquiry. He is fully aware that although the records of science can boast

(a) Edited by Coccoz, Rue de l'Ecole de Médecine, Paris.

of a certain number of well-authenticated facts relative to the history of pulmonary emboli, many others are merely probable, and some are still questionable. The field of investigation, therefore, remains open, and our schools will doubtless supply many willing and diligent investigators. None, however, can address themselves fruitfully to the subject, if unacquainted with Mr. Ball's and Mr. Lancereaux's memoirs, two publications which must be viewed as complemental of each other.

Science now requires that a third inquiry be added to the twofold study of cerebral and pulmonary embolus; *hepatic emboli* constitute a subject of the greatest interest, and one which may perhaps throw a new light on the pathology of the liver, and of the viscera more directly concerned in the performance of its functions. It is probable that a dissection of the emboli of the portal vein, conducted with a degree of attention greater than the point has hitherto received, will explain various imperfectly-understood complications, special to the endemic and epidemic diseases of warm climates, such as Algeria; I allude more particularly to diarrhœa, dysentery, secondary ascites, and that vague morbid entity which, for want of a better denomination, has been called abdominal obstruction. It is not impossible that certain abscesses of the liver, partial discolorations, or circumscribed softenings of the hepatic structure, may some day find an explanation in the presence of capillary emboli. Thrombus is by no means an unusual occurrence during the progress, and particularly in the chronic stage of intermittent fevers; and I may, perhaps, be permitted to reproduce a few lines from a paper I addressed in 1843, to the Army Board of Health, on the subject of the very various modes of fatal termination of the endemic diseases, which for two years I observed in the province of Algeria:—"Another not unfrequent and more or less promptly fatal mode of termination of these affections, consists in the coagulation of the blood in the principal veins of the body (portal, cavæ, iliaca, the left especially.) The formation of these concretions seems to depend upon the circumstance that the blood deficient in vital power (we should now write, in corpuscles) conducts itself as it would in an inorganic recipient, and obeys merely physical laws. These coagula often form, although the system has not been exhausted by chronic disease, and may be observed in acute paludal fevers of unusually severe character, a fact amply demonstrated in the thesis of Mr. d'Hamelincourt, who expatiates on the extreme frequency of concretions within the heart in the fevers observed in the plains of the Mitidja."

VICTOR MARTIN, M.D.,
Chief Physician of Military Hospitals.

ART. 6289. *Traité Pratique des Bains de Mer, et de l'Hydrothérapie Marine* (A Practical Treatise on Sea-bathing, and the Water-cure at the Seaside), *by — Roccas, M.D., Assistant-Inspector of the Baths of Trouville. Second Edition.* (*a*)

The volume before us is one of considerable present interest, and we lose no time in acknowledging its utility. Five years of further observation have merely confirmed the opinions expressed by Dr. Roccas in his first publication on the therapeutic uses of sea-water. The object of the second edition is similar to that of the first—viz., to lay down with greater precision the rules for the application of a remedy, too often indiscriminately resorted to. The author carefully inquires into the physiological and therapeutic effects of *cold* and *warm* sea-baths, and endeavours to specify the cases in which the latter or the former should be preferred. He describes all the morbid conditions which can be cured, relieved, or aggravated by sea-bathing. He expounds the principles which should preside over their administration, and enters into many apparently unimportant particulars, which are neglected by bathers who do not deem it necessary to place themselves under professional guidance. Mr. Roccas's book addresses itself, therefore, both to the patient and to the physician.

We are often, for instance, consulted by ladies who are uncertain whether during pregnancy they are likely to derive benefit from a temporary residence at the sea-side. Many accoucheurs opine that the stimulant properties of salt water, the shock of the waves, and the impression of cold, are injurious. Other practitioners hold a different opinion, and unhesitatingly recommend sea-bathing. Mr. Roccas adopts the former view; "but," says he, "nervous or lymphatic women find, during pregnancy, that warm sea-baths are perfectly innocuous, soothe their nervous system, and impart a healthy tone to the performance of all the functions."

Warm sea-baths are also appropriate in the case of weak and lymphatic children, under three or four years of age. The same remark applies to wet-nurses, to the aged, to persons in a state of *anæmia*, which interferes with proper reaction after the cold bath; to persons suffering from *rheumatism*, *gout*, *hysteria*, or *epilepsy*. The heat of the bath should vary from 89° to 95° Fahr., according to the peculiar susceptibility of each patient. Mr. Roccas also prescribes the warm sea-bath as a preparation for the cold bath, which should at first be taken in the middle of the day, and not be protracted beyond five or six minutes if reaction does not readily follow.

We may also point out in the present volume as deserving of notice, the indication of the means best calculated to remedy some of the disadvantages of sea-baths, and to obviate the accidents so common in all our sea-coast towns.

(*a*) One vol, 12mo. Victor Masson, Paris.

ART. 6290.

MISCELLANEA.

— An Imperial decree, dated June 18th, 1862, concerning the acquirement of the Degrees of Doctor of Medicine, and of Officier de Santé, contains the following provisons, which we reproduce *in extenso*.

"Art. 1.—From the 1st of November, 1862, no person shall be promoted to the degree of Doctor of Medicine, or receive the diploma of Officier de Santé, unless he shall have attended for a time herein specified, and in conformity with the by-laws and regulations of the administration of hospitals, the medical and surgical wards of one of the hospitals situated in the neighbourhood of the University or preparatory school in which his name has been entered.

"Art. 2.—In the Faculties of Medicine the hospital attendance prescribed by the foregoing article shall begin, for candidates to the degree of Doctor, after the eighth quarterly inscription, and shall continue up to the sixteenth, inclusive; for the candidate to the title of Officier de Santé, such attendance shall begin after the fourth, and be continued up to the twelfth inscription, inclusive.

"In preparatory schools, hospital attendance shall begin for all after the fourth admitted inscription, and be continued until after the expiration of the fourteenth.

"Art. 3.—Pupils of preparatory schools, on their admission into a Faculty, shall, during the termination of their studies, submit to the same conditions of attendance, as the pupils of the Faculties, whatever may have been the period of attendance they may have completed in the preparatory school.

"Art. 4.—Inscriptions applied for during this "Stage," shall be delivered in the faculties or in preparatory schools, but on the exhibition of a certificate from the physician or director of the hospital, attesting that during the last quarterly term, the pupil has assiduously fulfilled the duties confided to him in the wards.

"Art. 5.—Those pupils who shall have been appointed after competition, *internes* or *externes* in a hospital, shall be admitted to count the period of their services as such, for an equivalent time of stagiary attendance.

"This article shall apply to the pupils of preparatory schools, in as far only as concerns the attendance they are bound to complete in these schools. Internes and externes, must like other stagiary pupils, present, in proof of assiduous attendance, quarterly certificates delivered in the form specified in the preceding article.

"Art. 6.—Candidates for the degree of Doctor of Medicine, shall, unless from serious causes, of which the minister shall be the only judge, undergo in succession the five con-

cluding examinations, and present their thesis, at the Faculty which shall have delivered their last inscriptions, and in which they have concluded their hospital attendance.

"Art. 7.—An order of the Minister of Public Instruction and Worship will subsequently determine the regulations and provisions calculated to insure the execution of the present decree."

The Royal Orders in Council of 1841 and 1842, already prescribed the obligation of hospital stagiary attendance for medical students, but this obligation was only imposed on candidates for the diploma of M.D., and was limited to one year, the third year of the studies in the Faculties, and the second in preparatory schools. In future, for candidates to the inferior degree of Officier de Santé, or for the higher one of Doctor of Medicine, the period of attendance shall extend over two years. The effect of the new decree will, therefore, be to increase the amount of practical instruction of both classes of medical practitioners.

The circular to the Rectors further remarks that the decree will defeat the practice not unfrequently resorted to by some individuals, who undergo the required examinations in one Faculty, and present the thesis in another, chiefly at the Paris School of Medicine, in order to assume the title of pupils of the latter.

— Dr. Verjus and Dr. Bintot, both attached to the Medical Staff of the French Army in Mexico, are reported to have fallen into the hands of the enemy.

— Dr. Grand-Boulogne, formerly Vice-Consul at the Antilles, and at present practising in Paris, has on his demand been authorised by the Minister of War, to proceed to Vera Cruz, in order to give the army in Mexico the benefit of his experience in the treatment of yellow fever.

— Amongst the names of the French exhibitors who have obtained medals at the distribution of prizes at the Great International Exhibition, we notice the following:—Messrs. Charrière, Mathieu, and Lüer, surgical instrument makers; Dr. Auzoux, for his plaster specimens of anatomy; Mr. Galante, for his India-rubber appliances; Dr. Duchenne (of Boulogne), for his photographs, illustrative of the action of the electric fluid on the muscular structures of the face; Dr. Marey, for his ingenious pulse delineator; Dr. Sales-Girons, for his fluid-pulveriser; and Mr. Préterre, who has been honoured with the only medal awarded for dental surgery and artificial teeth.

— We learn from Mexico that two of our naval fellow-practitioners, Messrs. Rideau and Gaymard, have perished victims of their devotion to their duty.

In France the profession has suffered numerous losses. Professor Adelon, a model of scientific and private worth, died at Sceaux on the 19th of July, in his eightieth year. Mr. Amédée Joux, a humourous and valued contributor to the medical press, was suddenly carried off by pulmonary congestion, at the age of fifty-one. We have also to record the deaths of Messrs. Audoin, De Beauvoir, Coppin, Régnault, Paul Genty, E. Gaubric (of Bordeaux), and Girardin (of Nancy).

Art. 6291.

Effects of Consanguinity on the Breeding of Domestic Animals.—Debate on Exophthalmic Goître.—Premature Artificial Delivery.—Interesting Case of Transfusion of Blood after Parturition.

The Academy of Sciences is still engaged in the investigation of the question of the perils of consanguineous marriages, and Mr. Boudin maintains the accuracy of the statistical figures objected to by Mr. Isidore, the chief Rabbi of the Paris Consistory. The Academy, on the other hand, heard with interest Mr. Beaudouin, who brought forward a communication intended to throw some light on the history of the effects of consanguinity on the breeding of domestic animals.

The facts adduced by the author are the result of persevering observation continued during a period of twenty-two years on a flock of three hundred merino sheep, in which for that space of time breeding has been carried on, without the adjunction of any other male or female individuals whatever. Under these circumstances, Mr. Beaudouin has had ample opportunity of watching the effects of consanguineous intercourse, in every degree of relationship. By this method he has succeeded in constituting a breed possessed of all the qualities he was desirous of preserving, and of others which he was anxious to develope, and which enjoys, moreover, remarkable health and vigour. Neither the earlier nor the later generations have ever been subject to any particular disease. The barrenness, conceded by Mr. Child as one of the results of consanguineous unions, does not appear to have struck Mr. Beaudouin, who has, however, found an annual average of six per cent. of subjects in whom one testis only existed, or in whom both glands remained concealed within the abdomen. Some few instances of barrenness of females were also noted, but in smaller proportion. The double births averaged 5 per cent., and in 1859, when twin-births were unusually plentiful everywhere, they amounted to 7 per cent. in Mr. Beaudouin's flock. Albinism, which has been frequently alluded to in all the statistical returns recently brought forward, did not occur once; but, on the contrary, several instances of melanism were observed here and elsewhere. No case of monstrosity was noted, and the proper conformation of the animals far from degenerating, improved in a remarkable manner.

At a former meeting, Mr. Sanson stated as the result of carefully-conducted inquiries on the same subject, that with regard at least to domestic animals, the alleged bad effects of consanguineous intercourse are not borne out by observation. Mr. Beaudouin is very much of the same opinion, but he thinks, however, that the position assumed by Mr. Sanson is of too general a character, and that his statement admits of some reservation, and would have his entire concurrence were it limited to the assertion that the alleged disadvantages have no foundation in fact, "when the consanguineous intercourse has taken place between picked individuals."

We are inclined to believe that this restriction, already propounded in Mr. Child's paper, will meet with the approval of all sensible persons; Mr. Flourens, who entirely coincides in this view, also agrees with Mr. Beaudouin, in acknowledging the large share which must be conceded to the will of man on the results effected.

"The problem of consanguinity," said he, "is most intricate, and observers who view the question from different points of distance can readily be imagined to adopt conclusions in appearance conflicting, but yet equally legitimate. Their errors are but the result of an attempt to generalise their inferences by wandering from the data of the problem. It is obvious, for instance, with respect to domestic animals, the breed of which it is desirable to preserve and improve, that consanguineous intercourse is almost indispensable; yet their reproduction is not left to chance, and the animals are selected for their strength and perfection of form. These principles do not obtain in consanguineous marriages, and we cannot, therefore, be surprised if the results are different. The agriculturist is well aware that for animals, not only the qualities, but the defects of the parents can be reproduced and exaggerated by coupling. We are ignorant of the origin of the beagle, but we are well acquainted with the history of short-legged sheep—a race which in some countries has been propagated, because it was deemed advantageous to possess animals incapable of escaping from enclosures. An accidental deformity of one individual was thus reproduced at first in a few only of his descendants, and subsequently in the entire progeny."

Are similar results attainable in the human kind, and are the same laws of hereditary transmission applicable to man and to the brute species? These are the questions to be inquired into. But even admitting this to be the case, and that it were further possible always to unite in marriage parents in the most perfect state of physical development, it would still be rash to assume that the extinction of deafmuteness, shown to be

one of the frequent consequences of the union of relatives, would be the consequence. Yet, if we recollect the undisputed fact that scrofula exercises a considerable amount of influence on diseases of the ear and on accidental deafness, it may not appear unreasonable to admit that consanguineous unions, from which the scrofulous element shall have been carefully excluded, will be less liable than other marriages to give rise to a deaf and dumb progeny.

— A case of *Exophthalmic goître* was related to the Academy of Medicine on the 1st of April, 1860, by Dr. Hiffelsheim, and in December of the same year the late lamented Dr. Aran read a comprehensive memoir on the same subject. Both these papers were referred to a committee, consisting of Messrs. Bouvier, Baillarger, Châtin, and Trousseau, and about a month ago Mr. Trousseau, in the name of his colleagues, reported on the question.

Art. 5949, 5950, and 5964 of the present Journal will supply our readers with all the information attainable in the present state of the question. They will find that, despite the careful inquiries instituted on the subject, and the many names bestowed on the affection, the intimate nature of this singular disease is yet a mystery.

In subjects afflicted with exophthalmic goître, or, as Mr. Trousseau calls it, *Graves' disease*, the attention of the observer is at once arrested by a symptomatic *triad*, or threefold group of symptoms, consisting of—

1. The marked protrusion of the eye-balls;
2. The enlargement of the thyroid gland;
3. The visible pulsations of the heart and arteries.

A fourth element should be superadded—viz., *chloro-anæmia*. The coincidence of these various morbid conditions is pathognomonic, and any one of the first three, detected alone, must suggest the idea of inquiring into the presence of the others. "When the disease is of long standing," says Mr. Woillez, in his *Dictionary of Medical Diagnosis*, "the history of the case shows that the cardiac or arterial throbbings, the hypertrophy of the thyroid, and the exophthalmos, equally mark the incipient stage at the same time that anæmia steadily progresses. The morbid increase of vascular or cardiac pulsation, when sufficient to be detected by ocular inspection, is an infallible sign which, even existing alone, reveals the true nature of the disease; but it acquires its full value only when coupled with hypertrophy of the thyroid." These phenomena present some interesting particulars of a secondary nature. According to Stokes, the pulsation of the radial artery is always feeble, even though the throbbing of the carotids may at the same time be extremely violent; and Mr. Charcot states that the abdominal aorta is liable, like the blood-vessels of the neck, to become the seat of energetic pulsation, and also the superficial thyroid arteries. The principal arteries present distinct *purring tremor* on palpation, and the stethoscope reveals the existence of a rough and continuous swelling souffle. In some instances, but not invariably, the extent of the dulness of the precordial region is increased. It is further proper to notice the absence of fever and the preservation of the function of nutrition, except in advanced organic disease, which terminates fatally—*i.e.*, in one case out of every four.

The debate which followed did not throw on the nature and treatment of exophthalmic goître more light than the report itself. Messrs. Bouillaud and Beau, however, imparted some slight information on the ætiology of the disease. Mr. Bouillaud has observed twenty-one cases, and the patients appear to have almost invariably been boys, girls, or young women who presented the signs described by Tissot and Lallemand as characteristic of sexual, and especially of solitary indulgence. Hence he is disposed to trace exophthalmic goître to the anæmia consequent on this cause of exhaustion. Mr. Beau, on the other hand, adduced instances which show the influence of deep, irremediable grief on its production. It is therefore probable that the affection may especially result from physical or mental agencies of a depressive and enduring character, and that it differs from chloro-anæmia but by the development of special symptoms, the predominance of which has not yet received any satisfactory explanation.

— Mr. Salmon, one of the candidates for the vacant seat in the section of Obstetrics at the Academy, read a paper on various indications of the induction of premature labour by means of the uterine douche, and on the best method of performing the operation.

The author conceives that premature delivery should be resorted to, by this procedure, whenever one or more previous labours, at the full period, have been fatal to the child or dangerous for the mother. The uterine douche is a direct stimulant of the womb; its influence is first apparent on the os uteri, which contracts before the body of the organ, and the contraction of the muscular structures of the viscus is followed by their relaxation. During this period the fibres of the fundus and body continue to act on the orifice and effect its dilatation. In Mr. Salmon's opinion, this procedure determines phenomena closely analogous to those by which nature prepares natural parturition. Three douches a day, each of twenty minutes duration, rapidly induce premature delivery; when labour has distinctly set in, it is generally proper to lacerate the membranes. At the conclusion of his paper, Mr. Salmon remarks that of all the objections brought forward against the use of the douche, none has been less demonstrated by experiment than the possibility of the introduction of air, at the same time with water, into the uterine sinuses.

The subject to which Mr. Salmon addresses himself is one of much interest, and undoubtedly one of the most important recent introductions into obstetrical practice.

At the Hospital of the School of Medicine we witnessed, within the last few days, the application, for the same purpose as that for which the douche is resorted to, of an India-rubber tube and ball, invented by Mr. Tarnier, an appliance which proved remarkably successful in the cases of two patients lying in the wards. Mr. Blot, who temporarily replaces Mr. Dubois, succeeded some time since, with this instrument, in delivering of a living child the sister of a fellow-practitioner, who in a former pregnancy had been compelled to undergo a fearful operation of cephalotrity. The beneficial effects of the method are such as to claim admiration, and we cannot sufficiently express our surprise at the systematic opposition of Gardien, Capuron, and other eminent professors of midwifery, to the practice of premature artificial delivery, erroneously confounded by them with abortion, which they refused to countenance under any circumstances whatever. Neither did they distinguish it from forcible delivery, and this was equally unjust. In premature artificial labour, induced by the douche or the India-rubber ball, the surgeon merely gives the first impulsion, after which nature effects the remainder, whereas in forcible delivery the surgical interposition must continue uninterrupted to the end. We shall revert to the subject, and reproduce Mr. Blot's remarks on the felicitous results we have above alluded to.

— Transfusion of blood is not a new operation, but it has so seldom been successful, that it is not inexpedient to record the instances which now and then have a prosperous termination. The *Deutsch Klinick*, published on the 7th of June, 1862, a case of the kind which had a favourable issue. The patient was a woman recently delivered, in whom the various hæmostatics had in vain been resorted to to check profuse flooding. Syncope, refrigeration of the extremities, absence of arterial pulsation, and altered countenance, denoted impending death, when Dr. Weickert, who communicates the case, determined on attempting transfusion of blood.

The blood was supplied by a son of the sufferer, a vigorous lad of seventeen. The median vein of the left arm of the dying woman was in the first place exposed, in the extent of one inch, and dissected from its attachments; a trochar was then inserted into the bloodvessel, and the syringe was adapted to the canula of the instrument. A thread was, moreover, placed beneath the vein, and raised so as to press the latter against the tube whenever a sudden movement of the sufferer compelled the surgeon to discontinue the injection. Dr. Weickert employed Martin's apparatus, and being above all anxious to prevent coagulation, he extracted from the veins of the boy, on each occasion, only the quantity strictly necessary to fill the syringe: this precaution had, however, an unexpected result, which very nearly proved fatally prejudicial. After two or three aspirations, correspond-

ing to as many abstractions of blood, the lad fainted, and in order to complete the operation, it became necessary to have recourse to a female neighbour of healthy appearance, who obligingly consented to sacrifice a portion of her blood to save her friend. The patient soon recovered consciousness, and was promptly restored to perfect health.

This felicitous result is especially remarkable, inasmuch as the operator was unable to prevent the coagulation, which he so much dreaded. Not only did the blood partially curdle while the piston descended in the barrel of the syringe, but it began to concrete in the vase into which it flowed from the vein, although both syringe and recipient had been previously heated to the same temperature. Mr. Jaccoud, who discusses the case with much sagacity, (*a*) remarks, with reason, that the course adopted by Mr. Weickert was calculated to defeat his object, and to promote coagulation. The experiments instituted by Hunter, Hewson, and Scudamore, fully demonstrate the fact; and it seems established beyond contradiction that the temperature most favourable to coagulation is that of the animal from whom the blood has been removed. Davy's researches show, on the other hand, that at 32° Fahr. the formation of the clot is delayed one hour. Mr. Jaccoud does not, of course, assume that the blood to be injected into the veins of a subject whose natural temperature is about 100° should be reduced to freezing point, but as the most favourable limit is not yet known, he conceives that it should be sought for experimentally, and that the surgeon should not blindly obey precepts founded on mere routine.

(*a*) *Gazette Hebdomadaire*, August 8, 1862.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,

By JABEZ HOGG, Esq., M.R.C.S. Eng.,
Assistant-Surgeon to the Hospital, &c., &c.

OPTICAL PRINCIPLES INVOLVED IN THE USE OF THE OPHTHALMOSCOPE.

Dioptric principles involved in ophthalmoscopic examinations.

The construction of the eye for the purpose of seeing, exhibits an arrangement and character of parts that have been not inaptly compared with those of an ordinary *camera obscura*. The plate of ground glass, on which the image of the object is formed, figuratively represents the retina; the inclosed box, with its stops to intercept the more oblique rays, is the chamber of the eye, with its admirably adapted curtain, the iris; whilst the crystalline lens is the correlative of the glass one in that popular art-instrument. Rays of light reflected from any object will, after passing through a small pin-hole, form an image of that body on a screen, without the intervention of any special optical apparatus. Let the pin-hole represent the aperture of the pupil, and the screen a sensitive retina, and we have what may be termed a radical type of the organ of vision. Situated and circumstanced, however, as is the living eye, it is necessary that provision be made, not only to support and distend the parts, but that the *media* and structures employed should possess the transparency, and have, besides a peculiar contrivance to harmonise the properties of the different elements engaged in that wonderful economy, the object of which is sight. The laws of light accordingly, and the varying refracting powers of substances of different densities are accommodated to each other in the eye by the interposition of an organised body which has a something more than the form;—the character, and the actual purpose of a common lens. Further, to complete every requirement we have spread over and, in fact, arising from, the tissues of the eye, a double layer of the finest muscular fibres, which are finally attached to the edge of the containing capsule of the crystalline lens. These, collectively, are called the ciliary muscle, and under the control of the nervous system, contracting or elongating according to circumstances, adjust the focal distance of the lens, with the nicest delicacy, to the point of distinct vision on the surface of the retina.

Upon the origin or nature of light I enter into no discussion here, but it is necessary that I should direct attention to some general laws which regulate the passage of light from one point to another, through bodies of diverse forms and through media of different densities; as these are all involved in the theory of the opthalmoscope, and without a knowledge of which the use of that instrument becomes merely empirical, if, indeed, it may not be said, to be unreasonable.

Rays of light, when once they have passed into a medium of uniform density, proceed in straight lines. If, however, they are interrupted in their course and made to pass through another substance differing in density, as, for example, from air to water, the lines of original direction are altered at the surface of the new medium. To cite a well-known example. Place a shilling in a basin and retire to such a distance that the shilling is lost sight of. If an assistant now pour water into the basin, the shilling will again appear within range of vision. This is the effect of the law of refraction. Rays of light, reflected from the object on passing from the water to the air, are bent at the surface, so as to clear the edge of the basin by an angle of refraction, and fall into the eye of the observer. In this case the rays of light pass from a medium water, which has greater refractive powers than the air into which they pass, and accordingly it will be found that they are deflected from the perpendicular; or, as it is otherwise expressed, the angle of refraction is greater than the angle of incidence. On the contrary, the reciprocating rays of light returning from the eye to the object point are subject to an opposite effect, in passing from the air, which has less refracting powers than that of the aqueous fluids; they are deflected towards the perpendicular; or, in other words, the angle of incidence is greater than the angle of refraction. (*a*)

The form of a refracting surface materially affects the direction of rays of light. In passing through a plate of glass, the refracting power of which is greater than that of air, if its two surfaces are perfectly plane and parallel to each other, a ray of light passes on unrefracted, or, if it be so, the angle of deviation as it enters, being equal to the angle of deviation as it passes out, and as these angles are on opposite sides of the ray, the direction line, after being twice refracted, will be parallel to its original direction. If the two surfaces of the medium incline towards each other at an angle, as in the ordinary prism, the course of the ray of light, after its second refraction, is not in its original path, but is deflected away after passing through the medium, according to the angle formed by the intersection of the two surfaces. Prisms, the surfaces of which are inclined towards each other at a sufficiently great angle, do not transmit any ray of light which is incident on the second surface, in such a manner as that its corresponding angle of refraction would exceed 90 degrees. Under these circumstances, rays of light pass out through one or other of the surfaces, after being reflected once or oftener. Ophthalmoscopic reflectors are sometimes made of this kind, perforated with a small hole, so that some of the rays of light returning from the patient's eye may reach the eye of the observer. Meyerstein was the first to employ such a reflector.

A refracting surface which is the segment of a sphere will either have a common focus, or, after refraction, rays of light will proceed in a parallel direction with their original course. A refracting surface whose convexity is presented to a medium of less refracting power, as, for example, the cornea in relation to the atmosphere, condenses the light it refracts. On the other hand, a refracting surface, concave towards the less refracting power, disperses the light which passes through it.

The double convex lens is a transparent body having two spherical refracting surfaces, convex towards the atmosphere, a medium of less refracting power, and with a common axis. Incident rays, after having been refracted at the two surfaces of the lens, have the same focal direction. There is a point in the axis of every lens through which, if we draw a straight line in any direction, it will make equal angles with the two surfaces at the points where it cuts them. Rays of light passing through this point will be refracted as if they had passed through two plane refracting surfaces parallel to each other, which amounts to the same thing as if it had passed through without being refracted at all. This point in the axis of the lens is its optical centre, and a line drawn through it and the focus of an incident pencil of rays is the optical axis of this pencil. The optical centre of a double convex lens, having equal radii of curvature, is equidistant from them, and the focal distance is equal to the radius of curvature measured from the centre to the surface.

In a double concave lens we have the two surfaces of the medium

(*a*) The angle of refraction, that is, the angle which the direction line of a ray so deflected makes with a straight line (or perpendicular) drawn through the surface of the medium, and at right angles to it, bears such a relation to the angle of incidence that for the same media the sines of the angles of incidence and refraction are always similarly proportioned to one another. Thus, if we represent the sine of the angle of incidence of a ray passing from air into glass by the number 3, and the sine of the angle of refraction of the same ray by 2, then the sine of the angle of incidence of another ray passing from air into glass be 6, the sine of the angle of refraction of the second ray will be represented by 4.—(*Rainy's* 'Theory of the Ophthalmoscope.')

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The Human Eye as a Dioptric Apparatus, and its Hypothetical Equivalent.

The human eye presents to the passage of light three curved surfaces: 1, the cornea; 2, the anterior, and 3, the posterior surfaces of the crystalline lens. The rays have also before impinging upon the retina, to pass through four transparent media of different densities or refractive powers. These curved surfaces are not exactly spherical, and their centres are not exactly in the same line, so that the principles already adduced cannot strictly be applied to the circumstances of a living eye. The general effects produced, however, by this combination, is the same as that of a double or biconvex lens, or of a single spherical refracting surface, having its convexity towards a medium of less refractive power. An explanation has been given of the optical problem involved, by assuming that very small portions of these surfaces are spherical, each having a centre in the same straight line drawn, through the vertex of the cornea to the centre of the *macula lutea* of the retina, and which would represent a common optic or visual axis. Listing was the originator of this hypothetical solution of the many difficulties and apparent anomalies that arise in reconciling theory with actual fact, from the compound structure of the human eye, and from the want of exact knowledge of the powers and values of the different refracting surfaces and media. And this suggestion has been acted upon by every scientific ophthalmoscopist who has since sought to give the abstruse theoretical information necessary to understand properly the use of the instrument. None appear, however, to have improved upon the original proposition, and which accordingly I proceed to give in Listing's own words. (*a*) "Indeed by considering these vertex portions of the refracting surfaces of the eye as spherical segments, and their centres as placed on the optical or visual axis, we have transformed the eye into a system of spherical refracting surfaces of which the centres are all on the same straight line, and this may well be called an ideal or *diagramatic* eye. Of course we can apply all the principles (dioptric) just developed to such an ideal eye without further limitation. It must, however, be always remembered, and owing to its importance, a repetition may be allowed, that all the principles, &c., hitherto developed are valid only for those rays that form very small angles (strictly speaking, infinitely small) with the axis, and which at the same time strike the refracting surfaces very near their vertices, so that the angles of incidence may be extremely small. An example may render this more striking. If this page be placed eight inches from the eye, and the number of the page be the part fixed upon, it must not be expected that the pencils of rays proceeding from the letters immediately beneath will be refracted according to the same laws as the rays proceeding from the number fixed; the former rays would form too great angles with the axis, hence their course cannot be at all determined by the constructions previously given. Owing to the compound nature of the light, a mathematically exact image is never formed on the retina; accordingly we may readily understand that objects at different distances, are seen with equal distinctness, provided their images are not attended by too large circles of dispersion. The eye is practically accommodated for a line and not for a point, a fact especially pointed out by Czermak, who has called it the line of accommodation; its length varies inversely as the rate of increase in the circles of dispersion, and the more slowly they advance, the longer it will be." These circles of dispersion describe the condition of a bundle of rays of refracted light after or before having been brought to a focus. In the ideal eye, parallel rays come to a focus exactly on the retina, but divergent or convergent rays come to a focus before or behind that membrane, thus forming upon it what we term circles of dispersion.

It will be more perfectly understood that in the diagrams I am about to give with my discussions of the two different methods, the direct and indirect, of examining the eye with the ophthalmoscope, the eyes represented are supposed to be homogenous, or possessing one refracting spherical surface, which is the hypothetical equivalent of the various surfaces and media in a real eye. A higher index of refraction given than is the real equivalent of the actual media, preserves all the proportions between the natural differences and also of the distances of the cornea and retina from the optical centre, nearly unchanged, and so far as concerns any conclusions important to ophthalmoscopists, the results obtained from the equivalent, or hypothetical eye, may be regarded as if quite accurate.

Neither the rules nor principles laid down with respect to this hypothetical eye refer to any other rays of light than such as fall perpendicularly—horizontally—on the spherical refracting surface in or very near its vertex, and which accordingly suffer no change in their direction after having been refracted. This, therefore, presumes a very small pupil, as the image of objects in a plane perpendicular to the optical axis, must be formed on another plane perpendicular to its axis, which can be true only of a very small portion of the retina. This circumstance affords me the opportunity of illustrating the rigid character of Listing's ideal eye, and comparing it with the beautiful adaptibility of the natural eye, abounding with provisions for the proper refraction of rays falling at every angle upon the convex surface of the cornea, thus producing perfect images of lateral objects upon the retina. Whilst, therefore, the approximate results of exact demonstration upon hypothetical data can be fully relied upon in explaining the general dioptric phenomena of the human eye, there are still many evident provisions for special purposes, which with present knowledge can be no further explained than by referring them to natural deviations of the refracting surfaces and media of the eye, from the simple and uniform type found so convenient in mathematical optics.

(To be continued.)

(*a*) I have the high authority of Helmholtz (who himself employs Listing's formula), also to the same effect with respect to at least, one continental writer upon the subject. He remarks in his 'Theorie des Angespiegel,' that the "improvements which Stelling von Carion has sought to introduce into the said hypothesis, I cannot acknowledge to be such."

REVIEW OF BOOKS.

Clinical Medicine. By W. T. Gairdner.

The new method of writing books on the Practice of Medicine—that of induction from observed and reported cases as contra-distinguished from the old or dogmatic method—is particularly affected in the Northern Capital. The work of Dr. Bennett was a remarkable example of this plan, and on that account is more special in its character than a general treatise on Medicine might be expected to be. Nevertheless, this method has the advantage of reality. The cases, if faithfully reported, speak for themselves, and their significance can be estimated by the reader as well as by the original observer. All dogmas, moreover, must have originated in inductions from observed cases; in every respect, therefore, it is better that the cases themselves should be reported than the dogmas without the cases. By this new plan we are better able to judge of the grounds of an opinion, and can place more confidence in the judgment of a writer when we see the various steps and considerations by which he was led to his conclusion. Dr. Gairdner's work is framed after the clinical model. Its plan is desultory, rather than systematic, and gives the result of the author's experience rather than that of his predecessors. Modern progress has become so experimental that nothing less than this will now satisfy the reader. The author treats at length on pneumonia, influenza, typhus and enteric fever, scarlatina, cholera, syphilis, hysteria, delirium tremens, pleuritic effusion, pneumothorax, aneurism, cardiac murmurs, and of various other subjects, such as the use of alcohol, phthisis pulmonalis, embolism, diseases of the stomach, kidney, &c., &c., in a more brief and general way.

As the treatment of pneumonia is now the critical question among practical physicians, we shall cite Dr. Gairdner's conclusions respecting it:—

"1. Bloodletting is a remedy of great power, the use of which, mainly in consequence of the strikingly beneficial effects witnessed from its employment in select cases, has often tended to degenerate into a vicious routine.

"2. The circumstances in which experience has shown bloodletting to be thus strikingly useful are—*a*, in the very early stages of acute inflammations; *b*, in uninjured constitutions; and *c*, when the disease is attended by marked inflammatory fever, or by urgent symptoms, not indicative of exhaustion, and developed with great rapidity. In the opposite class of cases—viz., where *a*, the early stage has passed; or *b*, the constitution is impaired; or *c*, the fever is attended with much debility and exhaustion, or is typhoid in character, bloodletting is always much more dangerous than useful; and therefore its employment should always be founded on a careful consideration of the vital character of particular cases, not on the mere nomenclature, or pathological character, of the existing disease.

"3. The employment of remedies without such a truly practical selection of cases entirely vitiates the experiment, considered as one of therapeutics, by converting it into the expression of a blind and senseless routine; and, therefore, it is not to be wondered at, but quite in accordance with what was to be expected, that Dietl and others should have found that it was better to leave cases of pneumonia altogether to nature, than to bleed them indiscriminately, and to set the results against other cases otherwise treated, with the view of obtaining statistics of mortality under different methods of treatment. Nevertheless, the testimony of Dietl, and other like sceptics, to the efficacy of bloodletting *in relieving symptoms*, must be accepted as part of the evidence in favour of bloodletting in suitable cases, all the more that it comes somewhat in the form of an unwilling admission, derived from personal experience. There is, in fact, an almost complete unanimity of statement upon this point among observers, whether of the school of 'expectation,' or of the opposite tendency; and this concurrence as to a main fact in the argument is the more remarkable, considering the extreme diversity of theories under which bloodletting has been practised or rejected.

"4. Generally speaking, statistics of the mortality of diseases under bloodletting cannot be obtained in such a form as to admit of comparison with the results of other methods. For, if carefully-selected cases only are bled, the cases so selected cannot be set against unselected cases, or against those selected for treatment on a different principle. And if cases are bled without selection, the experiment is incurably bad, and the treatment vicious *ab initio*. The utmost that can be obtained by a therapeutic experiment on numbers of cases is to show how bloodletting modifies the symptoms and the duration of the disease, *in those cases to which it is considered to be truly applicable.*

"5. The carefully-conducted inquiry of Louis, and the still more conclusive experiments of Grisolle, have established beyond all question the power of bloodletting when employed near the beginning of the disease, and in fitting cases, to abridge the duration of pneumonia. The experiment of Louis, however, shows with equal clearness the danger of indiscriminate bloodletting, and especially of repeated bloodlettings performed without due regard to symptoms, or at an advanced period of the disease.

"6. There is extreme danger in regulating the use of bloodletting, or of active remedies, in pneumonia, by the physical signs alone: inasmuch as pulmonary condensations revealed by the stethoscope only, are, in a large proportion of cases, quite distinct in their pathology from acute pneumonia, and are indications of debility and exhaustion, rather than of inflammation. It is clearly established that, for some time after the introduction of the stethoscope, the treatment of pneumonia was most unfavourably affected by the rash application of old methods of treatment to newly-discovered diseases. See on this point the 'British and Foreign Medico-Chirurgical Review,' No. XXV., p. 217-219.

"7. Pneumonia as deduced from physical signs, based upon the diagnosis of pathological changes in the lungs, is not at all comparable, statistically or otherwise, with pneumonia as inferred from symptoms alone. It is quite certain that the modern idea of pneumonia includes a great many cases not known as such to the older physicians.

"8. Besides this, it is well established that the more intense and acute forms of pneumonia, as marked by symptoms, and as described by Cullen and Gregory, have of late years become exceedingly rare; the great majority of cases now described being unattended by urgent symptoms, and yielding readily to mild treatment, or getting well without treatment.

"9. Hence the modern comparative disuse of bloodletting, though unquestionably well founded as a general rule of practice, ought to make allowance for exceptional cases in which this remedy may still be required; and the criterion of such cases will be the urgency of the fever, pain, and dyspnœa, and the general strength and condition of the patient; not the pathological condition of the lung as ascertained by physical diagnosis.

"10. The treatment by antimony, by stimulants, and by all other methods in pneumonia, ought in like manner to be regulated by the knowledge of its tendency to a spontaneous favourable termination; and, therefore, is to be addressed rather to the accidental symptoms of urgency, than to the disease in general, as a simple pathological fact. The principles of treatment in detail will be shortly considered in the next article."

This quotation, which is rather long, shows the temper of Dr. Gairdner's mind and the leading characters of his book. He is an eclectic practitioner, one who steers between extremes and tries to find out and extract the element of good contained in all systems. We can recommend the work with confidence and pleasure to the student and practitioner.

The Physiological Method of treating Consumption. By Henry R. Silvester, M.D.

We presume that this is intended to be considered as a new method of treating this too familiar malady. We must say, however, that Dr. Silvester evidences considerable power of analysis, and that his little *brochure* is a good exposition from his point of view of the physiological phenomena that give the tendency to tuberculosis. He shows, what is not new, however, as a proposition, that the deposit of tubercle is owing to deficient aeration, from some one or more of many causes, of the upper lobe of the lungs. His plan of treatment chiefly consists of gymnastic exercises, and he particularly recommends a chair contrived expressly for the purpose, by Mr. Bigg, of Leicester square. In other respects the author coincides with the recommendations of most other writers as to the use of cod-liver oil, iron, and exercise in the open air.

Notes on Surgical Cases. By Ebenezer Fleming, M.D.

Dr. Fleming here gives us an epitome of his surgical experience during the last two years. In consequence of certain railway works being carried on in his neighbourhood, he has met with a large number of accidents, some of which are interesting. We extract a few:—

"Fracture of lower jaw.—Two cases. 1st, Fracture through each perpendicular ramus. Treated with gutta-percha, moulded, from ear to ear. Recovery, without deformity. 2nd, Compound fracture of lower jaw; reported.

"Fracture of sternum, middle.—Treatment, pressure by plaster and broad bandage. Antiphlogistic treatment. Recovery, with a certain amount of bony prominence. No chest affection.

"Fracture of radius.—Nine cases. Of these nine cases, eight were close to the wrist-joint, the invariable cause being falls on the hand. In two cases considerable stiffness and deformity remained for months. This I ascribed to my retaining the dressings too long, and putting up the fractures to keep the hand straight. *Now* I make it a general rule in these fractures to keep the hand in a state of *easy flexion*, and the *thumb free*. I believe these are points of great practical importance in the treatment of Colle's fracture, and perhaps not sufficiently appreciated by many members of the profession, and the consequence is, deformity for months, if not years. And if at this stage the patient chance to visit a bone-setter, he will pronounce the wrist out of joint, and, after certain preparations, use great force to overcome the adhesions resulting from *rusty* joints and contracted muscles and tendons. I observed, in a so-called case of malpraxis reported in the March number of the 'Edinburgh Medical Journal,' the following quotation:—'The third day after Cranstoun's manipulations, the patient was seen by a witness hemming a handkerchief.' Now, if the plan of treatment I am advocating had been followed—the hand in a state of easy flexion and the thumb free—I believe Mr. Oliver would never have heard more of the case. With reference to the shoulder—in several of my patients, and, in fact, in my own case, great pain and stiffness of that joint remained for a time, and I can easily imagine how a person ignorant of these matters would readily credit the assertion that 'the shoulder also was out of joint.' The remaining case occurred at the centre of the bone, and presented no feature of interest.

"Alexander Aitken, æt. twenty-four years. 20th Oct., 1859.—Lower third. Cause,—Fall in street. Long splint inadmissible on account of patient's legs being bent, the result of previous accidents; and, as he is rather a surgical curiosity, owing to the abnormal state of fragilitas ossium he has shown from early childhood, the simplest cause producing fracture of one or more bones, I add a few remarks on his case. He had for many years required to use crutches, and the last accident was caused by his being knocked down on the street. I found he had sustained a fracture through each perpendicular ramus of the lower jaw, fracture of several ribs, and fracture of the right femur at its lower third; blood flowed copiously from the left ear, but no head symptoms were developed. He made an excellent recovery from these injuries. I requested him lately to draw out a statement of the several fractures he had sustained. The following is the reply from his own handwriting:—'This is a full report, so far as I am able to remember, of the misfortunes that have befallen me. When eighteen months old, got my thigh-bone broke; since then I have legs and thighs upwards of thirty-four times broken, likewise arms broken five times below the elbow, ribs eight times, jaw-bones once, finger four times broken.—Alex. Aitken.' He was only under my care once; but I remarked that union progressed with great rapidity; and he required much less care and trouble than I have usually experienced in treating patients with fractured bones."

There are numerous other cases reported, some of which were of great severity; including fractures of femur, of maxillary bones, malar bones, dislocations of vertebræ, wounds of arteries, and injuries from the explosion of gunpowder. More frequent reports of this kind from provincial practitioners would be acceptable, and a better model cannot be followed than this little pamphlet by Dr. Fleming.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 1, 1862.

A YEAR'S WORK IN ST. GILES'S.

If we wish to know accurately the physical condition of the inhabitants of great towns, and reflectively their moral condition also, we must study the Reports of our Medical Officers of Health. Here we have the whole social topography of the people set forth in lines of unquestionable truth; we can detect in their charts the exact spots where penury and vice crouch, meet bedfellows with disease and crime; where artizans huddle together in unseemly contiguity, and labour by the score in gas-lighted, close, and fœtid workshops; where small tradespeople burrow in dark unventilated holes, behind musty and dingy egg, fish, and grocery stores; where gentility lives more pretentiously in spacious airy drawing-rooms, and consigns its domestic helpers to pine away in hot underground kitchens and suffocating garrets; where, too, privation begets fever, and gross living apoplexy; where profligacy entails irremediable disease or premature death, and good conduct and affluence ensure a tolerable exemption from some of the worst ills to which flesh is heir, and a prolonged enjoyment of social advantages.

St. Giles's has long been famous as the type of metropolitan wretchedness. If any humanitarian philosopher wanted an illustration to clinch an argument, he could always find one in this condemned quarter. Be it disease, be it crime, be it mendicity, be it ignorance, be it drunkenness, be it prostitution, be it practical heathenism, examples abound in battalions in this region of miserable outcasts. Here live the people who by hundreds die unlamented of avoidable maladies; and here live those also who study the art of simulating diseases for the purpose of defrauding the public. Suffering and imposture lie down side by side, and while death is creeping over the sick man's eyelids, the hardened pretender scans the lineaments of pain that he may the more accurately mimic its effects.

Dr. Buchanan is the Sanitary Officer of this district, and has presented us with his Annual Report of its condition. We find that its death-rate is 27·03 in the 1,000; whilst the death-rate of some of the suburban districts is not more than 17 in the 1,000. As the mortality in St. Giles's during the year 1861 was (exclusive of those who died in hospital) 1,385, it follows that the preventible deaths amongst this number amounted to 520! The excess of deaths seems among the most destitute class, and the mortality among these, as compared with the upper class resident in the same district, is so vast as to awaken the profoundest astonishment and grief. For example, we find from a table of the subdivisions of the district that the mortality in the Bedford-square division is only 12·9 in the 1,000, whilst the mortality in the division of Short's gardens is 34·7 in the 1,000; thus nearly three times as great as that of Bedford square. What a horrible state of things do not these figures disclose? Twenty-two persons out of every thirty-four may be said to be actually murdered by *circumstances*.

Dr. Buchanan shows that this immense mortality chiefly occurs among the infant population. He says:

"Six hundred and thirty-five, or 43·5 per cent. of the deaths were of children under *five* years of age. Four hundred and fifty-eight, or 31·4 per cent. of the total deaths, were of children who had not reached *two* years of age. This enormous infantile mortality is unfortunately only what is customary in our district. A hundred and forty persons only, or less than one in ten, reached the natural term of three score years and ten. The average age at death was just twenty-eight years."

This augmentation of infantile mortality bears a proportion to the increase of the general mortality in all the worst divisions, for we find Dr. Buchanan observing in another part of this report—

"Here is to be remarked the astonishing fact that *five* young children die in the poorer districts of St. Giles's to every one that dies in the better localities of Bedford and Russell squares. It is not too strong to say that *three* at least out of every five of these deaths might be, and ought to be prevented. Yet this waste of infantile life is not exceptional in St. Giles's. Every year has witnessed the same thing to about the same degree."

We advert to these facts to keep attention alive to this unfortunate characteristic of civic life. A large proportion of this infantile mortality is, doubtless, caused by disease; but how much of it may be attributed to actual violence or wilful neglect it is impossible to say. There are some statements in this Report that are too suggestive to be overlooked. Dr. Buchanan remarks:

"There were forty-one deaths registered in the twelvemonth by the three registrars, on the mere statement of the friends or neighbours of the deceased, as to the cause of death. No medical certificate was given, and no inquest was held in respect of any of these cases. In each instance the registrar's authority was given for the interment of the corpse, and it was interred accordingly without further inquiry. This proceeding appears to be strictly according to law.

"Of the forty-one persons, thirteen were infants under one day old, and another thirteen were under one year of age. Four of the children appear to have been illegitimate. Twenty-four of the forty-one deaths were among females. Thirteen, or nearly a third of the whole happened in and around Dudley street."

It is also worthy of observation, as throwing some light upon the remark in the last sentence of the quotation, that Dudley street ranks the highest in the table of violent deaths—including under that head deaths from intemperance and delirium tremens.

The carelessness of Registrars in registering deaths without the certificate of a Medical Practitioner cannot be too severely reprehended. It may have happened in numerous instances that the Medical Practitioner, having a suspicion as to the cause of death, refused to give a certificate; the registration of a death in such a case would be, therefore, merely a legal cover to crime.

Dr. Letheby, the City Medical Officer, has exhibited great and laudable activity for some months past in suppressing the sale of bad and diseased meat in the great markets under his charge. It is manifest, however, that much discretion should be exercised in the discharge of this duty, otherwise the poor, whom it is intended to benefit, may receive more harm than good from official interference. Upon this subject Dr. Buchanan very properly remarks, with reference to certain propositions placed before the Medical Officers of Health by Dr. Letheby—

"On these propositions, it may be observed that no one would wish inferior meat to be consumed if the question were only between it and better meat. And it would be highly desirable to draw a line between first-class and inferior meat. But the alternative put before the poor man by these large regulations, would appear to be whether he shall eat inferior meat or none at all. By advancing the price of meat so as to condemn the poor to vegetable food, their capabilities of work are lessened, and they are unfitted for resisting disease. It is important therefore not to condemn meat of whose unwholesomeness there is not *bonâ fide* evidence. In respect of some few diseases affecting animals this evidence exists; for example, measles in the pig, and malignant carbuncle in the ox. On the other hand, there is no proof that harm can arise from eating the flesh of animals suffering from tubercular deposit in their lungs. A vast number of creatures daily slaughtered in London, probably a really large proportion of them, present an early stage of such deposit, and they would be condemned by Dr. Letheby's second rule.

"What is wanted is not a general measure of confiscation on our present imperfect knowledge, but a system of inspection by which animals should be condemned if they are found affected with diseases known to give an injurious quality to their meat. Hereby fresh information could be gathered as to the connection between the meat of unsound animals and disease in the human subject. By due arrangements this inspection might be contrived to give a guarantee of the healthiness of all animals from which meat of the first class is supplied, leaving the meat of inferior or unsound animals, when it is not demonstrably unwholesome, for the consumption of those who cannot afford to pay for such a guarantee.

"But no such inspection can be got under the present plan of slaughtering. It can only be obtained at central abattoirs under the control of the sanitary authorities. This is only one, though a chief, ground for desiring such establishments. Against them is only to be urged the convenience of butchers and the alleged difficulty of relying on the honesty of journeymen when out of their masters' sight."

This analysis sufficiently shows the great value to the public of the Reports now made to their respective Boards by the Metropolitan Medical Officers. They constitute the foundation of a new science, through whose dictates the health of the inhabitants of large cities will be, at no distant period, raised to a standard never before known in the history of the world. We congratulate Dr. Buchanan upon producing so perspicuous and able a *resumé* of his labours in one of the most insalubrious and wretched districts of this metropolis.

SUMMARY OF THE WEEK.

MR. BOWEN OF BRETHERTON.

Our readers will remember that last August this person was fined twenty pounds at the Ormskirk Petty Sessions, for writing under his name the letters Sub. M.R.C.S., thereby falsely implying that he was a registered medical practitioner. Some of the inhabitants of the neighbourhood, headed by the clergy, the Rev. R. Wilde, incumbent of Bretherton, the Rev. R. Breckel, rector of Hoole, the Rev. W. Hodges, Independant minister, and others, have recently called a meeting, and presented him with a purse containing forty-two pounds, thus defraying all the costs of his trial, and laying balm upon his legal wounds. It appears that Mr. Bowen has passed the first or anatomical examination at the College of Surgeons, but was rejected at the second or final examination. He, nevertheless, continued to practise at Bretherton—a course which did not make him amenable to law, and he was punished because he sought to give an air of legality to his practice by assuming a designation to which he had no right. His friends now set him up as a persecuted man! He thus ingeniously accounts for his commission of the offence for which he was fined.

"This brings me to the present time, when I wrote the certificate under which I was charged with assumption and the violation of the Medical Act. I will now explain the sense in which I used those letters after my name. When writing the certificate, it occurred to me to describe my position. I thought that 'M.R.C.S., England"—signifying Member of the Royal College of Surgeons, England—I thought that the same letters, with the prefix 'sub,' would signify under or less than a member of the college, and as I had passed the first half of the professional examination, and stood in a position 'sub,' relative to that of a member of the college, I should not have been wrong in describing myself that way. I considered these letters only equivalent to stating that I had passed the anatomical and physiological examination and college, and used them as the shortest expression."

It is satisfactory to know that the Medical Act is sufficiently stringent to punish such a subterfuge, and to prevent half-educated men from assuming the designation of duly-qualified practitioners. Would that it were equally valid against ignorant and impudent quacks! We advise Mr. Bowen to make such reparation as he can by qualifying himself forthwith, and re-establishing himself as a legal practitioner.

THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS.

We give elsewhere, a report of the proceedings at a special meeting last week, of the above Association, called for the purpose of receiving the resignation of Dr. Bucknill, the editor of their journal, and appointing a successor, he having been promoted to the office of a visitor of Chancery lunatics, an office for which, from his antecedents, he must be peculiarly well fitted. We hope it will never be attempted again to fill any such office except by those who have earned a character for experience and fitness, by a practical acquaintance with the treatment and care of the insane. Any other course will not pass these days, and should be reprobated as both an injustice to the insane and those who naturally are alone the parties to obtain the appointment of medical visitors and commissioners—the laborious and ill-requited Asylum Superintendents, who have only these higher offices to look forward to as a reward for their past most onerous duties. We have heard that some decided expressions of opinion were evoked at the meeting owing to a supposed appearance of dictating to the meeting by the late editor, as to the appointment of a successor. This was bad taste, to say the least of it, and was very properly resisted. The gentleman elected to supply the vacant editorial chair, had in himself quite sufficient merit to obtain for him the unanimous suffrages of his brethren without any extraneous and ill-judged support of this kind. The meeting should have been left to its own free and unshackled choice. It very properly resented any interference with its proper province in this important matter, and ultimately made free choice of an editor in the person of Dr. Lockhart Robertson, the Physician-Superintendent of the Sussex County Asylum, a choice which we are sure will prove entirely satisfactory. The objects of this Association being so excellent and disinterested, its continued prosperity and independence cannot but be earnestly desired, and considered of the greatest importance to the well-being and welfare of the insane.

DANTE AN APOTHECARY

We like to claim for medicine from all quarters any distinction that can do her honour. It has recently been stated that Dante, the Italian Milton, was a Medical practitioner and pharmaceutist. There have been many poetical doctors, but Dante is the chief of them all.

CHARGE OF POISONING.

A Mrs. Wilson has been tried at the Old Bailey on the charge of poisoning two persons, one many years ago, and the other recently. It is supposed that the drug was colchicum, which she administered in brandy and eggs. The evidence given by Dr. Whidborne who attended one of the alleged victims is not very satisfactory. During her life he thought she was labouring under choleraic diarrhœa; he subsequently stated that the disease was inflammation of the peritoneum and bowels; then he "altered" his opinion, and described the disease as inflammation of the bowels alone. We presume that the witness when he gave his evidence was recurring to fugitive recollections, which it would have been better if he had not attempted to define with precision. In summing up the evidence, the Judge recited a long series of instances in which the prisoner was suspected of having compassed death by the agency of some deleterious substance. The woman was convicted and sentenced to be hanged. A more fearful criminal has not been brought into a criminal court since the trial of Palmer.

REMOVAL OF A SCROTAL TUMOUR.

Dr. Wiblin, of Southampton, has recently removed a scrotal tumour, of about thirty-five pounds in weight. There was a large attendance of surgeons, and every precaution was taken to prevent hæmorrhage. The tumour contained a hernial sac,—an unexpected complication, nevertheless, the operation was completed in twenty minutes, as many more being occupied with applying the ligatures and dressing. Dr. Wiblin deserves credit for undertaking this operation; but we cannot excuse the elaborate puff of this "rare and wonderful surgical operation," which appears in the 'Hampshire Advertiser.' We have never perused a newspaper paragraph more ostentatious and fulsome. We regret to say that the poor patient is dead, notwithstanding that "Mr. Spencer Wells had charge of the clamp, a most important arrangement of Dr. Wiblin's contributing much to success;" that "Dr. Druitt, of London," presided over the administration of chloroform, and "regulated the amount of fresh air, and the patient's position from time to time with great care and attention,"—all his wonderful circumspection, however, not averting the sad fact that "in the middle of the operation, the patient became perfectly quiet and, apparently, nearly dead." He was revived by dashing water on his face and chest, and opening the doors and windows." We are told, moreover, that the Editors of the 'Lancet' and 'Medical Times' were present; and, of course, their great surgical genius guaranteed the appearance of puffs, if not the success of the operation. The 'Medical Times and Gazette' has given so eulogistic a notice of the operation and has so absurdly placed Wiblin above Liston, Aston Key, and every other previous operator, that we have felt it necessary, in the interests of truth, to rub the varnish off its high-flown panegyrics. Our contemporary "knows nothing more truly confirmatory of the rapid progress of the surgical art than a comparison between Liston's operation, thirty years ago, and Mr. Wiblin's." Now for the comparison:—Wiblin's tumour weighed at the utmost—making allowance for all the fluids it contained before removal—35lbs.; Liston's, 44lbs. Wiblin's case died; Liston's was cured. Wiblin's case is announced with such a flourish of puffs as we have never before read; Liston wrote as follows: "With a few strokes of a long bistoury the mass was detached from the perineum and pubes." "Nothing occurred to interrupt recovery." Let these little lights of surgery hide their heads. It will be a long time yet before they will grow into Listons and Keys. Dr. Wiblin's merit would have appeared the greater if his operation had been as successful as trumpeted, or his friends had been more discreet.

MEMORIAL TO THE LATE MR. ALEXANDER, C.B.

The inhabitants of Preston Pans have recently erected a statue to their distinguished townsman, the late Mr. Alexander, Director-General of the Army Medical Department. The noble and disinterested character of this distinguished man entitled him to so public an attestation of his merit. During the war in the Crimea, his services were invaluable, and his frank, straightforward, manly character, won the esteem and admiration of every earnest person asssociated with him in public duty. Miss Nightingale has put on record her high appreciation of his great qualities. At a comparatively early period of life he attained the highest office in his department of service, and soon after died in it from anxiety and hard work.

GARIBALDI'S WOUND.

The sympathy felt in England for General Garibaldi induced his friends to send Professor Partridge to Italy to ascertain the actual condition of his wound, and to render such aid as might seem necessary to his medical attendants. Before Mr. Partridge's arrival it was generally rumoured that the ball remained in the bone; the English Surgeon, however, informs us that this is not the case, but that the internal malleolus is injured, and the joint laid open. Suppuration is in progress, and the heroic patient is in a fair way to recover. This co-operation of British and Italian surgery in behalf of so illustrious a man is pleasant, and it is creditable to the amenity of Mr. Partridge that he has not ruffled the sensitiveness of the native surgeons.

A SIMPLE QUESTION.

Few of our readers can be unaware of Dr. Elliotson's Mesmeric propensities; of his editing the 'Zoist,' and his performances at the North London Hospital causing his retirement from his post in that institution. It seems, however, that the learned Editor of the 'Association Journal' is, happily, ignorant of this history. Finding that Dr. Elliotson's name is attached to a list of office-bearers of a certain Mesmeric hospital, our Editor gravely says that he does not allude to the report for this reason or for that, "but for the purpose of asking Dr. Elliotson whether he *really* does, knowingly, allow his name to be prefixed to it. *We can hardly believe it.*" Innocent Editor! You will be required to believe a good deal more than this before you have attained a full knowledge of the wickedness of the world. Anybody else would not only believe this of Dr. Elliotson, but very much more in the same direction. The solemnity with which the Editor puts his questions to Dr. Elliotson is exceedingly amusing to everybody who knows the mesmeric achievements of the magnetic doctor.

AN IMPOSTOR TRAPPED.

A man called Wm. Evans, describing himself as a surgeon, of Crook, near Durham, has been making a circuit of the county of York, and fleecing its Medical Practitioners on various pretences. He communicated with almost every practitioner in the city of York, and among the rest he called upon Dr. Arthur. He represented that he was on his way to Scarborough to join his wife and family, and that he had had the misfortune to lose his Inverness cape which contained his portmonnaie, and that he was left penniless. Dr. Arthur, however, was not easily satisfied, and shrewdly put a few Medical questions to the doctor, which, unluckily for himself, he was unable to answer. Dr. Arthur then regarded him as an imposter, and gave him in charge to the police. Upon inquiry, it appeared that he had victimised several tradesmen as well as Medical practitioners, but as the evidence was not conclusive, he was dismissed by the magistrates with a caution. On our part, we caution our readers against Mr. Evans; and should he present himself, we advise them to imitate the conduct of Dr. Arthur, and put him through an anatomical examination.

NEGLECT OF MEDICAL ADVICE.—On Tuesday Dr Lankester held inquests at the Barleymow, Cromer street, St. Pancras, touching the deaths of John Robert Charles Bruce, aged ten months, and Sarah Jane Augusta Badham, aged four years, whose deaths had taken place under similar circumstances. It appeared that each child had been suffering from the measles, and that its parents did not consider its illnes of sufficient inportance to procure medical assistance. The surgeons, in their evidence, stated that if they had been medically attended death might not have ensued. The jury in each case returned a verdict of death from natural causes, and added to their verdict that the deaths were accelerated by want of proper medical treatment.

REVIEW OF THE PERIODICALS.

The publication of the Students' Number has disordered the ordinary arrangements of this Journal, more especially our reviewing department. We now resume our notices of the Journals. The last number of the 'Dublin Quarterly' contains a paper by Dr. De Ricci on *Phlorydzine and its Uses.* Anxious to obtain a substitute for quinine from some English plants, Dr. De Ricci made numerous experiments with salicine and phlorydzine, but found them inferior to the former as antiperiodic remedies. Phloydzine had, however, some special qualities which recommended it for further trial.

"Phlorydzine is a neutral principle which exists in considerable quantities in the bark of the root of the apple, plum, and cherry tree—also, I believe, in some others; but principally in the root of the apple tree, from which source we are mainly supplied. Phlorydzine, as at present in the market, is in the form of a powder of a dirty white colour, consisting of broken up silky needles, in appearance not unlike quinine which has not been well bleached. When rubbed between the fingers it has a soft velvety feel, very like that of French chalk; but if the substance be crystalized by the slow cooling of a dilute solution, previously treated with freshly prepared animal charcoal, it will then be obtained perfectly white, and in the form of long, flat, brilliant, silky needles. Its taste is peculiar; it is very bitter at first, but ends by leaving a somewhat sweetish taste, with a flavour of apples, on the tongue.

"This substance is represented by the chemical formula $C_{21}H_{11}O_8+4Aq$; it contains no nitrogen; thus differing from quinine, and resembling more its congener salicine, the formula of which is $C_{21}H_{12}O_9+2Aq$. Like salicine, it does not combine with acids to form salts; it is very soluble in alcohol, ether, or boiling water; but requires 1,000 parts of cold water for its solution. In its behaviour with reagents, however, it differs totally from either quinine or salicine; and its reaction in the presence of ammonia is sufficient to distinguish it from any other known product. If over a vessel containing water of ammonia is placed a capsule containing a thin layer of phlorydzine, and the whole is then covered with a bell-glass, so as to allow free access of air, the contents of the capsule will, in a short time, be converted into a gummy substance of a black colour, very soluble in cold water, which it colours of a beautiful violet blue, more or less intense according to the quantity employed. This substance, according to Sir Robert Kane, would seem to consist of phlorydzine combined with five atoms of oxygen and one of ammonia; its formula would consequently be $C_{21}H_{14}O_{13}+Aq$; it is not, however, a salt of ammonia, because the alkalies dissolve it without alteration. This substance, to which has been given the name of phlorydzeïn, is, as I said, extremely soluble in cold water, while phlorydzine, is very insoluble. Like phlorydzine, it is intensely bitter; its colouring properties are so great that one grain is sufficient to tinge deeply with blue a quart of water, to which it imparts not only the colour but the power of dissolving a much greater quantity of phlorydziue; and I have availed myself of this property when prescribing it in solution.

"The cases in which I have employed phlorydzine with most success have been those forms of atonic dyspepsia, occurring in delicate females, to whom it was impossible to administer either bark, quinine, or salicine in any shape, without bringing on serious nervous excitement. I have also found it extremely well adapted for the treatment of young children of delicate constitutional habit, or when recovering from hooping-cough, infantine fever, or any other disease. I have given it in these cases combined with syrup of phosphate of iron and manganese, and with syrup of iodide of iron. The doses I have been in the habit of employing are five grains, three or four times a day, for adults, and proportionately smaller ones for young children.

"I recommend a trial of this remedy in every adult case where quinine is not easily tolerated, as also in every case where young children require a tonic treatment either in consequence of constitutional debility, or from the debilitating effects of some previous illness; it is much more easily taken than either bark, quinine, or salicine, the bitter being of an agreeable kind, and changing, as I said above, into a sweetish taste, with the flavour of apples. I have never known it to disagree, even in large doses of ten grains three or four times a day; and I have, in very many instances, found it of great use where other tonic substances could not be taken.

"In prescribing phlorydzine it must be borne in mind that it is almost insoluble in cold water; but the addition of a very small quantity of ammonia instantly dissolves it; thus, by adding to an eight ounce mixture, containing a drachm of phlorydzine, a few drachms of aromatic spirit of ammonia, the fluid, which previously was milky, becomes perfectly clear; and the addition of the aromatic spirit rather improves the mixture than otherwise.

"If a small quantity of phlorydzein be previously added to the water its solving power is increased, and the mixture will be of a beautiful blue colour, but it will not dissolve as much phlorydzine as when aromatic spirit of ammonia is employed."

Dr. De Ricci then cites a case in which this remedy was administered with marked advantage. Dr. Ephraim Cutter communicates to the same journal an article on the *Veratrum Viride*, and Dr. H. Kennedy one on *Fever*. The author is adverse to Dr. Jenner's views of the non-identity of the typhoid and typhus forms, and he believes that although distinguishable, they are the result of a common poison. We extract the following passage for its significant bearing on the disputed question.

"When I last wrote on this topic I was not aware of a fact which has since come to my knowledge, viz., that the kind of ulceration met in typhoid fever is not confined to that disease alone, but is occasionally seen in other affections. Thus, Flint speaks of a case of scarlatina in which he found ulcers in the ileum. So, likewise, Huss met the same; and Dr. Anderson, of Glasgow, in his Lectures, published in 1861, gives two instances of a similar kind; one being a case of confluent small-pox, and the other one of scarlatina. Now, though there are but five such cases in all, they yet appear to me to open up a new question on the subject. Is the intestinal lesion common to all the class of fevers, the exanathemata amongst the rest? Had it been looked for, would it have been more frequently found? The answers to these questions cannot at present be given, but must be looked for in future investigations on the subject. I myself have directed attention to the great similarity between the intestinal ulcers which sometimes are found in phthisis, and those which exist in typhoid fever; a similarity so striking that the question has often forced itself on my mind—can it be possible the ulcers of this fever are mainly due to the existence of the strumous constitution? Every one knows that they vary both in extent and degree; in other words, they do not necessarily bear a relation with the progress of the fever. The latter may prove fatal, and yet the amount of intestinal lesion be very slight, and *vice versâ;* and far-fetched as the idea may be, in connecting the ulcers of typhoid fever with the strumous diathesis, there are yet some points may be adduced in its support. Thus, the class of patients in whom this type of fever usually occurs are frequently marked by having a very fine skin, and great susceptibility of constitution. I have seen them also having scars on the neck; and when phthisis changed to supervene it was far more frequently after this type of fever. But though these are striking facts, I would not wish to do more at present than start the idea, of the possible connexion of the intestinal lesion of typhoid fever with the strumous diathesis."

A large number of cases are briefly reported in illustration of the author's views. Dr. Kenuedy recommends the use of the dilute sulphuric acid in the treatment of typhoid, remarking:

"Of the internal treatment I have had no occasion to change from what was spoken of in the former paper. As an astringent I find the dilute sulphuric acid, in the proportion of one to three drachms to the eight ounce mixture, by much the best remedy. No other of the class of astringents seems to me to act at all so satisfactorily; and it can be modified with the greatest nicety to the demands of each particular case. I have often seen medicines, such as chalk, gallic acid, lead and opium, unavailingly used; and then from the moment this acid was given the patient began to amend. but it is not to be used without discretion; for it may check the diarrhœa too suddenly, and the chest or brain may so become engaged: hence it is best to begin with a moderate dose, and increase if the necessity arise. The rule is that the diarrhœa is to be gradually lessened, not suddenly stopped. In mild cases I find the acid infusion of roses a very suitable medicine; and, when there is pain, from two to six drops of laudanum, in each dose of the mixture, commonly answers well. The sulphuric acid, I need scarcely add, is the favourite remedy with Huss. When there are signs of irritation in the colon, and more especially when there is tenesmus, an anodyne enema acts like a charm.

"Dr. Warde, to whom I have before alluded, speaks of salines as being suited to the treatment of fever of the typhoid type. Such may answer in London; but with us in Dublin they would be positively injurious. Their effects on the healthy frame are quite too powerful to suppose that they would not act equally so on the frame weakened by a disease like fever; of which the best treatment now avowedly is, what may be called conservative. To the class of salines I would add the carbonate of ammonia, which I believe to be too indiscriminately used; and which, in my own experience, does not suit the type of fever of which I am speaking. 'I have known a very few doses of it bring on diarrhœa; not only in this fever, but in many other diseases; and, if my memory serve me right, I have seen a similar remark made by Sir Benjamin Brodie; and would hence hold out a warning against the use of either salines or alkalies in all diseases of a lowering type.

"There is a class of cases of the typhoid fever, in which, without

any interference, the diarrhœa suddenly ceases; whilst the chest, or it may be the brain, gets as suddenly involved. All such I have ound turn out most critical, and I have latterly been in the habit of keeping up, for some days, a discharge from a small blister, usually put on the chest. In this way I think I have seen very beneficial results follow. It seemed as if the poison were, in part at least, got rid of by the system; and all went smoothly afterwards. The point, I believe, is worth bearing in mind, and so is mentioned.

"In the last place I would notice a point which was also spoken of on a former occasion. Are stimulants, as a class, used too indiscriminately? I think they are. It seems a very general impression that if they are to be used, it matters little of what kind they are: hence, brandy, wine, and beef tea, are constantly spoken of as being given to the same patient. Now I do not deny that all may be required at the same time. But I do say that in numerous instances judgment is to be exercised; for most assuredly the effects are not the same; and when their different composition is considered this need not excite wonder. Thus, if we compare wine and beef tea, the former, contrary to what might at first be thought, may be given with much less risk than the latter; and I am sure I have seen cases where secondary inflammations — in the chest amongst other parts—have been lighted up by want of attention to the very point of which I speak. Though much more might be said on this subject, enough has been advanced for my present purpose.

"In conclusion, I would observe, that the class of mixed cases, as they may be well called, require even more than the ordinary amount of attention. The fever becomes so heavy in many of them that the abdominal symptoms are very apt to be masked, and so may readily be overlooked. In such cases, too, it may be requisite to direct our treatment at one time to the chest, or again, to the brain; and, in some of the cases given, a combined treatment had to be adopted."

Mr. Lobb contributes a paper to the same Journal on *Galvanism as a Therapeutic Agent.* Various interesting cases are recorded to show the efficacy of this agent in the treatment of rheumatic paralysis, and other rheumatic and nervous affections.

The 'Lancet' contains the report of a case of *Inflammation of the Vocal Cords, as seen by (with?) the Laryngoscope,* reported by Dr. George D. Gibb. The appearances are thus described:

"On inspection with the Laryngoscope, which was performed without any difficulty or resistance, the mucous membrane covering the lower vocal cords was seen slightly tumefied, and of a bright, crimson-red colour. The bright redness seemed to be confined to this part of the larynx, for other parts were of a light pink. The action of the cords was limited, for they divaricated but slightly on forcible breathing; she could utter no ordinary sound, such as "ah" or the letter "a." As there was no solution of the nitrate of silver of the required strength already prepared, nor a proper instrument handy for its application, local treatment was deferred till the next visit. She was ordered, however, a blister to the neck, an aperient of rhubarb and calomel, and a mixture of iodide of potassium, sal volatile, and tincture of sanguinaria in camphor mixture, three times a day.

"August 14th.—No improvement in the aphonia; she eats but little, and swallowing is painful; the blister had risen well, but the neck was very tender; the inflammation has not extended, and the parts of the larynx involved present the same appearances as before. A solution of nitrate of silver (two scruples to an ounce of water) was applied directly to the bottom of the larynx, by means of a curved camel's hairbrush. This was followed by comparatively little spasm, and a very slight amount of dyspnœa—indeed, less than was anticipated. Her previous mixture was omitted, and in its place one ordered containing small doses of tartar emetic, nitrate of potass, and acetate of ammonia in water.

"This patient did not return to the hospital for some days, and fears were entertained that the laryngeal symptoms had increased, and prevented her stirring out. On the 25th, however, she presented herself, and appeared to be in good health, with a clean tongue, clear complexion, and in the possession of her natural voice. It was then ascertained that she returned home on the 14th (eleven days previously), immediately after the application of the nitrate of silver to the larynx, and remained quiet. In an hour and a half afterwards her voice returned in full power and compass, without any pain or effort, and has continued so up to this time. She took her mixture as prescribed, and at the above-mentioned date presented herself to return thanks for her cure. A laryngoscopic inspection showed disappearance of the redness of the vocal cords, the subsidence of the swelling, and restoration of the mucous membrane to its normal condition."

Dr. Daniel Moore contributes a *Case of Uræmia Simulating Opium Poisoning,* and Dr. Trevor Morris a *Case of Intermittent Tetanus during Pregnancy,* which we extract:

"Mrs. S——, aged twenty-two, in her second pregnancy, was placed under my care for her confinement, which she expected to take place in July. I saw her early in April, when she was tolerably well. She had had some little time before what she calls "dead ague." There is a previous history of her having had, at the age of fourteen, fits brought on by excessive fright, and during which she had bitten her tongue.

"April 19th, at seven P.M., I was hurriedly sent for to see her. I found her on the floor; the limbs and trunk in a state of rigid spasm; frothing at the mouth; jaw locked; fingers firmly clenched on the palm; body curved forwards, &c. In this state of emprosthotonos she remained about half an hour, when the spasm yielded but only to assume after a few minutes the form of opisthotonos, which was most perfect, and which lasted for half or three quarters of an hour, when she gradually recovered, with merely an occasional sob. On questioning her, I found that the first indication of the approaching seizure was a numbness in her legs, which felt as if they would not support her, obliging her to sit or lie down; and on subsequent occasions she would exclaim "My legs are going!" From the moment of attack to its termination all consciousness was lost; severe congestive pain of the head followed and which lasted some time. She had had previous threatenings on two or three consecutive days, and always at the same hour. As I found her bowels were constipated, I ordered her ten grains of calomel at night, and a warm aperient draught for the following morning, which brought away some scybala at the first action. She was to take six grains of quinine half an hour before the expected time of attack, or earlier should symptoms demand it. Being over-anxious to avert it, she took the draught before symptoms actually connected with the approaching attack appeared. It was, however, much modified, as was also the consequent congestive headache. As her tongue was coated, I ordered her dilute nitric acid with nitric ether and tincture of orange-peel, and she was again to take the draught in the evening as usual, which this time prevented a recurrence. She now took two grains of quinine three times a day. She had one or two other attacks from neglecting precaution, but by a little attention from time to time future ones were averted. She went her full time, and was delivered of a living child on July 15th.

"Such cases as these must be rare, as this is the first that I have seen or heard of during a residence of five years in a malarious district. There are in this case traces of hysteria and epilepsy combined, as evidenced by previous history; perfect unconsciousness during the attack; no remembrance of it; sobbing at the conclusion, though ending neither in sleep nor crying. In each attack the form of emprosthotonos was that first assumed, then that of opisthotonos. The patient made a good recovery, is now well, and certainly anything but an hysterical subject."

The 'Medical Times and Gazette' opens with notes of a Lecture by Mr. Paget on *Operation in Scirrhous Cancer of the Breast.* We make the following quotation from this interesting article:

"Mr. Paget remarked that some recommend operation in nearly every case, and some will operate in none. Both have some truth in their arguments, both have much that is good in their practice, but it is possible to obtain the good of both sides without adopting the too general rule of either. There can be no doubt that the greatest measure of good may be done by making a careful selection of cases fit for operation and rejecting all the rest.

"It is necessary to consider first what are the objections to the operation, and to—

"1. The excision of the breast. They are chiefly, and almost alone, that the patient may die in consequence of it. Mr. Paget believes that in any large number of cases, even of those selected with some care, it may be feared that one patient in every ten will thus die, of pyæmia, or erysipelas, or tetanus, or secondary hæmorrhage, or some calamity following the operation. And this must be no trivial consideration, for in every such case the operation destroys in a week or two a life which, but for it, might have lasted as many years.

"Nor, according to some, is this all: for it is said that when the disease returns after operation it makes so much more rapid progress than if it had been left alone, that the operation shortens the lives of even those whom it does not kill outright. It cannot, perhaps, be denied that this may be true of some cases in the selection of which no judgment is exercised, but, on the whole, taking the results of some hundreds of cases, it is certain that the average duration of life in those operated on is not less than in those in whom the disease runs its course: rather, in well selected cases it will be found always greater. In a recent tabulation of Hospital and private cases, 85 cases operated on lived an average of 55·6 months, and 62 cases not operated on lived an average of 43 months. And some such proportion as this will probably be always found.

"It has been objected, too, that the recurrent disease, even, if not more rapidly fatal than the uninterrupted disease would be, is more painful. But this is certainly not generally true. In very many cases—in the large majority—the recurrent disease is much less severe than the continued disease would, in the same time, have

become ; it is only in a very few that we can fairly expect it to be worse. It can scarcely be urged that the pain of the operation or of its consequences is an objection ; for with chloroform, the pain of the one is null, and with simple dressing, that of the other is really trivial. It may, therefore, be safely held, that the only material objection (but it is a very serious one) to the operation is, that a patient runs a risk of 1 in 10 of dying from it ; in other words, it is only about 9 to 1 that she will recover from the effects of the operation.

"What, then, does the operation offer that can make it advisable for a patient to incur this risk of dying ? Does it offer to anyone a reasonable hope of an indefinite prolongation of life, and freedom from the same disease ? No ; the recurrence of cancer of the breast after operation may be held to be as certain as anything in Surgery. The question is thus narrowed ; we must in every case expect the recurrence of disease; and this is likely to occur at such a time after the operation that, speaking generally, and on the average, the patient will not rarely die of cancer nearly as soon after the operation as if the disease had been left to its own course.

"Can it, therefore, be reasonable to submit a patient to the risk of dying within a month, perhaps in a week, for the sake of that interval of health which will or may exist between the operation and the recurrence of the disease, and for a good probability of adding a year to life, and of having a less severe disease ? The answer must depend, chiefly, on the probable length of this interval before the recurrence. The average is little more than thirteen months ; more than one-half return within twelve months ; about two-fifths return within six months. Is this average worth the average risk of life ? Consider, when no operation is performed, the pain and anxiety,—the pain likely to increase daily, —the misery of waking every day to the consciousness of an incurable disease ; the sometimes loathsomeness ; the restlessness for cure ;—cure, such as there are never wanting dishonest men to promise. The average expectation of such relief seems worth the average risk, but not more. Look well, therefore, to the general condition of patients before deciding.

"The average interval between the operation and the return of disease is, as has been said, about thirteen to fourteen months ; but the extremes, between which the average is drawn, are very wide apart. In some cases the return may be within three months ; in some not for ten, twelve, or more years.

"It is, therefore, of great importance to be able to decide in what case the risk of life is greater, and in what the probability of speedy return of the disease is greater, than the average.

"For the first, there are no other rules for cancer than for other cases requiring large operations. These are some of the 'doubly hazardous' :—The old, after 60 ; the very large-breasted ; the fat and plethoric ; the cachectic ; the overfed on animal food ; the drunkard ; the gouty ; the habitually bronchitic ; the albuminurious ; the very dejected, not merely timid ; and, in short, those with any organic disease of internal organs ; and, after middle age, these increase very much in their proportion.

"And for the probabilities of rapid recurrence, these are 'bad cases.' Acute cancers—*i.e.*, all that have been rapid in progress ; for those which increase very quickly before the operation, are certain to recur quickly after it. This, however, may be no sufficient objection, for great pain may often be saved by its performance. Mr. Paget said that he remembered such a case in a lady, whose breast he removed when she was five months advanced in pregnancy. She recovered well from the operation, and the benefit procured by its performance was very great; she went to her full term, bore her child, and was able to suckle it for a year before she died, with her most anxious wish fulfilled in comparative comfort.

"Another condition unfavourable to operation is a brawny skin with firm œdema, and wide open hair-follicles, or wide adhesion of skin ; so is that in which the skin is extensively cancerous, or where there are little scattered tubercles of cancer in the glands and skin; or where there is considerable affection of the lymph-glands in the axilla, especially *numerous* diseased glands. A moderate amount, however, of lymphatic diseases is no serious obstacle to an operation. But supra-clavicular disease should be an almost absolute bar against it.

"Mr. Paget here adverted to the best manner of detecting cancerous lymphatic disease in this situation, and said that in cases where it is impossible to make out satisfactorily, by touch, the presence of enlarged glands, a difference of outline may be often seen by bringing the eyes to the same level with the part, and comparing the two sides ; an uplifting of the integuments being often caused by the presence of swollen glands too deep or small to be felt.

"Cases in which cancer attacks the upper half of the breast are generally bad ; and those in which the lower part of the gland is affected are among the best. Cancer simultaneously affecting both breasts, is seldom or never to be operated on, for the risk is greater, and the advantage not greater.

"There are, again, certain cases in which an operation is needless : such are the very chronic—where the breast is small, shrivelled, knotty, and sunk down on the pectoral muscle. Patients with disease of this kind will live many years probably, with no increase of trouble, and with but little inconvenience.

"Mr. Paget concluded this part of the subject by summing up the advantages on each side, and said that the statements which he had made were taken from general averages, and that from such alone could any general conclusions be drawn. To deal with single cases is but a sort of surgical gambling. One man will tell of a case where no operation was performed, and the patient lived for twenty years ; and another will tell of a life prolonged for almost the same time after operation; each statement quite true, but neither of them of any useful application. To reckon from such cases is mere gambling ; and, as in gambling of other kinds, the best luck at first brings the worst grief at last."

In a subsequent letter Mr. Paget considered the respective merits of caustics and cutting, and recommended either one or the other according to the suitability of the case. Mr. Doig contributes a paper on the *Causes and Treatment of Erysipelas*, and Mr. Furneaux Jordan a report of a case of *Malignant Pustule in the Arm.* We extract it :

"A very singular feature of the following case is its long duration—eight weeks.. Malignant pustule, as usually described, is a disease which terminates fatally in a very few days. Nevertheless, it appears to me that the appended case admits of but one diagnosis, —that which is unfortunately designated as malignant pustule. The term "malignant" being very generally reserved for cancerous affections ; and in the cases referred to, the "pustule" is not one but many. I record what I know of the following case, and make but one remark : It certainly does not present a single characteristic of any form of erysipelas. I first examined the case in the operating theatre, and its serious character induced me to suggest to Mr. Gamgee, who was about to operate, the desirability of carefully protecting an abrasion on one of his fingers. That gentleman at once requested me to operate, and courteously transferred the case to my care :—

"Thomas D., aged 26, an ostler, constantly at work with the shirt-sleeves turned up. Married ; previous health, so far as can be learnt, good. Of medium height and stature ; hair, irides, and complexion dark. He was admitted into the Queen's Hospital on August 14 last. Six weeks previously a pustule appeared on the back of the right forearm near the wrist. This he scratched, and, he states, there immediately followed great, indurated, and painful swelling, which was quickly covered with pustules, and here and there black patches. The swelling extended during the next few weeks to the hand along the forearm and above the elbow. The pustules appeared very thickly on the forearm, and covered all the parts which were not destroyed (by sloughing partly and gangrene chiefly.)

"Present state (August 27).—The countenance is very sallow and indicative of great cachexia, slight but frequent cough, with trifling expectoration. No dyspnœa. Intelligence and special senses unimpaired. Marked prostration is present. Tongue much furred but moist ; appetite absent. The right forearm is twice its natural size, the enlargement being chiefly at the extensor surface. There are several spots where the skin has disappeared, of a greyish yellow and black colour. The black colour predominates, and the skin is more extensively affected than the subjacent cellular tissue. The characteristic odour of gangrene is very powerful. Where the integument remains it is covered (thickly on the extensor, more sparingly on the flexor), surface, with pustules as large as a threepenny piece ; the summits of these have been removed so completely, and the central depression is so well marked, that they present a singular ring-like appearance, not very unlike syphilitic "lepra tuberculosa." The hand, elbow, and upper arm are also much enlarged and hard, and present a few black (gangrenous) patches. One of these black indurated swellings on the front of the upper arm is three or four inches in diameter. The blackness is not uniform, but in irregular spots and streaks. The swellings are attended with severe pain. The skin between the pustules and black portions is everywhere of a pale yellowish tinge. There are no pustules on the recently-formed hardness of the hand and elbow and upper arm, where the pale yellow skin shows only gangrenous mottlings in the centre of the indurated enlargements. Over a portion of the large mass at the front of the upper arm (the most recent formation), the epidermis is separated by a collection of serum, in quantity about half an ounce.

"On the same day that I made the above examination, I removed the arm near the shoulder by the rectangular method of Teale. Six hours after the operation the patient seemed better, and expressed his sense of relief from the pain which had attended the disease. In a few hours after this the cough became much worse, and was accompanied by extreme dyspnœa. There was excessive perspiration. Thirty hours after the operation death occurred from a combination of apnœa and asthenia.

"*Examination of the Arm after Removal.*—Except at those portions of the surface where the skin and superficial cellular tissue had been destroyed, the whole of the connective tissue of the forearm

was hard, solid, comparatively dry, and enormously increased in quantity. The sensation on using the knife was that of cutting a raw, tough, resilient apple. The forearm was like a large fibrous it mass, enclosing the bones and muscles, which were unaltered, ound that the muscles were a shade paler than usual. The vessels of ke healthy and pervious. The nerves were, singularly, much inusualled in size, the median being like the sciatic nerve of a child. benefice sloughing and gangrenous spots the greyish hard connective at leas became yellow, and enclosed here and there a few small wards. s of concrete pus; but it still remained tough, resisting, resimentic and dry. Underneath the black patches the hard grey tissue was freely speckled with black spots. The sickly, gangrenous odour was very intense. I examined, under the microscope, small portions from the grey hard connective tissue, from the yellow stissue bordering on the disintegrated surfaces, and the concrete pus. The hard grey parts consisted of nucleated (one, two, or three nuclei, mostly in process of division) cells, round, oval, and elongated, very variable in size. In the yellow part, besides these appearances, there were disintegrated cells and free nuclei, and the nucleated cells themselves contained much fat. The, apparently, conderece pus was mostly fatty, disintegrated cellular tissue, with small beef tular pus-cells and peculiar needle-like crystals (probably may beterine).

have *amination of the Body after Death.*—The head was not amopened, as there had been no symptoms indicative of encephalic thesion. The lungs were gorged with serum; the upper lobe of the cleft lung was hard and barely crepitant. Both pleuræ and the pericardium contained each between three and four ounces of serum. The cavities of the heart contained partially decolorised aclots; these were larger on the right side; and the coagulum in the them that tricle extended some distance into the pulmonary artery. so may reminal viscera were healthy."

site to di WILLIAM GAYTON reports in the same journal a case of the brair had to be *Dysentery successfully treated with Ipececuanha.* The pre-

Mr. I n consisted of acetate of lead three grains, and ipeccecuanha *as a Th* n grains, divided into nine pills, of which three were given show t ight hours; besides fifteen minims of Battley's solution of paralys na, and five minims of laudanum every four hours. It is

The lt, therefore, to say that all the credit of the cure is due to *the I* ecccuanha.

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THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

with ing t crim

this n the 17th inst. a special general meeting of the above Associaactio was held in the Freemason's Tavern, Great Queen street, for forc purpose of receiving the resignation of Dr. Bucknill, the Editor or the Journal of the Association—that of "Mental Science"—and of appointing him and Dr. Hood honorary members.

har The attendance on this occasion was very large and influential. vis Dr. KIRKMAN, the President, occupied the chair; and of the other of mbers present we observed Dr. Conolly, Hanwell; Dr. Thurnam, vo ilts Asylum; Dr. Hitchman, Derby Asylum; Dr. H. H. Stewart, tinovernment Asylum, Lucan, Ireland; Dr. J. F. Duncan, Dublin; r. Duncan, Finglas, Co. Dublin; Dr. M'Cullough, Abergavenny liAsylum; W. Ley, Esq., Littlemore Asylum, Oxford; Dr. Sankey, tllitto; Dr. Manley, Hants Asylum; Dr. Burnett, Dr. Bushnan, Dr. tLockhart Robertson, Sussex Asylum; Dr. H. Tuke, Chiswick; Dr. tRobert Stewart, Belfast; Dr. Wood; Dr. Campbell, Essex Asylum; Dr. Maudsley, London, formerly of Cheadle, Manchester; Dr. Christy; W. G. Marshall, Esq., Colney Hatch Asylum; Dr. Paul, Camberwell House Asylum; Mr. Millar, Bethnal Green Asylum, &c. &c. The official notice calling the meeting having been read by the President,

Dr. ROBERTSON rose and said that, agreeably to former precedents, this special meeting had been called for the purposes as now stated, and connected with which he read a communication from Dr. Bucknill, resigning his office as the Editor of the 'Journal of Mental Science,' as owing to his altered relations, that of being now a Chancery Visitor of Lunatics, it would be incompatible for him to continue its Editor, and resigned his trust accordingly, at the same time thanking the Association for the great confidence which they had always placed in him, and the satisfaction they were always pleased to express with his editorial management of their organ. (Hear, hear.)

Dr. CONOLLY said that he was sure but one feeling prevailed in the meeting as to the resolution he now moved of expressing their best thanks for the able manner in which Dr. Bucknill had fulfilled his duties, and their great and sincere pleasure in hearing of his well-merited promotion. (Hear, hear.)

Dr. ROBERTSON having seconded the motion of Dr. Conolly, it was passed by acclamation.

Dr. ROBERTSON then moved, and Dr. MANLEY seconded a resolution electing Dr. Bucknill an honorary member, and also Dr. Hood, of Bethlem Hospital, now also promoted to be a Chancery Visitor of Lunatics, which was adopted unanimously.

The PRESIDENT next read a letter from Dr. Lockhart Robertson, resigning his office as the General Secretary of the Association.

Dr. ROBERTSON said that Mr. Ley, the Treasurer, finding it inconvenient to continue to act as such, had now placed his resignation in the hands of the meeting.

Dr. THURNAM suggested that Mr Ley's resignation should not be accepted, as the object of the present meeting was simply to make provision for the changes necessarily attendant upon Dr. Bucknill's resignation as Editor. (Hear.)

Dr. R. STEWART observed that it would be most irregular to accept of Mr. Ley's resignation at this meeting, which was a special one, and could not travel out of the record, as it would be doing were action to be taken upon Mr. Ley's letter, whose continued service, too, was so important to them. (Hear.)

After some further discussion, the matter dropped, it being the general feeling of the meeting that Mr. Ley's resignation could not be accepted. (Mr. Ley was not present at this stage of the meeting, but was subsequently.)

Dr. THURNAM moved that Dr. L. Robertson be appointed to fill the office of Editor of the Journal until the next annual meeting of the Association, and in doing so remarked that Dr. Robertson's able services as General Secretary, coupled with his numerous contributions to the pages of the journal, marked him out as a very fit and suitable person to fulfil the important and responsible duties of that office. (Hear.)

Dr. BURNETT objected to the resolution, and was proceeding to give his reasons for so doing, when he was called to order by the President, Dr. Thurnam's resolution not having been seconded.

Dr. CAMPBELL now rose and said that he heartily seconded Dr. Thurnam's resolution.

Dr. BURNETT again stated that he dissented from the motion now before the chair, simply for the reason that he considered the time had now arrived that the Editorship should be placed in the hands, not of the superintendent of a Public Asylum, but rather of a Proprietor of one of the Private Asylums, whose interests should not be overlooked; and that, accordingly, he put it to that large and influeth. eeting, that an editor having the confidence of those engageh cases a nducting of Private Asylums should be the one chose heard of dur t occasion.

Aft. There are in t s had addressed their objections to Dr. Burnett's as evidenced by

Dr. H. TUKE said that already those connected with Private Asylums had the support of a Journal which ably watched over their interests. (Hear, hear.)

Dr. CONOLLY regretted greatly that there should be any appearance of disunion in their ranks, it being so important on every account that no division should arise amongst them in the appointment of an Editor. (Hear, hear.) Already it was too manifest that there was no section of society that laboured under so many disadvantages as those who were engaged in ameliorating the condition of the insane of all classes. (Hear.) Those in whose hands were placed the treatment, the welfare, the wants and comforts of the insane, might, in point of fact, be said to be without friends or supporters from without. (Hear.) In every new Act of Parliament more and more galling restrictions were placed on them especially as a whole, and more and more difficulties were put in their way of fulfilling the important trust they had committed to them, with benefit to their unhappily afflicted charge, and satisfaction to themselves. (Hear.) Insanity as a science was not recognised in the Schools of Medicine; public leaders did not make it compulsory that those to be charged with the care of the insane should have previously made the treatment of insanity a special object of study. (Hear, hear.) For these and other reasons he gladly availed himself of the present opportunity, when he was happy to see at that meeting so large and respectable an assemblage of experienced and influential Physician-Superintendents of Public Asylums, to impress upon them the necessity of having established in their respective institutions clinical instruction in mental disease, now so greatly needed for the advancement of the general interests of their specialty, and in the promotion of which their Journal should be so conducted as to be really the organ of the Association. (Hear, hear.)

Dr. BUSHNAN said that he was much pleased with the practical and important observations of so distinguished a man as Dr. Conolly, in all of which he most fully agreed, and felt that there should be no division in the meeting's proceedings. (Hear.)

Dr. BURNETT, on rising again, said that he repudiated the notion of anything that he had felt it his duty to say causing any division amongst them, and after some further remarks, concluded by formally moving that Dr. Bushnan be appointed to the vacant Editorship of their Journal.

No seconder appearing to Dr. Burnett's motion, it fell to the ground, and Dr. Lockhart Robertson's appointment having been put from the chair, he was elected all but unanimously.

Dr. ROBERTSON, in returning thanks for the important office entrusted into his hands, said he would use his best efforts to fulfil its

duties impartially and independently. (Hear, hear.) He felt that Dr. Maudsley's name should not be omitted to be mentioned by him as a most efficient and able help in the conduct of their Journal, and hoped to have his important aid continued in its future numbers until July next, when the Association would again have an opportunity of appointing regularly an editor, the present filling of that office being, of course, but an *ad interim* one. (Hear.) He (Dr. Robertson) would not let his name appear on the cover as in editorial charge, but let that remain a blank in the list of office-bearers until their next annual meeting. (No, no.)

Dr. H. Tuke, Dr. R. Stewart, Mr. Ley, Dr. H. Stewart, and others, strongly objected to this determination on the part of Dr. Robertson, he being now the *bonâ fide* and responsible Editor of the Journal, and should appear as such on its face. Ultimately a resolution, moved by Dr. H. Tuke, and seconded by Dr. R. Stewart, to the effect that the new editor's name should be published as usual, was put from the chair and carried by acclamation.

Dr. Hitchman now moved, and Dr. Christy seconded, the appointment of Dr. H. Tuke as the General Secretary of the Association, which was carried amidst cheers.

Dr. H. Tuke shortly thanked the meeting for the honour they had conferred upon him.

During the course of the day's proceedings some warmth of feeling was manifested by a member of the Association in reference to a letter that was read containing, *inter alia*, some offensive expressions which were supposed to be personal to himself, but after explanations, the matter ended in an amicable manner, and thanks having been voted to the President for his conduct in the chair, and attending the meeting at great personal inconvenience to himself, the meeting was dissolved.

In the evening a large number of those present at the meeting dined together in the Freemason's Tavern, the President being in the chair, when a very agreeable re-union was enjoyed, and all finally separated after an interchange of the best wishes for the continued prosperity and usefulness of the Association and its members.

GENERAL CORRESPONDENCE.

HOW TO ELEVATE THE MEDICAL PROFESSION.

To the Editor of the Medical Circular.

Sir,—In your article on "The Practice of Pharmacy," you state the absolute necessity "that a general practitioner should have a thorough knowledge of drugs and the art of dispensing," a truism that might with reason be extended to the *pure* Surgeon or the *pure* Physician.

The two great impediments to the prosperity and respectability of our Profession I conceive to be, the prescribing druggist and the druggist surgeon, and the only means likely to improve the status of practitioners of medicine, such as have a tendency to alter the present system of "free trade in poisons."

If the generality of persons were in a position and willing to give even a moderate fee to their medical adviser, and to get a written prescription prepared at their own expense, and if the druggists could even usually be depended on to prepare such prescription accurately, honestly, and at a fair price, then would it unquestionably be in the interest of both practitioner and patient to adopt this system.

Unfortunately, such is not likely ever to be the case; the majority of the public have enough to do to remunerate even moderately their medical attendants; druggists, also, are but too generally but little to be relied upon, and nearly always are exorbitant in their charges; hence the practitioner who prescribes must also dispense.

As to the prescribing druggist, it is scarcely to be wondered at that he should avail himself of any opportunity to turn the tables upon his competitor in trade, one druggist surgeon—that unhappy individual who sees in the superior profit of his opponent the inducement to become an instrument for the degradation of his fellows.

The one remedy for these crying evils is this,—let all duly qualified practitioners repudiate once and for ever all connections with shops and trade; let each and all, Physicians, Surgeons, or General Practitioners, make it to be understood that they expect payment only for advice, and prove their small estimation of the mere commercial value of drugs, by in all cases presenting them to their patients. By this means the public would soon learn to appreciate the distinction between professional skill and petty huxtering—between the vendor of drugs and the educated and qualified Practitioner of Medical Science; whilst the swarm of druggists would no longer increase so rapidly when the large amount they would derive from prescribing and prescriptions should have ceased to be.

The *pures* (so called) will doubtless object to this mode of remedying an evil which *they* do not feel. They may perhaps even foresee in it the loss of that distinction which their non-dispensing habit has raised naturally in the public mind between themselves and the two very different but seemingly similar classes of Practitioners who dispense their own prescriptions in the one case, and who *make a profit of drugs* by any means in the other. But no matter. It is quite time that the public should be made to know that the general body of medical gentlemen are equally well educated, have equal experience, and are, as a rule, *at least as competent* to practice as the *purest* Physician whom interest and means has placed in an apparently superior sphere.

Trusting that some of your numerous readers will express their views upon this suggestion, I have, &c.,

Argus.

P.S. Perhaps the most equitable principle upon which a system of medical remuneration could be based would be that of annual contract, by which an individual or a family should be guaranteed all reasonable and requisite advice, attendance, and medicines, for a sum proportionate to their requirements, position, and the special circumstances of the case.

London, September, 1862.

Births, Marriages, and Deaths.

BIRTHS.

Beale.—On the 15th ult., at Avenue terrace, New road, Hammersmith, the wife of T. M. Beale, Esq., M.R.C.S., of a son.

Brown.—On the 20th ult., at Blackman street, Southwark, the wife of R. G. Brown, Esq., M.R.C.S., of a daughter.

Cobbold.—On the 13th ult., at Norland square, the wife of T. Spencer Cobbold, M.D., of a son.

Debenham.—On the 15th ult., at Heath house, Commercial road, East, the wife of Robert Debenham, Esq., M.R.C.S., of a daughter.

Flanagan.—On the 9th ult., at Haslar hospital, the wife of James Flanagan, Esq., R.N., Surgeon of H.M.'s ship 'Firefly,' of a daughter.

Hensley.—On the 12th ult., at Spring gardens, the wife of Frederick John Hensley, M.D., of a son.

Hitchins.—August 28, at Weston-super-Mare, the wife of Chas. Vernon Hitchins, Esq., M.R.C.S., of a daughter.

Johnston.—August 22, at Sherbrooke, Lower Canada, the wife of Dr. J. B. Johnston, of a son.

Lang.—On the 11th ult., the wife of John Lang, Esq., M.R.C.S., of Burlington street, Manchester, of a son.

Mack.—On the 14th ult., at St. Paul's road, Islington, the wife of Robt. Mack, Esq., L.R.C.S.I., of a daughter.

Morris.—On the 9th ult., at Yeadon, Leeds, the wife of Charles H. Morris, M.D., of a daughter.

Mosman.—On the 18th ult., at Devonport, the wife of Robert Conrad Mosman, Esq., Army Medical Staff, of a son.

Mould.—On the 13th ult., at Onslow crescent, the wife of J. T. Mould, Esq., F.R.C.S., of a daughter.

Nind.—On the 12th ult., at Harbertonford, near Totnes, the wife of P. P. Nind, Esq., M.R.C.S., of a daughter.

Salmon.—On the 7th ult., at Haslar, the wife of James Salmon, Esq., Deputy Inspector-General of the Royal Marine Infirmary at Woolwich, of a daughter.

Thane.—On the 8th ult., at Hart street, Bloomsbury, the wife of D. G. Thane, M.D., of a son.

Vawdrey.—On the 8th ult., at Vicarage place, Kensington, the wife of John C. Vawdrey, Esq., M.R.C.S., of a son.

Wallace.—On the 21st ult., at East hill, Colchester, Essex, the wife of Alex. Wallace, M.D., of a son.

MARRIAGES.

Baker—M'Laren.—On the 24th ult., at Lephenstrath house, Campbelton, Argyllshire, John C. Baker, M.D., of Bideford, Devonshire, to Mary, eldest daughter of Alexander M'Laren, Esq., of Lephenstrath, J.P. for the County of Argyll.

Beecher—Blick.—On the 17th of June, at All Saints church, Singleton, New South Wales, Emanuel Beecher, Esq., eldest son of J. B. Hungerford, Esq., of Font hill, West Maitland, to Frances Elizabeth, eldest daughter of the late J. W. P. Blick, M.D., of Belmont, Black Creek.

Bonthron—Carnegie.—On the 22nd ult., at Dysart, Fifeshire, Andrew Bonthron, M.D., of West Linton, Peeblesshire, to Annie, second daughter of James Carnegie, Esq.

Capper—Waterhouse.—On the 21st of August, at Friends' Meeting house, Liverpool, Jasper Capper, M.D., of Ipswich, to Margaret, eldest daughter of the late Octavius Waterhouse, of Edge lane, Liverpool.

Daniell—Turner.—On the 15th ult., at St. Mary's church, Donnybrook, Dublin, Richard Daniell, M.B., of Fulham road, West Brompton, to Sarah, youngest daughter of Richard Turner, Esq., of Hammersmith, Dublin.

Evans—Johnston.—On the 28th of August, at the Parish church, Carnmoney, William Evans, M.D., of Calcutta, to Sarah Maria, eldest daughter of Phillp Johnston, Esq., of Dalriada, co. Antrim, Ireland.

Griffiths—Pughe.—On the 23rd ult., at Llanfyllin, Richard Griffiths, Esq., Surgeon, to Charlotte, fourth daughter of the late Rev. Richard Pughe, of Montgomeryshire.

DEATHS.

Elwin.—On the 23rd ult., at Broad street buildings, Joken Elwin, Esq., M.R.C.S., aged 61.

Hamel.—On the 22nd ult., at Duke street, St. James's, Dr. Joseph Hamel, Member of the Imperial Academy of Sciences in St. Petersburgh, aged 74.

Lamb.—On the 12th ult., at Windsor terrace, Maida hill, Louisa, the wife of J. Stewart Lamb, M.D.

Moffat.—On the 22nd ult., at Thornhall, Polmont, Stirlingshire, Abram only son of Robert Moffat, M.D., aged 2 years.

Turner.—On the 14th ult., at Lewes, Clara Ann, the wife of Richard Turner, Esq., M.R.C.S., aged 25.

Watson.—On the 15th ult., Mary Charlotte, the wife of Samuel Watson, Esq., F.R.C.S., of Cottingham, near Hull, aged 43.

MEDICAL NEWS.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—Thomas Hodson, Cocking, Essex; Abraham Bowerman Kernot, Great Wakering, Essex; Richard Hodges Leigh, Barbican, London; Anthony John Newman, Newport, Monmouth; Robert Easey Threadgale, Heveningham, Suffolk; Arthur Calcutta White, Rawreth, Essex; William Rhys Williams, Stotfold, Baldock. The following gentlemen also on the same day passed their first examination:—Ebenezer Atherton, Guy's Hospital; Robert John Scott, St. Thomas's Hospital; Thomas Hewlett Worger, St. Bartholomew's Hospital. The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 18th inst.:—Francis Morris Foster, Hull; Robert Meadows, King's College; Ellis Jones Morris, Holyhead; William Rayner, Uxbridge; Charles J. Renshaw, Altrincham; Charles Rhodes, Addison road, Kensington; Thomas Burnet Temple, Stockton-on-Tees. The following gentlemen also on the same day passed their first examination:—Joshua James, Bristol; T. Carter Wigg, Charing cross Hospital; George Eugene Yarrow, St. Bartholomew's Hospital.

SALE OF ST. THOMAS'S HOSPITAL.—The sale of the materials of this structure, which occupied five days, realised about 5,000*l*.

DANTE A PHYSICIAN.—Records recently found in the archives of Florence seem to show that Dante was inscribed at that University in the class of doctors and pharmacists.

THE CHALMERS HOSPITAL, BANFF.—This hospital, containing fifty beds, has been erected by the trustees under the will of the late Mr. Alexander Chalmers, of Clunie.

FLESH-EATING AND CHOLERA.—The Bombay mortuary returns show that in respect to cholera the flesh-eating portion of the native community suffer more severely than those who do not eat meat.

SANITARY INSPECTION IN THE CITY.—There are about 13,000 houses in the City of London, of which 6,620 are under sanitary inspection, and are regularly visited every three or four months. There was a higher general state of health in the City during the last quarter than during any corresponding period for the last six years.

THE WANT OF SURGEONS IN INDIA.—The authorities both in India and at home are anxious to retain the services of the senior surgeons of the Indian medical service. Not a month passes without applications for more doctors for Indian stations and regiments. During the recent outbreak of cholera in the Punjaub it was necessary to scour the country for every available assistant-surgeon.

MOLAR TOOTH LODGED IN THE TONGUE.—At the battle of Williamsburg a man received a bullet wound in the lower jaw, which was shattered. After attendance at the hospital, however, the wound healed rapidly. Some weeks afterwards he again presented himself, and on examination it was discovered that a molar tooth which had been knocked out of the jaw had been buried in the tongue.—'Journal of Dental Science.'

RAILWAY ACCIDENTS.—During the year 1861, 284 persons were killed and 883 injured by accidents on railways in the United Kingdom. Of this number, 216 were killed and 836 injured in England and Wales; 39 were killed and the same number injured in Scotland; and 29 were killed and 8 injured in Ireland. 46 passengers were killed and 781 injured from causes beyond their own control.

VACCINATION.—The number of persons vaccinated last year in England was 432,806, of which 425,739 were successful, and of this number 100,641 were above a year old. The number of registered births in the unions making these returns was 685,646, more than double the number of infants vaccinated by the public vaccinator. The number of the vaccinators was 3731.

REMOVAL OF AN ENORMOUS TUMOUR OF THE SCROTUM AND PREPUCE.—On Sunday last, Dr. Wiblin of Southampton, in the presence of about fifty of his professional brethren, who had assembled from London and various parts of the country, removed an enormous tumour of the scrotum and prepuce. The patient was forty years of age, and a labourer in the docks. Having been placed under chloroform, the glans and testes were carefully dissected out. A large incarcerated hernia was exposed in the course of the operation. On opening the sac the intestine was found healthy, and the sac was sewn up. After the removal of the entire tumour the man was put to bed. He has been going on well since, and confident hopes of his recovery are entertained. Very little blood was lost, and the operation, which lasted three-quarters of an hour, was performed with great caution, skill, and coolness. The tumour (which appeared to be simple hypertrophy) weighed between thirty and forty pounds. The case, which is a very important and remarkable one, will be brought before the Royal Medical and Chirurgical Society.

INDIAN APPOINTMENTS.—His Excellency Sir Bartle Frere, Governor of Bombay, has been pleased, by a notification in the Educational Department, to appoint the undermentioned Medical officers of the Bombay Army to be Fellows of the University of Bombay, and also Members of the Senate:—Dr. Geo. Christopher Molesworth Birdwood, Assist.-Surgeon, Curator of the Victoria Museum, Bombay; Dr. David Grierson, Dep. Inspect.-Gen. of Hospitals; Dr. Andrew Henderson Leith, Dep. Inspect.-Gen. of Hospitals; Dr. William James Moore, Assist.-Surgeon, European General Hospital, Bombay; Dr. Matthew Stovell, Principal Inspect.-Gen. Medical Department; Dr. Herbert Giraud, Surgeon, Professor of Chemistry, Grant Medical College; Dr. Robert Hains, Assist.-Surgeon, and Surgeon to Police, Bombay.

SMALL-POX IN SHEEP.—An Order in Council appeared in the 'London Gazette' of the 10th inst., directing that "It shall not be lawful for any person to remove any sheep or lambs to or from any of the parishes in which the disease is prevalent, nor shall any sheep be driven to or through these places without a certificate from some person authorised by two or more justices of the peace for that purpose. All sheep dying of the disease to be immediately buried, and the sheds, &c., to be properly cleansed. All persons who may possess sheep affected by the disease are required to give notice of the same." The order is to continue in force for three months.

MEDICAL HONOURS.—M. Claude Bernard, Professor of Medicine at the Imperial College of France, and Professor of General Physiology at the Faculty of Sciences of Paris, has been promoted to the rank of Officer of the Legion of Honour.

NEW TREATMENT OF SMALL-POX.—A new method of treating small-pox and other febrile diseases, flanked by a new theory, has been propounded by Dr. D. F. Rennie, Surgeon 31st Regiment, now serving in China. The treatment consists in frictions with croton oil or tartar-emetic ointment, so as to produce a copious suppuration. The theory is, that this suppuration eliminates from the blood the substances capable of undergoing morbid change and producing local disease. Dr. H. O. Binden, Chief Medical Officer at Tientstin, thus speaks in his Report, dated February 21, 1862:—"Variola has been very considerably on the increase during the past four weeks, and I regret to observe that the character of the disease has not been of that modified form which it is represented usually to assume when attacking individuals previously protected by vaccination; indeed, many were the most virulent confluent cases it has ever been my lot to witness. All the subjects of this disease bore good marks of vaccination. Remarking on variola in my last Report, I very cursorily have adverted to the treatment of this disease by the friction of either tartar-emetic alone, or combined with croton oil, pursued by Dr. Rennie, Surgeon 31st Regiment, and followed also by Dr. Lamprey, 67th Regiment, and other Medical officers at this station. Since then I have watched with considerable interest and attention the progress of several cases treated in this manner, and I feel bound to state that in every instance taken early at the onset of the disease, on the appearance of a full crop of pustules, developed by the application of the ointment, the fever, which in many individuals, was previously very high, suddenly abated, each patient reporting himself much relieved from the remission in the symptoms; in many, also, though on or shortly after admission, there were detected symptoms of chest complications in the shape of pulmonary congestion,—these symptoms, coeval with the eruptions produced by the ointment, almost immediately subsided; in fact, the disease appeared as if suddenly arrested, and in no instance did it show a tendency to become confluent. It is also most remarkable, that while in ordinary cases of variola, allowed to run their course under the usual treatment, the face is the portion of the body to which, as it were, the true eruption of variola most tends, producing there, when confluent, such loathsome-looking masses of disease, under this mode of treatment, by the friction of the ointment, particularly if begun early, the eruption appears to be diverted from its ordinary site of elimination, and to develop itself almost altogether on the trunk and upper extremities." Dr. Rennie's theory seems to be, that many forms of febrile disorder, *i. e.*, bronchitis, dysentery, small-pox, etc., arise from modified effects of malarious poison, if it do not produce regular ague and profuse sweating. He believes that a regular ague is a good thing, and that mortality has been increased, on the whole, by land drainage and other modes of altering the "natural relations between certain soils and certain atmospheres"!! His reasons for this belief are cogent. He believes that ague diminished the general death-rate. "Ague formerly was viewed as having a certain salutary influence, and individuals suffering under other ailments used to endeavour to contract it as a curative measure. Dr. Watson, in his work on the Practice of Medicine, mentions the case of the late Dr. Sims, a former London Physician of some eminence, who, at the commencement of the illness that terminated his life, said he would recover if he could catch an ague. He went to the marshy districts expressly for the purpose of contracting one, but returned to London without having succeeded, complaining that the country had been spoilt by draining, and that there was no more intermittent fever to catch. Dr. Watson also mentions the popular belief respecting ague being a cure for epilepsy." He enforces the necessity of active purgation with the cutaneous counter-irritation. We would respectfully observe, that tartar-emetic ointment and purgatives may or may not constitute the best way of treating

febrile diseases. These diseases may or may not arise from agues whose critical sweats have been interrupted. But if these things be true, it would not in the least follow that ague prevents other diseases; or that it can be beneficial to the human race that the surface of the ground should continue swampy and productive of hedges and rushes, and be the haunt of frogs and flies, and the rot insects of sheep, instead of yielding a sweet herbage on which animals good for the food of man can live healthily.—'Medical Times and Gazette.'

London Institution.—A Course of Four Lectures "On the Class Reptilia" will be delivered at the London Institution, by Professor Owen, F.R.S., &c., during the Winter Session, commencing on November 17, 1862.

Twenty-eight Candidates proved successful at the recent Competitive Examination for Commissions in the Army Medical Department. These gentlemen have been directed to proceed to Chatham, to go through a course of practical study at the Army Medical School, by October 1 (this day.)

Amputation at the hip-joint was performed by Mr. Sampson Gamgee, at the Queen's Hospital, Birmingham, on the 11th ult. The thigh measured four feet in circumference; and, after removal, the limb weighed ninety-nine pounds,—the increase being chiefly due to an enormous enchondroma of the femur. The patient is progressing most favourably.

Footprints in the Cambrian.—Alleged footprints have been found in the Lower Cambrian rocks of Dalby, Isle of Man, by Mr. Taylor, who has described them in the 'Geologist' for September. They are said to resemble the Protichnites of Professor Owen; but when submitted to Mr. Salter, he declared them to be inorganic, and also threw a doubt on their actually being of Cambrian age.

Junior Medical Society of London.—The meetings of this society will be resumed on Tuesday evening, October 21st, at the Charing-cross Hospital, and will be continued at the various hospitals, on the third Tuesday of the months of November, January, February, March, May, and June, and on the second Tuesday in December, commencing with the exhibition of pathological specimens by the students of the different hospitals, after which a paper will be read on some subject within the domains of Medicine, Surgery, or Midwifery, concluding with a discussion.

Deaths from Foul Air in a Well.—On Sunday, the 16th ult.. at Sittingbourne, two men lost their lives in the attempt to recover a bucket that had fallen into a well. The well was only twenty-six feet in depth, and contained two feet and a half of water. The water was used for ordinary purposes, and was not considered unwholesome.

Medical Honours.—The Queen has been graciously pleased to give orders for the appointment of John Forsyth, Esq., late Principal Inspector-General of the Medical Department of the Bengal Army, to be an Ordinary Member of the Civil Division of the Third Class, or Companions, of the Most Honourable Order of the Bath.

A Surgeon Garotted.—On Friday morning last Mr. Palmer Taylor, Surgeon, Drury-lane, was garrotted and robbed of a valuable watch, while returning home from attending a patient.

Death from Neglect of a Midwife.—An inquest was held last week at the Town of Ramsgate Tavern, Wapping, on the body of a newly-born infant, who was alleged to have died in consequence of the neglect of a midwife connected with the Tower Hamlets Dispensary. James Grady, the father of the child, said I am a blacksmith. On Friday night, the 12th inst., his wife was taken in labour, and he went and called in a female neighbour. He after wards went to call a midwife, named Mary Ann Ayres, and took with him an order for her attendance from the relieving officer of the district. When he knocked at the door, she called out from an upper window, and upon hearing what was wanted she told him to put the paper under the door, and she would follow him in ten minutes. The woman never came to his wife, and in consequence she suffered considerably from hæmorrhage, and one of the two children [illegible] ere born had died. Dr. Ross said he had received an order to attend the mother of the child, and reached the house at half-past seven o'clock, when he found the mother suffering from exhaustion. One child was dead, but the other was alive. He thought that if the midwife had attended the deceased would have been saved.—Mary Ann Ayres, of No. 16 Mount street, New road, Whitechapel, said that when she went downstairs to take the paper which was placed under her door by the father of the deceased child, she found there was only one paper, and the order for attendence was missing; that was the reason she did not attend.—The jury returned a special verdict—"That the deceased was found dead, and expressed their opinion that the child's death was caused by the neglect of Mary Ann Ayres, the midwife, in not having attended the mother, and that her conduct was inhuman and highly culpable."

Invalids to Madeira.—The Royal Mail Steam Packet Company intend sending out again this year one of their fine steam ships to Madeira about the middle of October. A similar course was adopted by them in the autumn of last year, and we believe that the arrangements made for the comfort of invalid passengers on that occasion afforded the greatest satisfaction.

The Metropolitan Association of Medical Officers of Health.—The following gentlemen are the officers of this Association for the year 1862-63:—President—Robert Dundas Thomson, M.D., F.R.S Vice-Presidents—Lionel Beale, Esq., Dr. Druitt, Dr. Sanderson. Treasurer—Charles J. B. Aldis, M.D. Secretaries—Thomas Keiller, M.D., 21 Upper Gower street, W.C. George Buchanan, M.D., 75 Gower street, W.C. The above are ex-officio members of the Committee of General Purposes; also Edward Ballard, M.D.; Frederick J. Burge, Esq.; Septimus Gibbon, M.D.; C. J. F. Lord, Esq.; John Liddle, Esq.,; G. E. Nicholas, Esq.; William Rendle, Esq.; and J. N. Vinen, M.D.

Appointments.—Assistant-Surgeon, A. W. G. Adey has been appointed Acting Civil Surgeon at Kaira, *vice* Colston.—Thomas H. Atkinson, R.N., has been appointed Acting Assistant-Surgeon to the 'Sutlej.'—Isaac Bailey, L.F.P.S. Glasg., L.R.C.P. Edin., has been elected Medical Officer, and Public Vaccinator for the Kirton District of the Boston Union, Lincolnshire, *vice* Edward Lane, M.R.C.S. Eng., L.S.A. Lond., resigned.—Richard Barrett, M.D. Qu. Univ. Irel., L.R.C.S. Edin. and L.M., L.M. Cork Lying-in Hospital has been elected Medical Officer for the Inchageelagh Dispensary District of the Macroom Union, Co. Cork, *vice* Nicholas Warburton White, M.R.C.S. Eng., L.A.H. Dub., L.M. Dub., appointed to the Macroom Dispensary District.—Frank Buszard, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., M.B. Univ. Lond., has been elected House-Surgeon and Apothecary to the General Infirmary, Northampton, *vice* Mr. James Foster Gray, F.R.C.S. Eng. (exam.), L.S.A. Lond., resigned.—William Cholmeley, M.D. Univ. St. And., M.R.C.P. Lond., M.R.C.S. Eng., has been appointed Lecturer (jointly with Dr. Leared) on the Principles and Practice of Medicine at the Grosvenor place School of Anatomy and Medicine.—Hugh Cholmeley, L.F.P.S. Glasg., has been appointed Resident Surgeon to the Paisley Infirmary and Dispensary, *vice* Thomas Logan, M.D. Univ. King's Coll. Aberd., L.F.P.S. Glasg.—James J Corrie, M.R.C.S. Eng., has been appointed Assistant Resident Medical Officer to the Leeds Public Dispensary, *vice* Joseph Hainsworth, M.R.C.S. Eng., resigned.—Assistant-Surgeon H. Crocker, M.D., has been appointed to the temporary Medical charge of the 4th Infantry, Hyderabad Contingent, *vice* Assistant-Surgeon Williamson.—Dr. C. L. Cox, officiating Civil Assistant-Surgeon at Muttra, has been placed in charge of the Gaol, at that station, and invested with the powers of a magistrate to be exercised within the precincts of the Gaol.—Assistant-Surgeon Dymock has been appointed to officiate, temporarily, as Assistant-Surgeon, European General Hospital, Bombay, *vice* Mead.—Edwin Fenn, M.R.C.S. Eng., L.S.A. Lond., Assistant-Surgeon R.N. (seniority June 8, 1861), has been confirmed to the 'Chameleon.'—George Fyfe, M.D., L.R.C.S. Edin., has been elected House-Surgeon to the General Infirmary, Chester, *vice* Edward Stokes Roberts, jun., M.R.C.S. Eng., resigned.—Bradley Gregory, M.R.C.S. Eng., L.S.A. Lond., Assistant-Surgeon R.N. (seniority, July 1, 1859), has been appointed to the 'Sutlej.'—Thomas Frederick Greenwood, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Fourth and Fifth districts of the Southwell Union, Nottinghamshire, *vice* Henry Richard Smith, M.R.C.S. Eng., L.S.A. Lond., resigned.—Daniel Rutherford Haldane, M.D. Univ. Edin., F.R.C.P. Edin., has been elected Lecturer on the Practice of Medicine at Surgeons' Hall, Edinburgh, *vice* William Tennant Gairdner, M.D. Univ. Edin., F.R.C.P. Edin., appointed to the Chair of the Practice of Medicine in the University of Glasgow.—William James Hamilton, M.D. Univ. Glasg., L.R.C.S. Edin., Surgeon R.N. (seniority February 17, 1858), has been appointed to the 'Severn' (additional).—C. W. Heaton, F.C.S., has been appointed Professor of Chemistry at the Charing cross Hospital Medical College, *vice* Richard V. Tuson, F.C.S., resigned.—Joseph Henderson, L.F.P.S. Glasg., M.R.C.S. Eng., and L.M., has been elected Medical Officer to the Lower Deptford District of the Greenwich Union, *vice* Edward Downing, M.D. Erlangen, L.F.P.S. Glasg., L.M., M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.—Samuel Henry Hobart, B.A. and M.B. Trin. Coll. Dub., M.R.C.S. Eng., L.M. Combe Lying-in Hospital, having sufficiently recovered from his illness, has resumed as Medical Officer to the Cork Centre Dispensary District of the Cork Union, the duties of which were performed during his absence by Dr. William Peterson Bernard, L.R.C.P. Edin., L.F.P.S. and L.M. Glasg., L.M. Cork, up to the time of the death of the latter, and afterwards (for a short time) by Dr. T. Shinkwin.—Harry Pike Major, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Hungerford District and the Workhouse of the Hungerford Union, Berks, *vice* Robert Delafosse Shield, M.R.C.S. England, L.S.A. London, resigned.—Dr. Augustus Matthiessen, F.R.S., has been appointed Professor of Chemistry and Practical Chemistry at St. Mary's Hospital Medical School, *vice* Mr. Frederick Field, F.R.S.E., resigned.—Assistant-Surgeon C. C. Mead has been appointed Acting Deputy Medical Storekeeper, Bombay.—Stephen Berry Niblett, L.R.C.P. Edin. (exam.), L.F.P.S. Glasg., and L.M., L.S.A. Lond., has been elected

Medical Officer and Public Vaccinator for the Kilsby District of the Rugby Union, Warwickshire, *vice* Charles Whitefield, M.R.C.S. Eng., L.S.A. Lond., appointed to the Crowland District, Peterborough Union, Northamptonshire.—Dr. A. C. Nisbet has been appointed to officiate temporarily as Civil Surgeon at Akyah, British Burmah.—John Noble, Assistant-Surgeon R.N. (seniority May 18, 1855), has been appointed to the 'Phœbe.'—John Onion, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Edgbaston District of the King's Norton Union, Worcestershire, *vice* Thomas Williams, M.R.C.S. Eng., L.S.A. Lond., resigned.—Dr. Joseph Samuel Prendergast, Lucknow, has been appointed to take charge of the Inspector-General's office at Calcutta, *vice* Dr. Tice, C.B., Deputy Inspector-General of Hospitals, on sick leave, and since deceased.—George Puckle, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer of Health for Lambeth, *vice* William Odlin, M.B. Univ. Lond., F.R.C.P. Lond., F.R.S., resigned.—Assistant-Surgeon J. S. Remington has been confirmed as Residency Surgeon at Baroda, Bombay Presidency.—John B. Ricards, Surgeon R.N. (seniority October 21, 1854), has been appointed to the 'Galatea.'—Assistant-Surgeon G. D. Riddell, Madras Establishment, has been appointed to the Medical charge of the 5th Infantry, Hyderabad Contingent.—William Risdon, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer, until Lady-day, 1863, of the Dolton District, No, 2, of the Torrington Union, Devon, *vice* Wavel Arundle Denil M.R.C.S. Eng., L.S.A. Lond., resigned.—Dr. H. Roberts, Civc, Assistant-Surgeon of Seonee, Central Provinces, East Indies, has been appointed a member of the Local Fund Committee of that district.—George James Symes Saunders, M.B. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., Assistant Medical Superintendent of the Devon County Lunatic Asylum, Exminster, has been appointed Chief Medical Superintendent, *vice* Dr. Charles Bucknill, M.D. Univ. Lond., F.R.C.P. Lond., appointed Chancery Inspector of Lunatics.—Surgeon Shelton has been appointed to officiate as Deputy Inspector-General of Hospitals of the Oude, Cawnpore, Rohilcund, Sangor, and Gwalior Districts, on the departure of Dr. Prendergast.—Daniel Shelswell, M.R.C.S. Eng., and L.M., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for No. 1 District of the Wolverhampton Union, Staffordshire, *vice* John Major Coleman, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond. resigned.—Charles Sharp Smith, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Leadenham District of the Sleaford Union, Lincolnshire, *vice* William Newman M.D. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., resigned.—Assistant-Surgeon H. W. Spry has been appointed to the Medical charge of the 18th Regiment of Bombay Native Infantry, *vice* Surgeon J. T. Glover, who has been pronounced to be unfit for further active service.—Henry Dawson Stanistreet, L.R.C.S. Irel, and L.M. L.A.H. Dub., Assistant-Surgeon R.N., has been appointed Acting Assistant-Surgeon to the *Phœbe*.—Dr. T. B. Suffrein has been appointed to the Medical charge of the Gaol and Civil Establishments at Toungoo, British Birmah.—Mark Tanner, M.D. Queen's University in Ireland and St. Andrew's Scotland, M.R.C.S., Licentiate of the Royal Colleges of Physicians of London, Dublin, and Edinburgh (by exam.), &c., and Assistant-Physician to the Westminster Maternity Charity, is appointed to be Consulting Physician-Accoucheur to the Western Dispensary, *vice* Dr. Frederick, F.R.C.P. Edinburgh, &c., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 1.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.—Obstetrical Society of London, 8 p.m. Papers by Dr. Braxton Hicks—Dr. Tilbury Fox—Dr. Bell—Dr. Tanner—and Dr. Richards.

Thursday, October 2.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, October 3.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 4.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, October 6.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, October 7.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Clinical Researches on Different Diseases of the Larynx, Trachea, and Pharynx, examined by the Laryngoscope. By Dr. L. Turck. London: Williams and Norgate, 14 Henrietta street, Covent garden.

NOTICES TO CORRESPONDENTS.

W. H.—Society ought not to expect any medical practitioner to give gratuitous medical advice in an organised form. We hope the time will never come when physicians will cease to think it their duty to assist individual cases without reward; but we think the time has come when society should be made to understand that all organisations of charity should provide for the honest payment of medical services. We see no objection to self-supporting dispensaries, so long as care is taken that improper persons do not reap their advantages.

Mr. GRANT is thanked for his kind letter.

Mr. J. JOHNSON.—1st. No.—2nd. No.

CYRUS.—A very good pamphlet on "Mentone" has been written by Dr. Edwin Lee. We should consider it a suitable wintering-place for an invalid so affected.

CHIRURGUS.—Mr. Bowen's case has come under our notice. It is to be lamented that the Medical Act cannot be made equally effective against charlatans.

To the Editor of the Medical Circular.

SIR,—In the belief that one just purpose of our journalism is the interchange of thought, and the discussion of opinion, I trouble you with the following remarks.

In the CIRCULAR of the 10th ult., half a page is appropriated to an extract from the 'American Medical Times' on the use of fermented hops in the treatment of scarlet-fever, and the novelty of the suggestion rests upon the authority of a lady. Little surprise attaches to this announcement, seeing, that in the land of Independence! the *ladies* are taking the lead, in matters Medical; but the preface of an editorial that—"any suggestion that may prove useful in the treatment of scarlet-fever, should be received with favour," really occasions me much conjecture, and fortifies the inquiry,—how is this?

For many years past, we in the North, have considered the treatment of scarlet-fever as settled, and secure. Individually, I look upon the disease as one of the most tractable, and comparatively innocuous, of the whole class of zymotic fevers; and justly so, for I never knew a case go wrong, or prove at all troublesome, when brewers' yeast was properly administered, unless when local organic complication rendered the reverse almost impossible. This success has not by any means been confined to my practice. In September, 1854, Mr. Bennett, of Gateshead, wrote me, "during the epidemic of scarlet-fever in this town, &c., in 1847, when the disease was so fatal, I found no treatment equal to fresh yeast, frequently given; indeed, I do not think that I lost a single case after I commenced with the yeast treatment." I cannot myself go back to '47, but for the last ten years, I have used no other remedy in scarlatina than yeast, internally administered, and applied as poultice to the outside of the throat. It is but fair to state, however, that since the brewers have resorted so much to *doctoring* beer, yeast has not been so undeviatingly to be depended upon for *doctoring* fevers.

Not for one moment, do I imagine that I am thus enlightening my professional brethren in this country; but as doubtless the MEDICAL CIRCULAR escapes the vigilance of American cruisers, and circulates where little English produce is countenanced, the perusal may testify to the *ladies* across the Atlantic, that in the treatment of scarlet-fever, at least, they have not gone "a-head." I am, &c.,

Darlington, Sept. 20, 1862. L. F. CRUMMEY.

To the Editor of the Medical Circular.

SIR,—As there is a good deal of dispute as to the danger of arsenical paper-hangings, will you kindly inform me of the state of professional opinion on this subject, as patients are constantly questioning one about it, and the evidence seems to me very contradictory.

I am, &c.,

Tunbridge Wells, Sept. 25, 1862. AN OLD SUBSCRIBER.

[There can be no doubt whatever, of the poisonous effects of arsenical paper-hangings.]

A SUBSCRIBER.—The commencement of Medical study dates from the period of registering for attendance on lectures, &c., according to the Regulations of the Medical Council; but both the College of Surgeons, and the Edinburgh University have set at nought the edicts of the Council, so that we cannot give you any definite information. Write to Dr. Hawkins.

J. B.—Yes.

CRITO on "The Wakley Testimonial."—Received. We are quite sure that no reader of the MEDICAL CIRCULAR could believe the aspersion that we could be guilty of the meanness of perverting the meaning of a printed paper. It is true some months since, two of our Medical contemporaries perpetrated such an act of baseness in relation to ourselves; but such conduct has never yet been justly charged against the MEDICAL CIRCULAR, and never will be.

Mr. HAMILTON.—The foundation-stone of the new King's and Queen's College of Physicians, was laid in Dublin, on the 1st of July, by the Earl of Carlisle, not by Dr. Corrigan, though Dr. Corrigan presided at the déjeuner given subsequently.

P. H.—St. Bartholomew's or Guy's.

L.S.A.—Certainly.

JUVENIS.—1st. Yes.—2nd. You could register.—3rd. No.

A HAMPSHIRE SURGEON.—We have read the puff, and quite concur in your opinion that "it is a flagrant violation of medical propriety."

Mr. MEYMOTT's letter on "Alcohol" shall appear next week.

DUBITANS.—We think that you might undertake the case on the conditions named.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6292.

HOSPITAL OF LA CHARITE.

(MR. BEAU'S WARDS.)

Metritis à Congressu. — Uterine Hæmorrhage; Rhue and Savin.—Uterine Disease giving rise to Deceptive Morbid Phenomena.—Puerperal Gonorrhœa.—Hysteria and Mania Cured by Cauterisation of the Os Uteri.

A girl, aged seventeen, was admitted into Mr. Beau's wards, suffering from pain in the pelvic region, and lumbo-abdominal neuralgia radiating towards the stomach. This condition had suddenly set in, and had acquired a degree of intensity so considerable, that she had been compelled immediately to apply for medical assistance. On inquiry it was ascertained that for some time the patient had led a loose life, and Mr. Beau pronounced the case to be one of metritis consequent on excessive sexual indulgence.

The disease is not unfrequent, and is generally dissembled under the polite name of inflammation. The sufferers do not deceive themselves as to its cause, which they sometimes sincerely acknowledge; and in this respect Mr. Beau's patient was perfectly candid. Another instance of the same kind was observed last year in the wards, in a prostitute of vigorous constitution, who after excessive venereal intercourse, was suddenly seized, while in perfect health, with excruciating pelvic pains, and was subsequently affected with peri-uterine hematocele, a complaint which many observers have met with under analogous circumstances. This form of hematic tumour Mr. Bernutz designates as hematocele *à venere immoderatâ*; it generally terminates in resolution, and, in the opinion of this author, originates in some part of the Fallopian tube, or depends, according to Mr. Beau, on inflammation of the peritoneal surface of the uterine system.

Metritis *à congressu*, when attended with hæmorrhage, presents some resemblance to abortion; but examination *per vaginam* removes all doubt as to the diagnosis, the os uteri being open in the latter and closed in the former.

The disease is not always destitute of danger, and Mr. Tardieu has related, in the *Annales d'Hygiène* (July, 1851), two instances of death consequent on immoderate sexual indulgence; one observed in a young woman three weeks after marriage, the other in a Jewess who expired after a mad revel with some students. In both cases, extravasation of blood was detected in the pelvic region of the peritoneum. But such fatal occurrences are fortunately unusual, and almost invariably, as in traumatic inflammation, *metritis à congressu* subsides in a short time under the influence of perfect rest, cupping, and baths.

— It may even occur that the external hæmorrhage—a frequent complication of congressive metritis—yields to antiphlogistic measures; but it the flooding be profuse or obstinate, special treatment may be necessary: and we may, therefore, here allude to a somewhat singular method already noticed in the present journal (Art. 5565), and applicable to the hæmorrhage consequent on abortion, as well as to that which has been induced by immoderate intercourse.

A short time since, a young woman, aged twenty, was admitted into hospital for hæmorrhagic metritis of eighteen days' standing. The cause was well known, and Mr. Beau trusted that mere repose would effect a cure; but as his hopes in this respect were disappointed, he prescribed savin powder, a remedy which he considers supremely efficacious in cases of the kind. A pill containing one grain of savin was exhibited daily, and on the third day the flooding was arrested, and the patient was enabled to rise and walk in the wards; the next morning she exercised in the garden, and was soon dismissed in a perfectly satisfactory condition.

Savin was at the same period exhibited to a woman suffering from evere pain in the pelvic region, attended with flooding. One pill was prescribed. On the next day the hæmorrhage was checked, but it returned in the evening with aggravated pain. A blister relieved the latter, and two pills were taken; a complete cure was thus effected in the course of three days.

The remedy proved equally efficacious in a third case of flooding consequent on abortion. The patient was a young woman who for a fortnight had uninterruptedly lost blood, and presented the characteristic serous pallor resulting from hæmorrhage, and some of the nervous symptoms usually attendant on this condition. On the 19th of July, one savin pill was exhibited, and on the 20th, the flooding was arrested, but it returned in consequence of imprudent exercise in the wards. Two pills were exhibited on the 21st, and the flooding decreased; the same treatment was persevered in for a few days, when the patient, who had repeatedly walked in the garden without suffering a relapse, was discharged from hospital.

Savin is, therefore, a valuable hæmostatic. Before becoming acquainted with its virtues, Mr. Beau acknowledges that he often experienced considerable difficulty in the management of uterine hæmorrhage. Some years ago he was induced to try the remedy in metritis accompanied by flooding, and in seven cases he succeeded perfectly in effecting the desired result. He prescribes at first a pill of one grain of the medicine, and if in the course of two or three days this dose is found insufficient, he administers one pill night and morning, a quantity which it has never been necessary to exceed. In some instances, however, the hæmorrhage persists, and Mr. Beau has recourse to another remedial agent, rhue, the action of which is to that of savin as ipecacuanha is to tartar emetic. When, therefore, the two savin pills are inefficacious, he prescribes one grain of rhue without any other adjuvant. This very simple method is, nevertheless, one of the safest and most powerful that can be resorted to under the circumstances.

— Like the stomach, the womb is the centre of impressions, which are propagated to the entire system and give rise to symptoms, the true origin of which not unfrequently escapes the attention of the observver.

To begin with the morbid manifestations arising in the parts nearest to the original seat of the nervous disturbance, we may mention certain excruciating pains of the anus and bladder, as likely to mislead the practitioner. A patient, suffering from metritis and hæmorrhage, had been cured by the use of the pills, which we have but just alluded to; but she experienced, at the same time at the orifice of the intestine, intolerable agony, which persisted in spite of all remedies, occasioned the distressing tenesmus of dysentery, and gave rise, with each motion of the bowels, to the protracted pain usually coincident with *fissura in ano*. It was an instance of tenesmus uncomplicated by dysentery, a *podalgia* without fissure; in short, a reflex neuralgia of the womb. A superficial ulceration was detected on the cervix; Mr. Beau resorted to cauterisation, and when the ulceration healed, the pain and tenesmus both disappeared altogether.

Mr. Michon has met with a case in which the womb exercised a similar injurious influence on the bladder, and induced symptoms closely resembling those which might be the result of the presence of a calculus. But the error was soon dispelled: calculus is of rare occurrence in women. The cervix was inspected, and an ulceration discovered, which Mr. Michon cauterised three or four times, and a perfect cure of the vesical pains was thus promptly effected.

We recently saw a young woman who had been confined a short time before, and who complained of intense pain during the passage of water, and as the abdomen was tender on pressure above the pubes, cystitis might have been presumed to exist. Here, again, the uterus was in fault, and when the metritis subsided, the dysuria also disappeared.

In other instances, lumbo-abdominal neuralgia is a frequent concomitant of uterine disease, simulates inflammation of the peritoneum, and the treatment appropriate for the latter, fails

in relieving the pain. Examination of the vagina and uterus reveals the real origin of the symptoms.

Their cause may be metro-vaginitis or a circumscribed affection of the cervix.

Metro-vaginitis is frequently the unsuspected origin of a host of neuralgic, dyspeptic and nervous symptoms. Mr. Beau describes, as occasionally coincident with the puerperal condition, a kind of gonorrhœa entirely unconnected with venereal disease, which may induce phenomena analogous to those here alluded to, and in most cases evades detection. When any doubt exists in this respect, it is therefore extremely important to examine the organs of generation; it is not all, however, to discover the presence of puerperal gonorrhœa. Discharges of this nature are extremely obstinate, and may last twelve months or more, the puriform character of the secretion being preserved by the contact of the mucous surfaces. In simple metro-vaginitis, a cure is usually effected with astringent injections, and cauterisations; but here it is necessary to have recourse, in addition, to the use of plugs which separate the parts, and may also serve as a useful means of conveyance of certain medicinal agents, such as alum and tannic glycerine.

The question of uterine influences is inexhaustible, and can but be glanced at in a clinical conference. Let us, however, say, in concluding our remarks, that whenever the womb suffers, the stomach speedily suffers likewise; hence morbid phenomena so varied and so different that the original cause of the mischief may easily be lost sight of in the midst of its manifold effects.

We adduce, in illustration, two instances which deserve attention.

When, at the beginning of the present year, Mr. Beau took charge of Mr. Briquet's wards, he found amongst the other patients a woman whom that gentleman had unavailingly treated for twelve months for hysteria. Mr. Briquet conceives with Georget that this disease is entirely unconnected with any morbid condition of the womb; in this case, for once, Mr. Briquet was in error. Mr. Beau having fruitlessly prescribed Valerian baths, inspected the organs of generation, and ascertained the presence of gonorrhœal metro-vaginitis. This was the cause of the symptoms which it was urgent to remove. The task was by no means easy, but was at last accomplished by dint of perseverance; and the subsidence of the nervous symptoms showed that the uterus is not always without influence on the production of hysteria.

The same connection may be traced in certain cases of mania, and the instance we will now record is invested with considerable pathogenic and therapeutic interest.

The patient was a female servant, who applied for advice to Mr. Beau for mental disturbance. She appeared sad, her eyes were wild, and she was subject to hallucinations of the organs of hearing. The woman was admitted into the wards, and on inquiry into the causes of her melancholy, she stated that she had been confined twelve months previously, that her husband had left her, and that she suffered from intense jealousy. Under these circumstances the lochial evacuations had continued for a long time; the stomach then became engaged, appetite disappeared; she had lost flesh in consequence of this form of dyspepsia; anæmia and debility followed. In a weak-minded person with, perhaps, a hereditary predisposition to intellectual derangement, insanity had thus been the natural consequence of the threefold influence of the brain, stomach, and womb. Examination with the speculum was at once resorted to, and a deep ulceration was discovered on the inferior labium of the os uteri. The sore was repeatedly touched with caustic, an invigorating diet was prescribed, and in a short time the mental disturbance disappeared. It is not impossible that, in consequence of the existing predisposition, the symptoms may relapse; but it is to be hoped that if the physical improvement endures, the mental disturbances will not return.

ART. 6293.

HOSPITAL LARIBOISIERE.

(MR. CHASSAIGNAC'S WARDS.)

Treatment of Fistula in Ano during the Progress of Consumption.

The popular notion that it is useless to attempt the cure of *fistula in ano* in cases of distinct tuberculosis, does not deserve to be set aside with disdain. This opinion has been shared in by surgeons of the highest eminence, and we conceive it a duty to devote to this subject an article, the principal elements of which are borrowed from Mr. Chassaignac's lectures and practice. *(a)*

(*a*) Most of the adversaries of the operation, performed under the circumstances alluded to, support their views on traditional data rather than on their personal experience. The opinions prevalent on the subject may, however, be classed under different heads, and we must, for the sake of equity, reproduce those, at least, which are most generally known.

"In some cases," says Boyer, "the suppression of the discharge of a fistula might accelerate the progress of another disease which it is important to retard as much as possible. In consumptive subjects, for instance, the cure of the sinus seems to have hastened the advance of the pulmonary affection, despite the issues opened for the purpose of replacing the suppuration of the fistula."

In the works of Vidal (de Cassis), with annotations, Mr. Fano, a surgeon of the modern school, adopts the same view as Boyer. He is of opinion that it is improper to operate in cases of the kind, and that the surgeon's interference should be limited to the dressing of the tract.

Mr. Velpeau also objects to the performance of the operation in cases of consumption, but he defends his opinion on different and more practical grounds.

"The expediency of non-interference," says he, "is justified not so much by the aggravation of the principal disease as a consequence of the closing of the sinus, than by the impossibility of effecting cicatrisation after operation. The wound remains soft, flabby, and the suppuration is inexhaustible."

The *Presse Médicale Belge* (May 12, 1861,) publishes an article, by Mr. Thiry, of Brussels, which concludes with the following remarks:—

"In cases of tuberculosis, *fistula in ano* is generally of tubercular origin, and is produced and kept open by heterogeneous deposits.

"As a symptom of consumption, sinuses, whatever be their seat, are useful emunctories, established by nature for the expulsion from the system of the morbid products.

"*Fistula in ano*, when of a tubercular nature, does not weaken the constitution.

"It cannot be compared, however, in its agency to blisters or issues, being closely connected with and emanating from the peculiar condition of the system.

"In consumptive subjects, not only is it improper to divide such sinuses, but it is clearly the practitioner's duty to produce them, and prevent them from closing.

"The operation always hastens the fatal termination of consumption, at whatever period of the disease it may have been performed."

Mr. Fergusson says (*Practical Surgery*, p. 732):—"The coincidence of fistula with diseases of the lungs is often remarkable. I need scarcely state that a surgeon would seldom be justified in interfering with a sinus under such circumstances."

These opinions are in no wise shared in by Messrs. Jobert (de Lamballe), Nélaton, and Chassaignac.

Mr. Jobert has often inveighed in his lectures against the traditional precept which forbids surgical interposition when the sinus coincides with consumption in the same subject. The professor of the Hôtel-Dieu deems that in phthisis, any local suppuration must prove injurious, and the gravity of fistula in ano is chiefly derived from the fact that the secretion is a further cause of debilitation. In phthisis, he conceives that all emunctories whatever tend to exhaust the patient and to aggravate his condition, and he is unable to conceive, how under any circumstances, artificially induced or spontaneous suppuration can possibly be beneficial in tuberculosis.

It is, moreover, says the Professor, an acknowledged fact that no connection can be traced between the anal and the pulmonary affections. Finally, and this is Mr. Jobert's most powerful argument, he has operated in a considerable number of cases of consumption, and the healing of the sinus has always been serviceable.

Mr. Nélaton takes the same view of the subject. In many instances, the fistula is a cause of pain, suppuration, and debility, the prompt removal of which alone can give any chance of treating with success the pulmonary symptoms.—THE EDITOR.

Many surgeons and physicians, recently remarked Mr. Chassaignac, consider the coexistence of pulmonary consumption as a peremptory objection to the operation for *fistula in ano;* but if we reflect on the origin of this opinion, and on the grounds on which it has been adopted, we find but arguments resting more or less directly on mere hypothesis. This theoretical view, which has passed into a sort of dogma, and has been reproduced by most authors without further inquiry, represents fistula as a sort of counter-irritant or issue, the suppression of which in chronic disease is usually injudicious. Now, Mr. Chassaignac demands what series of carefully-observed cases can be adduced in support of such an opinion?

Fistula in ano is more frequent in consumptive subjects than is generally supposed. Messrs. Andral and Louis in 800 cases have, it is true, observed it twice only, but as Mr. Nélaton discerningly observes, this insignificant average is due to the fact that physicians are consulted for tuberculosis, and not for fistula, whereas the contrary is the case with surgeons. Now surgeons on the average meet with sinuses once in twenty patients affected with pulmonary consumption. Mr. Chassaignac himself has frequently seen *fistulo in ano* in phthisis, and he has invariably found that this complication, far from being advantageous, was, on the contrary, highly injurious, indeed, as dangerous, as might be an extensive bed-sore. The causes which most powerfully promote the formation of tubercular deposits are undoubtedly physical and mental agencies of a depressive and debilitating nature. It is an acknowledged fact, assented to by the most eminent authors, that individuals weakened by any circumstance whatever, are especially liable to the development of tuberculosis. Pulmonary disease is the result of two morbid influences, the first of which is anæmia, and the second, the special diathesis. If, therefore, the operation of these agencies which induce anæmia is prevented, the manifestation of the tubercular diathesis will likewise be averted or considerably attenuated. But one opinion now prevails in this respect, and it is the certainty we have acquired of the correctness of this view that induces us to prescribe restoratives and tonics in the shape of cod-liver oil, cinchona bark, chloride of sodium, iodide of iron, invigorating diet, &c., remedies which often ameliorate the position of the patient, and may even effect a cure by restoring the digestive powers, and awakening the activity of the nutritive process. But it is not enough to prescribe a reparative mode of treatment; if any permanent cause of debility is present it must as far as possible be contended with,—a remark which naturally leads us to the consideration of natural or artificial emunctories.

It was formerly a universal custom to establish an issue in the arm of every individual, in whom the persistency of bronchitis induced an apprehension of the development of tubercles. Observation and common sense have since caused this injudicious practice to be abandoned. Suppuration, as it has been truly said, is a cause of suppuration, and this morbid secretion is intensely exhausting. In many instances the mere suppression of an issue, or of a permanent blister, has restored flesh to emaciated subjects, and notably relieved the thoracic symptoms for which this unwise method had been resorted to.

These remarks apply to fistula. Clinical inquiry does not show the efficacy or necessity of this artificial emunctory, but, on the contrary, demonstrates that it causes debility by its double influence on the mind and body of the patient.

It is more especially since the substitution of the écraseur for the bistoury in the performance of the operation that Mr. Chassaignac has been enabled clinically to test the innocuousness and advantages of the cure of fistula in consumption. The section of the sinus with the knife leads not unfrequently to untoward consequences, such as hæmorrhage, erysipelas, and sometimes even puriform absorption, and these results might possibly supply an explanation of the reluctance with which many distinguished practitioners consent to use the bistoury. The écraseur averts all these perils, and the division of the tract with this instrument is one of the simplest and most inoffensive of all surgical proceedings. Mr. Chassaignac does not, of course, venture to assert that it cannot give rise to any accident, but he has never met with any, and if any unfavourable complications were to follow the use of the écraseur, it would assuredly be due to some pre-existent visceral disease of a latent character, or to an extreme degree of weakness, which should have been considered as a counter-indication to surgical interference, especially under unsatisfactory hygienic circumstances, such as too frequently occur in hospitals.

Whether the fistula be a simple tract, or consist of many sinuses, Mr. Chassaignac applies indiscriminately the écraseur, and in cases of consumption he has never once met either with the impossibility of cicatrisation mentioned by Mr. Velpeau, nor with any general or local complication calculated to aggravate the condition of the patient.

In conclusion, so far from viewing the coexistence of phthisis as a counter-indication to an operation for the cure of *fistula in ano*, Mr. Chassaignac considers it as supplying an additional and imperative reason to proceed to its performance. He cannot agree in the opinion that suppuration established on some point of the surface of the body can be serviceable in pulmonary consumption, nor can he approve of the practice of placing issues on the thoracic integument. He adopts, on the contrary, the views of those who contend that every cause of exhaustion promotes the development of tubercular disease, and, therefore, unhesitatingly proceeds with as little loss of time as possible to the removal of sinuses which can be but an unfavourable complication.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,

By JABEZ HOGG, Esq., M.R.C.S. Eng.,
Assistant-Surgeon to the Hospital, &c., &c.

OPTICAL PRINCIPLES INVOLVED IN THE USE OF THE OPHTHALMOSCOPE.

(Continued from page 238.)

Artificial Illumination of the Human Eye.

It is by the aid of artificial illumination alone that an observer can so place his own eye in the axis of the vision of another, that rays of light reflected from the fundus of the eye observed, can enter and produce in his own a sensible impression of what is there to be seen and noted. This is done by connecting some reflecting surface with the eye, in such a manner that, when looking at the object, it throws off in the line of vision, or nearly so, rays of light, which being again reflected, come back in the same direction, and are thus made to pass through the pupil and impinge upon the retina of the observer. The first idea, in fact, of the ophthalmoscope, is due to the accidental observation of Von Erlach, which fell from him in the presence of Helmholtz, that he could sometimes see by the reflected light thrown off from his spectacle-glasses, when examining a case, the fundus, or internal posterior surface of the eye. He was also perfectly aware of the whole theory—namely, that the glass of his spectacles acted as a reflector to rays proceeding from the light, and that those which passed in a parallel direction with the axis of mutual vision, between the observer and the observed eye, returning in the same line, produced this remarkable effect; and which has led to such important results in ophthalmic surgery.

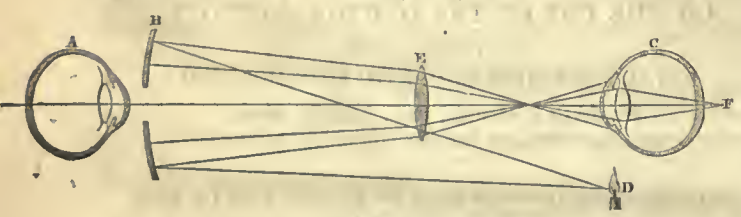
Without entering upon the abstruse but more exact considerations which define satisfactorily the respective advantages under given circumstances (the arbitrary conditions of all mathematical speculation) that arise from the use of concave, convex, or plain surfaces, as reflectors of light, it is sufficient for me to state that, practically, as far as my own experience goes, a slightly concave or plane perforated glass mirror (*a*) is sufficient for all the purposes of ordinary practice. Of course, I sacrifice here something of a reputation for rigid, scientific exactness; but I compensate myself by feeling assured that, however future progress may authorise more profound studies in connection with the use of the ophthalmoscope, at present these would only interfere with the general reception among practitioners of a most useful and invaluable assistance in diagnosing eye disease, by conjuring up ideas of difficulty, that

(*a*) My own is nothing more than the silvered mirror made for an ordinary microscope, having a small hole in its centre, and mounted in a piece of tortoiseshell.

really belong to other inquiries than those which are sufficiently satisfied by the emphatic evidences of changed structure the ophthalmoscope discloses to the examining eye of the oculist.

To illuminate the eye of a patient properly, it is better that it should be done in a darkened room ; but the admission of a little daylight, at the same time, is found not to interfere materially with the distinctness of the objects seen. The larger the pupil, also the greater is the facility for observation. This, then, is another reason for taking the patient into a darkened room. As a general rule, where no lens is used, the whiter the source of artificial light, and the nearer the reflector is to the eye examined, the more effective and uniform will the illumination of the fundus be. In the great majority of cases, however, it is necessary to use a biconvex lens, to condense the light and bring the rays quickly to a focus on the retina; and if the transparent media are in no way obscured, there is no difficulty, after one or two trials, in lighting up the whole area of the fundus oculi. The principal object is to throw the spectral light of the reflector, as near as possible, full on to the centre of the eye, and to do this readily is first to observe the manner in which this reflected image is produced on the face of the patient before directing it on to the eye. Whatever little trouble beginners may meet with in lighting up the chamber of the eye, from the ununmanageableness of the reflected spectrum, will be, however, best overcome by practising a little, as if in an examination with the ophthalmoscope, and throwing the reflection from the mirror upon a card suitably placed, upon which is described a small circle to represent the pupil.

Although the use of the lens obviates the inconvenience altogether, it will be useful to mention that in some eyes, perfectly free from any obscurity, yet not in a normal state with respect to the reflective powers of the media (such, for instance, as in the hyperpresbyopic, or where the crystalline lens has been removed), it is sometimes difficult to illumine the fundus from the very contrasted size of the luminous space in the centre of the circles of dispersion, which in such cases fall too far behind the retina. The annexed iagram will assist in illustrating this point.



A represents the observer's eye, B the reflecting mirror, C the observed eye, D the sourse of light, and E the convex lens which should bring the rays to a focal point on the retina ; but in the case given, that of the hyperpresbyopic, the focus falls beyond and at the point, L.

To obviate this it is only necessary to remove the reflector and the lamp a little further from the patient, or by increasing the intensity of the light, the field of the reflector produces a corresponding effect upon the circles of dispersion, and the size of their luminous centres.

It is evident that, if the artificial light employed was of uniform intensity (which it is not, as the flame has a dark centre), and if the surface of the mirror reflected equally from every point, a maximum uniformity of illumination would be obtained ; but as the mirror generally used has also an aperture in its centre, it will be found in practice that a corresponding dark space in the centre of the illuminated area of the fundus of the eye interferes with a uniform brightness, and must be allowed for in conclusions arrived at. There is also another interference with complete illumination, owing to an appearance in the field of an image of the flame, which, when the pupil is small, occupies nearly the whole of the area otherwise visible. The inexperienced eye naturally adjusts itself to this bright reflection rather than to the patient's retina, which by comparison is much more faintly illuminated.

These adverse circumstances, to which I have drawn attention, are soon overcome by a short practical acquaintance with the ophthalmoscope, as then the discovery is made that they depend chiefly upon the focal relations of the mirror with the eye examined, and that the inconveniences spoken of are obviated by producing on the retina circles of dispersion, which at once prevents the image from being formed, and covers with light the dark space referred to. In all cases the centre of the visible area should appear brightest to the observer's eye, the parts towards the circumference being more faintly seen, and this can generally be attained by approaching as near to the eye observed as circumstances and the required adjustment for illuminating purposes will admit of.

It is now well known that a sufficiently large area may be illuminated with excellent effect, by employing a common paraffin lamp, with a circular wick, the light of which is thrown into the eye by a concave glass mirror, two inches in diameter, and having a focal distance of four or five inches. The perforation in its centre should not exceed one-eight of an inch. The biconvex lens now generally used to condense the reflected light of the mirror, has a focal length of from one and a-half to two inches. Thus prepared, as a very sufficient authority alleged (*b*) at an early period of the introduction of the instrument, "it is not necessary that we should attain the maximum in these respects with theoretical accuracy, and it is impossible in ordinary practice ; but the observer will find, that he can make an approximation to it by altering the distance between the flame and the reflector, and that between the lens and the patient's eye, taking care that his own eye is at the proper distance from the lens."

(To be continued.)

REVIEW OF THE PERIODICALS.

The 'Medical Times and Gazette' contains an article by Dr. S. S. Alison, on *Pneumothorax, a frequent event in Pulmonary Consumption.* Three cases are reported, and Dr. Alison enters into a consideration of the physical characteristics of this condition. He is of opinion that this is not an uncommon event in the course of the disease.

The 'Lancet.' This journal has a paper by Dr. Graily Hewitt on *Hydatidiform Ovum.* We cite the case :

"On August 18th last I was requested to visit, in consultation with the gentleman in attendance, a lady who presented symptoms of abortion. The history of the case may be summed up very briefly. The patient, aged twenty-eight, who had been married exactly three months, was last "unwell" the week previous to her marriage. Three weeks ago, while out for a walk, she experienced a slight strain in getting over a style, and dating from that time there has been a slight "show." During the last fortnight she has been seen at intervals, and appropriately treated as for an impending miscarriage. The night preceding my visit, a severe flooding suddenly occurred at midnight, to restrain which the gentleman in attendance had plugged the vagina. The plug had been removed an hour previous to my visit (seven a.m.), and no further hæmorrhage had occurred. On examing the abdomen, I was struck by its great size ; there was a tumour, evidently the enlarged uterus, reaching to *two inches above the umbilicus.* The first impression produced on my mind was that the pregnancy must have advanced much further than the time stated—three months. On examining per vaginam, the os was found open, and just within it was felt a soft, smooth substance, occupying the lower part of the cavity, and having the feel of a placenta. The index fingure passed readily round within the os, between the mass in question and the uterine wall. The case appeared at this stage of the inquiry to be one of placenta prævia. A further careful examination of the abdomen by the stethoscope and by palpation was instituted, and the patient cross examined as to the history of the case, no opinion of course being expressed. The account given was again the same. No fœtal heart-beat could be detected, but a murmur, like the placental souffle, was audible in the left groin. The uterine tumour was hard, firm, and resistant.

The physical appearances and the history of the case each pointed to a different conclusion as regarded the diagnosis. I determined, however, to introduce the hand into the vagina—the fingers only having been previously used—and to deliver the child, which I expected to find in the uterus, by turning, should that course be sanctioned by the results of further examination. With no great difficulty this was accomplishe l, but on passing the fingers into the uterus, no presenting part could be anywhere discovered. Everywhere a soft, slightly resisting mass was felt, traversed by what appeared to be fibrous bands. The failure to find any fœtus in the uterus, coupled with the sensation conveyed by the touch, at once indicated to me the nature of the case. The uterus was evidently filled with an hydatidiform ovum, and I forthwith drew from its cavity a mass of the product in question sufficient to half fill an ordinary washhand basin. Mixed up with the vesicular bodies and their fibrous pedicles and stalks, were some flattened non-recent coagula ; some of the vesicles were an inch in diameter. The structure was precisely similar to that presented in other analogous cases. No further hæmorrhage followed the emptying of the uterus, and the patient made a good recovery."

Mr. John Rose contributes some brief Notes of Surgical Cases to the same Journal.

The 'American Medical Times' contains a continuation of Dr. Jacobi's Lectures on *Dentition and its Derangements.* We extract a few interesting remarks on laryngismus :

"After all, the uniform presence of some alterations in the nervous centres appears to prove my first proposition, that laryngismus is the symptom of a deep-seated anomaly. In many cases

(*b*) Rainy, page 60.

congestion and inflammation of the membranes, especially the brain, have been found, together with their consequences, viz., more or less transudation. This process may take place very slowly indeed, and very generally does have a slow progress. Many cases of cerebral or meningeal effusion undoubtedly take place without laryngismus, but that laryngismus should occur without any affections of the nervous centres is more than merely doubtful. But there is one disease which appears to be the fundamental cause and origin of laryngismus. It is rhachitis. I merely refer you to a former lecture in order to remind you of these facts, that rhachitis is not only a disease of the osseous tissue, that originally, indeed, it is the result of disorders in digestion and assimilation, and that impaired nutrition brings on anomalies in all the system thus intimately connected with rhachitis. Particularly it is in the form of rhachitis which is found in nurslings which is apt to bring on severe and general symptoms, viz., the rhachitical softening of the cranial bones, or craniotabes, of which I have also spoken in a former lecture. Craniotabes is always connected with meningitic processes, effusion between the meninges, and into the brain and its ventricles; and thus its direct connexion with a large amount of cerebral effusion is easily understood."

Many considerations are entered into to prove the relation between laryngismus and craniotabes.

The 'Psychological Journal' has just come to hand. It has many interesting articles to which we shall advert on a future occasion.

ELEPHANTIASIS.

(We reproduce from the 'Medical Times and Gazette,' two reports of operations for the removal of scrotal tumours,—one by Dr. J. Fayrer, and the other by some friend of Dr. Wiblin. The contrast of style is not less remarkable than of results. The sensible, quiet report, by Dr. Fayrer, is the best rebuke that can be given to the playhouse puff of the second article.)

TWO CASES OF ELEPHANTIASIS.

By J. Fayrer, M.D.,

Surgeon, Bengal Army; Professor of Surgery and First Surgeon, Medical College Hospital, Calcutta.

Case 1.—A Mohammedan, aged 32 years, native of Zillah Beerbhoom, in Bengal, was admitted into the Medical College Hospital, Calcutta, early in March, 1862, with elephantiasis of the genital organs and the right leg. The disease made its appearance first in the leg fifteen years ago. The scrotum and prepuce were not affected until three years later, when it ceased to increase in the leg. The prepuce and integument of the penis were chiefly affected; the scrotum and leg to a much less extent. The growth of the tumour has been attended with frequent paroxysms of fever, and an excited and painful condition of the part, ending in permanent hypertrophy as is usual in this disease. The patient was, in all other respects, healthy and in good condition. He had had no fever for some time. The tumour was quiescent, and he was most anxious to be rid of the incumbrance. The operation was accordingly performed on the morning of March 11, 1862. A long and deep incision was first made down to the penis, which was exposed and dissected out with some difficulty, owing to the density of the tumour, and its firm adhesion to the organ. The testicles were next exposed by incisions made in the direction of the cords, and being reflected with the penis on to the abdomen, the hypertrophied tissue was next separated. The testicles were healthy, and the tunicæ vaginales not much thickened. The tumour, near the lower end of it, bled freely, several considerable arterial branches having been divided. Twelve ligatures were applied. The integument in the perineum being sound, enough of it was easily left to admit of rapid cicatrization. The subsequent progress of the case was quite satisfactory. The testicles were rapidly closed in by granulation and cicatrization, and the patient was perfectly well on May 9, 1862. The part removed weighed 16¼lb., the hypertrophy being chiefly in the integument of the penis. I have selected this case as a good illustration of that form of the disease in which the integument of the penis is its chief seat.

The following case illustrates a more common form, in which the scrotum is most implicated:—

Case 2.—A Hindoo, 32 years of age, native of Calcutta, was admitted into the Medical College Hospital on Dec. 9. 1861, with a scrotal tumour of great size. His health was very poor; he was suffering at the time from sloughing ulceration of the tumour. He was much emaciated, and subject to repeated attack of fever. It was not until April 12, 1862, that it was deemed safe to attempt the operation. During this time, under the combined influence of rest, good food, quinine, and iron, he has improved in health, gained flesh, strength, and spirits. The tumour was of enormous size, slightly tuberculated on the surface at the lower part of it. It was 17 inches in circumfluence at the neck, 44 inches transverse, 46 inches vertical, and 57 inches lateral circumference. Its growth extended over a period of eight years, commenced in the scrotum, and has been accompanied by the usual paroxysms of fever recurring several times in the month. No elephantiasis in any other part of the body. On April 12, 1862, I removed it, with the aid of my colleague, Mr. Partridge, the house-surgeon, the resident-surgeon, Mr. Hayes, and the dressers. A vertical incision was made, with a long amputating knife on a steel director, down to the penis, which lay deeply imbedded in the mass. Three deep incisions were required to expose the glans. The penis was then dissected out, and held back. The left testicle was exposed by a series of firm and bold incisions, dissected out, and reflected. The right testicles was next sought for, but, being deeply imbedded and difficult to detach from the surrounding mass, the attempt was discontinued and the cord cut across. The incisions were then connected by a transverse cut at the base, and the mass removed by a series of rapid sweeps with the scalpel. The arterial hæmorrhage was partially controlled by a clamp placed on the neck of the tumour, which had been elevated with pulleys for an hour before the operation, to empty it of as much as possible of blood. About thirty-one ligatures were required, every bleeding point being carefully secured. He became very livid on the table, but soon rallied. The removal of the tumour occupied a little over three minutes.

It was not considered safe to prolong the operation in searching for the right testicle, as the hæmorrhage was profuse, and the patient had naturally a weak pulse and feeble action of the heart, with a tendency to fatty degeneration which made us rather doubtful in the outset as to the propriety of giving chloroform; but having preserved the penis and one testicle, the other was sacrificed rather than run any risk of sinking from exhaustion. I should add that, in addition to the elephantiasis, there was a large hydrocele containing several pounds of fluid. The tumour was weighed some time after its removal, when the blood and serum had drained away, and was found to weigh 75¾ lb.: so that the weight removed, including fluids, must have been over 80 lb.

The patient was under the influence of chloroform, and felt nothing. I saw him 5 hours after the operation; the pulse had risen to nearly its natural standard; the body was warm: and the effect of the shock had evidently passed away. The wound was dressed for the first time on the 15th, after the dressings applied on the operating-table, and they have been changed daily since. Oiled lint and pressure with a bandage to aid contraction is all that is required. He has not had a bad symptom, and the wound rapidly closed in. He was able to sit up and even walk about on April 28, and on May 27 was well. The largest growths of this nature that have been removed in England are, so far as I know, those operated on by the late Messrs. Liston and Aston Key. One tumour being nearly fifty pounds, and the other nearly fifty-seven pounds in weight. Mr. Liston's case did well; the entire tumour including the testes and penis, being removed. Mr. Key's case died very shortly after the operation, which lasted one hour and three quarters; the delay, no doubt, being caused by the attempts to preserve and cover in the genital organs. It is therefore, interesting to know that even larger growths may be removed, the genital organs be preserved, and no such fatal result occur. It is not necessary to attempt to preserve flaps to cover in the exposed penis and testes; this is perfectly well effected, by the subsequent granulation and cicatrization. The neighbouring integument is generally unsound, and, if preserved, is liable to be the seat of a recurrence of the disease. To attempt, therefore, to preserve it, is as useless as dangerous, and an operation which, in the experienced hands of Mr. Key, occupied an hour and three-quarters (*Vide* Chelius, by South), may be performed more satisfactorily, and with greater safety to the patient, in a few minutes In the removal of the largest of these growths, I may add, should the effort to preserve the testes be found to prolong the operation beyond three to five minutes, the attempt should be desisted from, and the whole remaining mass swept away as quickly as possible. It is remarkable how little deformity results. The genital organs after the operation differ but little in appearance from the normal condition of the parts; slight retraction of the penis and a contracted state of the scrotum being the only changes percetible.—'Medical Times.'

REMOVAL OF A HUGE SCROTAL TUMOUR BY DR. WIBLIN, OF SOUTHAMPTON.

On Sunday, September 21, Dr. Wiblin, of Southampton, performed an operation of the most heroic order, for the removal of a huge mass of hypertrophy, or elephantiasis of the scrotum and prepuce. This is a disease with which we are familiar enough from the descriptions of it which are found in all modern Surgical works, although it is most rarely seen in this country. The first occasion on which an operation for its removal was mentioned in English Surgical literature, was in a paper by Dr. John Maddox Titley, of St. Christopher's in the West Indies, in the Sixth

Volume of the Medico-Chirurgical *Transactions*. Writing in 1814, he says that the disease has "of late spread with unexampled rapidity through the whole of the West Indies," and affects both whites and blacks, although the latter by preference. He then gives an account of a case in a negro aged 30, who was the subject of elephantiasis, at first of the legs, and next of the scrotum, and in whom the scrotum, after five years of enlargement, or thereabouts, formed a tumour which weighed 70 lb.

Dr. Titley says that the "spermatic cords could be distinctly felt somewhat enlarged," but that the penis was completely enveloped and buried in the enlarged mass. He began his operation by cutting downwards from a little below the symphysis pubes, so as to expose and isolate the penis. He next laid bare the spermatic cords, but having secured them by ligatures, made a clean sweep of the whole tumour, including the testicles. The motive for this was, that there were no seminal emissions, so that the man was judged to have lost his sexual powers; that the skin was so thick that it was unfit to be a covering for the testicles, and that inflammation of these organs would have greatly added to the patient's danger, and might have brought on tetanus. Dr. Titley's patient recovered. The next patient whose name we find in the records of English Surgery, and the first who was subjected to operation on English ground, was a poor Chinese, named Hoo-Loo, who came to this country on purpose to have the benefit of English Surgical science. He was operated on by Mr. Key, at Guy's Hospital, in 1831, in the presence of nearly 700 persons. The operation began by a rather complicated dissection for the purpose of laying bare the penis and testicles, and of preserving neat flaps of skin to cover them afterwards. But after the flaps had been made and before the genital organs could be dissected out, such terrific exhaustion came on that everything had to be sacrificed, and a clean sweep made of the tumour including the parts which such fruitless pains had been taken to preserve. The operation lasted the tremendous time of one hour and forty-four minutes, a length of time accounted for by the intervals absorbed in recovering the patient from the fits of syncope into which he fell. Yet the quantity of blood lost was not large; it was variously estimated at from fourteen to thirty ounces and the patient's death upon the operating-table was ascribed to the poor diet to which he had been accustomed, to the *pain*, the protracted duration of the operation, and the foulness of the air arising from the crowds who were permitted to be present in a place very ill adapted for the purpose. This patient's sexual inclinations were unimpaired. The next case we find is one of Mr. Liston's, recorded in his 'Practical Surgery.' No date is given, but it was probably about 1835. The patient was a young man of twenty-two, and the disease had lasted twelve years, and produced a tumour of 50 lb. This is the first case in which the patient was a native of these islands. It is curious in reading Mr. Liston's account to see how formidable the operation appeared in the eyes of this truly great Surgeon; and how he advises the whole genitals to be sacrificed without hesitation, and seems to have the one aim of removing the tumour anyhow, so that the patient escape with his life. Accordingly, one clean sweep with a knife was Mr. Liston's operation. His patient recovered; but it will be readily seen by what follows that Dr. Wiblin was amply rewarded for preferring a more careful and scientific operation. Now that pain can be neutralised by chloroform, and hæmorrhage be restrained by a clamp, it would be a pity to go back to forms of operation justifiable enough before those measures were known; and I know nothing more truly confirmatory of the rapid progress of Surgical art, than a comparison between Mr. Liston's operation, thirty years ago, and Dr. Wiblin's.

I believe a case of this tumour was operated on by Mr. More O'Ferral, of Dublin, but have not the reference at my command.

As a proof of the prevalence of scrotal tumour in India, it may be mentioned that out of 261 greater operations, performed by Dr. Esdaile, of Calcutta, no fewer than 200 were cases of this tumour of all sizes, from 10 lb to 103 lb.; and in these cases the genital organs were always dissected out unless the tumour was very large indeed. But considering the bulk of the coverings, and the difficulty of ascertaining exactly the absence of hernia, it is a wonder that patients whose tumours are "decapitated," as Dr. Esdaile calls it, do not sometimes come to grief.

Dr. Webb's 'Indian Manual of Operative Surgery' contains a capital method of operating, which had evidently been consulted by Dr. Wiblin. The two cases of elephantiasis scroti removed by operation by Dr. Fayrer of Calcutta, and reported in the 'Medical Times and Gazette' of September 13, 1862, also seem to have furnished a very useful precedent.

Dr. Wiblin's patient was named Frost, a sallow, but healthy-looking Englishman of 40. The disease had lasted sixteen years, and had produced a most formidable-looking tumour, hanging down below the knees. The patient was during last month in King's College Hospital, where he was seen by many of the leading London Surgeons. He then returned to Southampton to be under Dr. Wiblin's care, and as that gentleman is not attached to any public institution, he was received in a most commodious little house, lent for the purpose by Mr. Stebbing, a magistrate of Southampton, of whose benevolence and public spirit this is not a solitary example. On Sunday, according to arrangement, the train from London brought a number of surgeons anxious to assist at or to see this operation, and they were joined by an equal number of their brethren from Southampton and its neighbourhood; but as every part of the operative proceedings had been planned with the greatest forethought and care, so especial pains had been taken that the light and ventilation should not be interfered with by the lookers-on, as was the case with Mr. Key's unfortunate patient For some hours before the operation, the tumour had been raised as much as possible by a pulley whilst the patient was lying on his back, and had been covered with ice, for the double purpose of sending back into the patient's veins any blood which might be stagnating in the mass, and likewise of preventing hæmorrhage. Care had also been taken to return a hernia, which protruded into the tumour on the left side. A very efficient tourniquet was provided in the shape of a magnified clamp, *à la* Spencer Wells, which consisted of two movable parallel bars. This, with a screw at each end, was applied to the root of the tumour; and whilst these preliminaries were adjusted, chloroform was cautiously administered by Dr. Palk; and as the patient took a large quantity to quiet him, full twenty minutes were occupied in inducing a full but not too profound state of anæsthesia. The operation began at twenty minutes past two, by Dr. Wiblin passing a catling up the canal of the prodigiously distended prepuce, and slitting it up. The incision was continued upwards along the dorsum penis, and that organ was carefully dissected out, and an attempt made to pass a staff; but as it was not easily effected, the attempt was given up, in order not to lose time. This constituted the first stage of the operation. The next was, to cut down through masses of thickened and infiltrated areolar tissue to the right cord and testicle: immense volumes of liquid trickled out at each stroke of the knife, but it was not blood, but only the serum with which the hypertrophied mass was infiltrated. After cautious dissection through layers of strange-looking blubber, the testicle was reached, laid bare, and isolated, and carefully held aside with the penis for preservation. This was the second stage. Then began the third, by a similar attempt to isolate the left testicle. But so new and strange was the appearance of the parts, that the testicle was cut into before it was recognised, and a greater mischance followed. In pursuing the dissection, a mass of blood-red tissue was laid bare, which evidently was not hypertrophied cellular tissue. A little examination showed that a hernial sac, containing a coil of irreducible intestine, had been reached. This was a sort of mishap, but owing to the careful planning and execution of the operation, no harm was done. The next stage consisted in amputating the bulky mass of the right side of the tumour; that of the left followed with the exception of the hernial sac and the tissues covering it. This tremendous operation occupied twenty minutes, and twenty-five more were consumed in tying vessels, bringing together the edges of the wound, trimming off superfluities, and dressing the wound. An hour after the operation the patient was quietly asleep. Dr. Wiblin was supported by Messrs. Adams, Henry Smith, Mason, Spencer Wells, J. F. Clark, Peregrine, Park, Druitt, Carr Jackson, Frank, Part, Barnard Holt, &c., from London; and by Messrs. Mayo, of Winchester; Elliott, of Chichester; Bushnan, of Laverstock; Simpson, Palk, Cheeseman, Ware, Oxley, Nunn, Chapman, Shorto, Summers, Ross, Martin, Dusautoy, jun., &c., of Southampton; Dr. Seller, of Edinburgh; Dr. Osborn, of Bitterne; Dr. Marston, Haslar Barracks; Professor Braune, of Leipsic; Dr. Schuyler, Woolstone, &c. &c.—in all about fifty members of the Profession. The tumour weighed 28 lb. (fluid, about a gallon, some say three quarts, say 8 lb. more), in all, I should say, 35 lb. to 38 lb. A full report will be presented to the Royal Medical and Chirurgical Society. Meanwhile, I may say that some vomiting occurred at intervals during the next day or two, but that on Thursday, the 25th, at 1 p.m., the patient was reported as "doing well."—'Medical Times.'

CYSTORRHEA *v.* MATRIMONY.—A correspondent of the 'Nashville Journal of Medicine and Surgery,' in the May number of that journal, says:—that for two years he was troubled with *Cystitis*. Several "eminent physicians" were consulted, and a variety of treatment brought to bear upon the case. He was advised not to marry, but after being treated ineffectually for two years, he disregarded the advice in this particular. He says:—In less than three weeks after I was married the disease was entirely well, and I have had but very few slight symptoms of the affection since (now about a year). It seemed to reduce all excitement, and produced an equilibrium in the system that acted like a charm. The Editor of the 'Medical and Surgical Reporter' asks this pertinent question: "Should a married man be unfortunately afflicted with *Cystitis*, what is the remedy? Must he marry again?" The cure in this case must have been more pleasant than the injections of twenty grains solution of nitrate of silver to which the patient had been subjected.—'British American Journal.'

OUR NOTE BOOK.

HEALTHY URINE A SOLVENT OF URINARY CALCULI.

Dr. S. R. Percy, of New York, states in a lecture that he had under his care a man of about forty years of age, suffering from a large calculus in the bladder. The urine contained much uric acid with some urate of ammonia. The calculus was free, and measured nearly two inches in length, by one inch and one-fourth in breadth, and was very hard. Lithotrity was attempted, but, from the irritability of the patient, and his refusal to take chloroform or ether, was not completely performed. Considerable irritation was caused by the edges of the broken calculus; and Dr. Percy was obliged for some days to employ morphia and injections of warm water into the bladder. "At this stage of the treatment," Dr. Percy continues, "I was taken with a severe cold, and a large amount of gravel was deposited at the bottom of the vessel I used. Upon testing this gravel I found it consisted of uric acid, urate of ammonia, and purpurine. One night before going to bed I passed a small quantity of highly-coloured urine, after which I took a warm bath, a dose of aperient medicine, and a large quantity of warm flax-seed tea. On getting up in the morning, I found the urine that had been passed the previous night of very dark-red colour, and containing a very large deposit. The urine made in the morning was passed into the same vessel, and completely dissolved the existing deposit, the mixture of the two being perfectly clear and transparent, and no deposit in this fluid was seen again for several hours. This occurrence led me to think of the state of my patient. He was daily passing small broken pieces of calculus, and considerable gravel. Why should I not dissolve this within the bladder; and if fresh and healthy urine would dissolve a deposit when out of the bladder, why would it not also dissolve it within that viscus? Upon my next visit to my patient, I caused him to urinate into a clean glass vessel; the fluid was very turbid, with mucus uric acid, and urates. I then passed water into the same vessel, and nearly all of the sediment, excepting the mucus, was dissolved. The next day I passed about a pint of fresh urine from my own bladder directly into his, not expecting that the viscus would be able to retain it any length of time, for the organ was still irritable, and he seldom retained more than three or four ounces at a time. To my great surprise he retained this quantity in his bladder for nearly two hours; he said that it acted as a direct sedative to the organ, and that he had not been so free from pain for months. I entered upon the treatment of his disease with new interest, and he seconded me in all my efforts for the recovery of his health. I laid down strict hygienic rules, which were attended to; and three times in every twenty-four hours the urine from my bladder was passed into his. He daily improved in health, and after awhile his own urine was passed, free from sediment. By this treatment, in seven weeks there was not a vestige of the calculus remaining in his bladder. For many days after the commencement of the treatment he could bear but a few ounces of his own urine in his bladder at a time, but immediately after emptying his bladder he would bear eight or ten ounces of my urine, asserting that it gave him relief, and acted as a sedative. As his health improved he could retain his own water in large quantities. Since that time I have treated another person in a similar manner. This person was much younger, and he supposed that the calculus had commenced to form while spending some time in the south-west. The calculus was small, and not so hard as the one described above. It was of about the size of a marble, and from analysis of the urine I supposed it to be composed of the earthy phosphates, urate of ammonia, and mucus. This calculus was not crushed, but as in the last case described, particular attention was given to restore the health of the individual, as without that I conceived that no local solvent would be of much avail. My urine was in the same way thrown into this young person's bladder for about nine weeks, and as in the case before related, it caused an entire solution of the calculus, and also allayed the irritability of his bladder in a wonderful degree. . . . The *new remedy* is, in my opinion, the best and most natural solvent we possess, and will in many instances, with proper attention to the health of your patient, effect perfect solution. But let me caution you as to the quality of this *new remedy*. If you intend to use that from your own person, abstain from everything which would render it impure; nicotine is not natural to the secretion, and does not, so far as my knowledge goes, possess any solvent properties, and the organ into which you may pass it may not be accustomed to its effects. Alcohol in all its forms may not be tolerated by an organ in a state of irritation; therefore, if you expect good results, abstain from these two poisons."—('Amer. Med. Times.')

PROFESSOR LANGENBECK, of Berlin, has arrived here, commissioned by the Prussian Government to inspect and report on the surgical instruments in the Exhibition.

APPOINTMENTS.—John Smith Adams, L.K.Q.C.P. Irel., Surgeon R.N. (seniority April 16, 1862), has been appointed to the *Perseus*.—John Moses Bateson, M.R.C.S. Eng., L.S.A. Lond., Assistant-Surgeon R.N. (seniority October 20, 1859), has been appointed to the *Perseus*.—Augustus Batt, M.D. Univ. St. And., M.R.C.S Eng., and L.M., L.S.A. Lond., has been appointed Deputy Coroner for Oxfordshire.—Dr. Thomas Blair, of Howwood, Paisley, has been elected Medical Officer to the Parochial Board, Dailly, Ayrshire, *vice* Alexander Blair, L.R.C.S. Edin., resigned.—Robert Brent, F.R.C.P. Edin., M.D. Univ. St. And., M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the Parishes of Otterton and Bicton, in the St. Thomas' Union, Exeter, *vice* Mr. William Huxtable resigned.—Johnstone Christie, M.D. Univ. King's Coll. Aberd., L.R.C.S. Edin., Surgeon R.N. (seniority January, 23, 1856), has been appointed to the *Barossa*.—Edmund Walter Coleman, M.D. Univ. St. And., M.R.C.S. Eng., Assistant-Surgeon R.N. (seniority August 1, 1861), has been confirmed to the *Warrior*.—Mr. Stephen Crocker has been appointed Dispenser to the General Infirmary, Leeds, *vice* Mr. John Hirst, resigned.—Charles L. Cunningham, L.R.C.S. Edin., and L.M., L.S.A. Lond., Assistant-Surgeon R.N. (seniority August 4, 1860), has been confirmed in the *Cambridge*.—Staff Surgeon-Major J. C. Dempster, M.D., has been appointed to act as Deputy Inspector-General of H. M.'s Hospital of the Presidency of Bengal and Benares Divisions, and to take charge (in lieu of Dr. J. S. Prendergast, who was appointed temporarily) of the Inspector-General's Office at Calcutta, consequent on the departure for England (and subsequent death) of Dr. Tice, C.B., Deputy Inspector-General of Hospitals.—Edwin Furse, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for the Bishops Nympton District of the South Molton Union, Devonshire.—John Pitt Harris, F.R.C.S. Irel., L.R.C.P. Edin., L.M. Coombe, Lying-in Hosp. Dub., L.L.D. Trin. Coll. Dub., has been elected Medical Officer and Public Vaccinator to the Newport Dispensary District of the Nenagh Union, County Tipperary, *vice* William Harris, F.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.—Richard Lovell Bluett Head, M.R.C.S., Eng., L.S.A. Lond., Assistant-Surgeon R.N. (seniority January 17, 1857), has been appointed to the *Barossa*.—William Harris Lloyd, M.D. Univ. St. And., L.B.C.S. Irel., has been confirmed as Surgeon to H.M.S. *Petrel*.—Edward Townsend Mortimer, Surgeon R.N. (seniority April 25, 1862), has been appointed to the *Stromboli*.—William Patrick, Surgeon, R.N. (seniority May 10, 1856), has been appointed to the *Sutlej*.—Charles Alexander Lockhart Robertson, F.R.C.P. Edin., M.R.C.P. Lond., M.B. Univ. Camb., M.B. (*ad eun.*) Oxon. L.R.C.S. Edin., has been appointed Editor of the 'Journal of Mental Science,' *vice* Dr. Bucknill, appointed Visiting Physician to the Court of Chancery.—Charles Harriott Roper, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer to the Corporation of the Poor, Exeter, Northern Division, *vice* William Withal James, F.R.C.S. Eng. (exam.), L.S.A. Lond., L.M. Dub., resigned.—Henry G. Ruby, Assistant-Surgeon R.N. (seniority December 31, 1853), has been appointed to the *Squirrel*.—James Thomson, Assistant-Surgeon R.N. (seniority November 13, 1854), has been appointed to the *Fisguard* (additional).—Thomas Harrington Tuke, M.D. Univ. St. And., F.R.C.P. Edin., M.R.C.P. Lond., M.R.C.S. Eng., has been appointed General Hon. Sec. to the Association of Medical Officers and Hospitals for the Insane, *vice* Dr. Robertson, appointed Editor of the 'Journal of Mental Science.'—Simon Armstrong Willis, M.D. Univ. St. And., L.F.P.S. Glasg., L.S.A. London, Surgeon R.N. (seniority April 16, 1862), has been appointed to the *Eclipse*.—Dr. J. Bailey has been appointed Medical Officer to the Kirton District of the Boston Union.—Mr. John Bourne Bromley, has been appointed House-Surgeon to the Stourbridge Dispensary, *vice* Mr. Henry Horsley, resigned.—Dr. George J. S. Saunders, Assistant Medical Superintendent of the Devon County Lunatic Asylum at Exminster, has been appointed Chief Medical Superintendent, *vice* Dr. Charles Bucknill, appointed Chancery Inspector of Lunatics.—Mr. James J. Corrie has been appointed Assistant Resident Medical Officer to the Leeds Public Dispensary, *vice* Mr. Joseph Hainsworth, resigned.—Mr. Frank Buszard has been elected House-Surgeon and Apothecary to the General Infirmary, Northampton, *vice* Mr. James F. Gray, resigned.—Mr. Joseph Henderson has been elected Medical Officer to Lower Deptford District of the Greenwich Union, *vice* Dr. Edward Downing, resigned.—Mr. Daniel Shelswell has been elected Medical Officer and Public Vaccinator for No. 1 District of the Wolverhampton Union, Staffordshire, *vice* Dr. John M. Coleman, resigned.—Mr. Thomas F. Greenwood has been elected Medical Officer and Public Vaccinator for the fourth and fifth Districts of the Southwell Union, Nottinghamshire, *vice* Mr. Henry R. Smith, resigned.—Mr. Wm. E. Wilkinson has been elected Medical Officer and Public Vaccinator for the Glasson Dispensary District of the Athlone Union, County Wesmeath, *vice* Mr. George Davis, resigned.

A WARNING.—Several persons have been fined by the Sunderland magistrates for not having their children vaccinated.

LONDON CHARITIES.—Mr. Lowe, in his "Charities of London," enumerates no fewer than 640 charitable institutions: their income is nearly two millions and a half per annum.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 8, 1862.

THE INTRODUCTORIES.

The authors of several of the Introductory Lectures seem to have been studious to avoid saying anything that should merit either praise or censure, and they have certainly succeeded in this difficult attempt. Others contain many useful lessons, breathe a fine philosophic spirit, and charm with a manifestation of individuality and nobleness. Let us bestow our first words of praise on the manly generosity and practical good sense that pervade the Address of Professor Fergusson. This Address is eminently characteristic; sentiments, language, topics all are natural, and exhibit the great surgeon without any meretricious ornaments, or literary sophistication. The Medical and Surgical mind differ materially in character and manifestations. The former is more scholastic, artificial, and stately; the latter more direct, swift to the point, and practical. There is an intellectual candour in Surgical speech not always present in medical dissertation. Mr. Hutchinson's is a graceful Address, Dr. Priestley's practical, and Dr. Martin's expatiates elaborately in defence of the puerility of the Prize system. One of these Lectures, however, commands our attention in an especial manner, as it is obviously an *ex cathedrâ* reply to the arguments that have been urged in this Journal for some time past on the propriety of establishing suburban Hospitals, and of removing St. Thomas's in particular to some situation beyond the noxious hygienic influences of Tooley street. We may say unfeignedly that we hold Dr. Bristow in much respect, both for his talent and professional accomplishments, and are loth to differ from him on any point on which he may appear to hold strong convictions. It is because his convictions seem to be unstable in the particular topic of his address that we feel ourselves at liberty to subject his sentiments to criticism.

It is easy to see that Dr. Bristow is not quite satisfied with the course events have taken with reference to the transplantation of his hospital. He accepts the situation, as at present concluded, with apparent gratification. He praises the site, he praises the hospital, he praises the school buildings. But to whom is due the credit of this improvement, so far as it goes, but to the MEDICAL CIRCULAR? Had we not been pertinaciously urging for several years the necessity of removing some of our large hospitals from their unhealthy sites, we should never have seen St. Thomas's transported to the Surrey Gardens. The medical officers desired to keep the hospital at the foot of London bridge; they had the support of a large section of the governors and of the obsolete 'Lancet,' but they were beaten, and we now see that Dr. Bristow accepts their defeat with a good grace, and extracts from it like a wise,—or perhaps we should better say—like an American General, matter for congratulation. But why assail the arguments by which such a desirable end has been achieved?

Why should he say "that a good deal of stuff had been said and written about pure air?" Has not a good deal of stuff been said and written about the hygienic blessings of foul air too? Has not 'Punch' immortalised a certain common councilman who objected to the removal of the old cattle market, on the ground that the air of Smithfield was exceedingly salubrious,—so much so, that he was in the habit of sending his children into that locality that they might inhale the sweet exhalations of the sewers? Alter the words "cattle market" to "hospital," and Dr. Bristow and the common councilman change places.

But suspecting that his sarcasm might be understood too literally, Dr. Bristow immediately recants, adding that "he did not deny that pure air was a valuable thing; neither did he deny that there was such a thing as poisoned air." And again, "the truth he asserted to be that good pure air was of infinite service to every one in health and in disease, and that impure air was highly prejudicial; but that the purity was not the poetical purity of breezy hills; and that the impurity which was dangerous was not (except in very rare cases) the impurity of the atmosphere around an hospital, but the impurity of atmosphere originating within its walls; and that an hospital was not to be made a healthy hospital by carrying it to some fancy site, but by attending carefully to its construction and its internal arrangements." There is an ingenious mixture of truth and error in this statement. We are quite aware that a new hospital might be so badly constructed, that even if it stood upon the side of a breezy hill it would be exceedingly unhealthy; and we are quite certain, too, that even a well-constructed hospital located in such an exceptionably unwholesome place as the top of Tooley street, would be rather a curse than a blessing to a considerable proportion of its sick inmates.

So far as regards the general salubrity of great cities, we have for many years held the opinion that they might be made, by strict hygienic regulations, healthier even than rural districts; and when many years ago we enunciated this conviction, an ardent advocate of sanitary improvement charged us with being "mad"—the very same phrase that has been more recently hurled at us because we insist upon our hospitals being removed to suburban sites. These are questions of degree. Under existing circumstances, the insalubrity of certain localities in most of our great cities is so great that it would be almost criminal to erect an hospital in their midst; and rather than such a monstrous folly shall be perpetrated, we shall continue to insist upon the establishment of receiving houses in London, and general hospitals in the suburbs. By a rare piece of good fortune, the Governors of St. Thomas's Hospital have found a large area of twelve acres in the outskirts of the metropolis, to which they have temporarily removed, and we are satisfied. If the Middlesex Hospital could be transferred to the Regent's Park, and King's College to the Green Park, we should be exceedingly rejoiced. Our theory would not be completely realised, but the conditions of salubrity and efficiency would be attained to so large an extent that none but a man who was the victim of an hallucination could object. This would be practically, if not in terms, the fulfilment of our dogma. We cannot pass over this part of Dr. Bristow's address without remarking that his general statement that "the impurity of the atmosphere around a hospital" is not dangerous to the sick inmates, contains a grave and pernicious error.

But Dr. Bristow is determined to push his argument home; and without expressly naming our "Cottage" system, he argues against its utility. He adds, "that there was no good object to be gained by spreading the buildings over a large surface; that a hospital was no more likely to be a healthy hospital if its wards were studded singly here and there over an extensive area, than if these same wards were filled one above another up to the clouds." Here we entirely dissent from the able Lecturer. We maintain that the entire history of epidemic disease proves that the aggregation of the sick is one of the principal causes of the origin and propagation of in-

fectious maladies. It seems to us idle to dispute this as a point of *principle*. Then, again, we object to Dr. Bristow's views on the ground of *expense* — a most important consideration. We hold that one huge edifice, erected storey above storey, would cost twice as much as small cottages, giving the same amount of accommodation. This may not be an item of much consequence to the opulent Governors of St. Thomas's ; but it is a question that ought not to be overlooked by the promoters of unendowed charities. The cost of ventilating shafts, of lifts, staircases, and warming apparatuses which must be constructed in lofty buildings in order to secure the proper degree of salubrity and convenience ought not to be incurred, if it could be avoided by the substitution of a simpler design. A suburban hospital, on the Cottage plan, would not require, moreover, so extensive an area as is supposed. The entire neighbourhood would be its garden, the rural lanes would be walks for the convalescents, and there would be no necessity to surround the hospital with a large extent of unoccupied space in order to ensure tolerable atmospheric purity. We have only now to add that if every London hospital stood in the centre of a space of twelve acres, our ideas of an improved system of hospital construction would never in all probability have been conceived. We regard the removal of St. Thomas's Hospital as a triumph for the MEDICAL CIRCULAR. We are gratified that the Medical officers accept the change in so friendly a spirit, and our present experience convinces us that, should the Governors ultimately realise our views in a more detailed manner, we shall have the pleasure of perusing another inaugural lecture, in which the superlative advantages of the new method of construction will be eulogised, the sick congratulated upon their augmented comforts, the kindness and wisdom of the Governors commended, and, for the sake of consistency, an elaborate argument entered into to prove that enough had been done, and that it would be inadvisable to erect a new hospital on the Goodwin Sands, or to attempt to construct a five-storied fabric in the clouds.

We part from Dr. Bristow with the utmost good will. He has evidently given much thought to his subject, he has arranged his ideas with clearness, and put forth his views with equal vigour and circumspection. His numerous qualifications seem to show that he has not much confidence in the general truth of his own propositions ; but then we remember that he stood in the position of a man who was endeavouring to retreat gracefully from one position to take up a new one with becoming dignity. We wish the School well, and we hope that it will prosper in its new situation. Of this result we ought to have no doubt, as every father must desire that his son shall prosecute his studies rather in a quiet salubrious suburb, than in the close and overcrowded quarters of some of the other hospitals.

SUMMARY OF THE WEEK.

SIR JOHN PAKINGTON ON PHYSIOLOGY.

In the course of an Address on Education, last week, Sir John Pakington took occasion to inculcate the expediency of teaching physiology in schools. He pointed out that the shortcomings in the operation of our sanitary laws was owing to the ignorance of the public of the higher laws of health, and he cited the opinion of a large number of Physicians and Surgeons who advocated the propriety of instructing the people in the elementary truths of physiology. In the state of Massachusetts, where the educational system is the most perfect of any in the world, physiology is regularly taught in all the schools. We hope that the time is not distant when such will be the rule also in this country, malgrè the 'Guardian' newspaper, which, commenting recently on an article in 'Macmillan's Magazine,' treating of human parasites, fastidiously reproved the Editor for introducing so offensive a subject to his readers. We cannot help the feelings of this very fine gentleman, and do not think that there are many so nice as to be shocked by the perusal of the condemned article. However this may be, we should be glad to find that the laws of physiology were more carefully studied by the public.

OVARIOTOMY IN FRANCE.

We regret to find that a case of Ovariotomy, by M. Pariset, of Lille, has terminated unsuccessfully. Generally, these operations have been more successful in the provinces than in Paris ; but the results altogether are discouraging. We fear that French hospitals are ill-adapted for the recovery of patients from operations of this formidable nature.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

This Society is holding its meetings at Cambridge at the time of our writing. Dr. Paget who presides over the Physiological Section excused himself from addressing any observations to the Section, on the ground that Professor Sharpey had so recently expatiated so ably on the subject. This was modest on the part of Dr. Paget, and a great compliment to Professor Sharpey.

Professor Owen read a paper in which he reiterated his doctrine that the difference between man and apes consisted in the greater prominence in the former of the posterior lobes of the brain, of the existence of a posterior cornu in the lateral ventricles, and of a hippocampus minor in the posterior cornu. He had therefore raised man into a sub-kingdom by himself—the archen-cephala. Professor Huxley vigorously controverted these views, which, he said, were rejected also by continental physiologists. He denied the facts as to the universally smaller size of the posterior lobes in all the higher apes, and he objected to their physiological significance. He believed that the difference in question was not to be found so much in the brain or the foot, as in the moral and intellectual qualities. Professor Rolleston took the same side, and referred to the observations of Gratiolet. He said the differences were four—two morphological and two quantitative ; the quantitative consisted in the great absolute weight and height of the human brain, and the morphological in the multifidity of the frontal lobes, and the absence of the external perpendicular figure. Mr. Flower agreed with the dissidents from Professor Owen.

Mr. Newton read some observations on the aye-aye, and Dr. Spencer Cobbold offered some remarks on "Human Parasites." Dr. Edward Smith read a paper on "Tobacco Smoking." He had made experiments which showed that in some persons the pulse was quickened by smoking; in other persons no increase was noticeable. Some observations made on Mr. Dale, of Scarborough, showed that his pulse rose after smoking for 21 minutes as many as 37½ pulsations, and after smoking had been discontinued it remained for two hours 10 or 15 beats higher than natural. Smoking was, therefore, a stimulant to some persons, and might lead to cerebral congestion.

Dr. John Davy read a paper "On the question whether oxide of arsenic, taken in very minute quantities for a long period, is injurious to man ?" and illustrated it by referring to the Whitbeck, a mountain stream in Cumberland, which contains a minute quantity of arsenic. No injury has resulted

to human beings, or other animals, from the consumption of its water, though ducks have been killed by it, which Dr. Davy attributed to their inferior power of elimination. He thought that its innocuousness depended upon the minute quantity of arsenic contained in it, and to the small disposition of arsenic to accumulate in the organs. He presumed that arsenic existed in many other streams, being derived from arsenical pyrites, a very common mineral.

Professor Harley made some observations on "Secret Poisoning, which he believed to be much more common than is suspected.

A paper was also read by Mr. J. W. Osborne, of Melbourne, "On the motions of vessels, with reference to their effects in producing sea-sickness." He showed various instruments that he had contrived for measuring the motions of vessels, but his calculations were not yet ripe for decision.

Mr. Purdy, of the Poor-law Board, read, in the Statistical Department, an elaborate paper on Pauperism and Death-rate in the Manufacturing Districts, the remarkable facts appearing that in some instances, and notably that of Manchester, whilst the pauperism had but slightly increased, the mortality had largely increased; whilst, in other instances, the larger increase of pauperism had been attended with a diminution of mortality. These statistics were not considered to be sufficiently minute and comprehensive to justify any conclusions. It is well known that prosperity in the manufacturing districts is a chief cause of a high permanent death-rate, especially among infants; and it is not surprising when families that are out of work, are provided by charity with a sufficiency of plain food, and the women and children are taken from the close atmosphere of the mills, that the death-rate should diminish. The great increase, however, at Manchester, is not so easily accounted for. Local investigations are necessary.

SOUR GRAPES.

We really begin to feel pity for the Editor of the Association's weekly circular, as well as for the few readers who think it worth while to cut the leaves of that miserable attempt at journalism. The mental condition of the Editor is displayed in a melancholy way this week in certain comments on a new special journal called 'The Stethoscope.' "Opposed as we are," says Dr. Markham, the would-be Heart-Doctor, "to specialities in practice, we dislike them just as much in journalistic literature, and do not see the necessity of such a periodical." It is amusing to hear a man who for years has been vainly trying to acquire for himself a speciality in diseases of the heart—the writer of a very so-so sort of work on that subject—thus express himself. It is inevitable that an Editor so out of elbows with the world should always be committing errors, or showing his ignorance of persons and things. Last week he showed how little he knew of the mesmeric infatuation of Dr. Elliotson; this week he aims at putting down that which has been long admitted and recognised in Medical practice—specialities. If there are specialities in practice, there will naturally follow specialities in journalism. We really pity this disappointed specialist! Suppose he could obtain the Editorship of this special periodical at 250*l.* per annum, what would then be his opinion?

DEATH FROM RUPTURE OF THE UTERUS.

An inquiry has taken place, before the Lord Mayor, on a charge against a blind beggar called O'Keefe, of causing the death of his wife by a kick on the abdomen, she being then pregnant. Labour subsequently came on, and Dr. Fowler, of Bishopsgate street, was sent for. He found the woman in a state of collapse, and she was delivered of a dead fœtus. In consequence of rumours that were abroad, he declined to give a certificate; and upon a post-mortem examination being made, a rupture of the uterus was found near the cervix, which had allowed the escape of half-a-pint of blood into the peritoneal cavity. The man has been committed for trial.

THE INTRODUCTORY LECTURES.

KING'S COLLEGE, LONDON.

Professor Fergusson, who delivered the address, said:—Another year dawns upon the history of King's College, London. More than thirty have elapsed since these walls were raised, under pecular circumstances and auspices, and the motto chosen was "Sancte et sapienter." Wisely and holily has the College been conducted, and now, as illustrative of the fruit of such a maxim, the business of the institution commences for a new session under conditions in all respects as flourishing as heretofore. In the epitome of a generation, public men flourish and die out; their place knows them no more, and others are seen on the horizon of fame, who come and go as their predecessors. Considerably more than a generation has passed on this institution, and most of the changes incidental to the customs and experience of life have fallen upon us. We have had great men, and we have lost great men, but the body corporate still exists, and, making allowances for the recognised varieties in human affairs, the authorities and heads of King's College look with undiminished aspirations for the future. In their name I salute you, and in their name I have the honour of initiating the Medical Session of 1862 and 1863.

On such an occasion there must of necessity be much self-allusion; there must be explanations on behalf of the institution, and for the sake of those who have resolved to join it; and the earliest part of my present duty must be devoted in this direction.

Before University College and King's College sprang up, the medical schools of London were constituted very differently from those of the present day. A pupil might enter on his "walk" at any hospital he fancied, and take his lectures from any accredited source he chose. He might learn his anatomy in the west, and his surgery in the east, and might roam from Mile-end or the Borough to the far west at Hyde-park corner: he had the choice of three great institutions with sainted names—St. Bartholomew's, St. Thomas's, and St. George's, and of others, with the well-known and respected appellations of Guy's, the London, the Westminster, and the Middlesex. He roamed like the bee, and sucked the sweets where he chose; but—whether for better or worse may be a question—the custom now is, that a youth shall select a certain institution, whence he may expect to derive all that essential part of his education which shall enable him to secure his title and qualification to practise his profession. Now, instead of learning his anatomy at one point, his surgery some three or four miles off, his physic at some equally distant school, and "walking" his hospital in still another direction, he settles calmly down in a comparatively limited sphere, and lays his mind open to the teachings of a single institution. There may be advantages and disadvantages in both systems, but custom, which, rightly or wrongly, always rules for the time being, has so settled it, that each school of medicine in London has become a kind of college in itself. A pupil can, in such a school, get all the required elements of his profession. He can reverse the order of nature in this respect—that whilst he must be content with his maternal parentage, as Nature has so ordained, he can select at will his future *alma mater*. In former days, a man boasted of having been a pupil of a single teacher, but now he refers to the school in which he has been reared. Whatever influence a teacher's name may have, the reputation of a school generally has the greatest weight. And very justly so; for as one man can teach only a section of the great scheme of medical education, so it is fitting that the strength of a teaching establishment should depend more on the general perfection of the whole than upon accidental single influence.

Some of the warmest early friends of King's College saw no occasion for an hospital as part of the medical school; but it was soon observed that a change in the habits of schools and pupils had come over former customs. A fashion arose for pupils to take their whole professional education from one establishment. A youth remained at St. Bartholomew's, St. Thomas's, or Guy's, throughout the whole of his pupilage; and, above all, the contemporary institution—University College—gave school and hospital education at the same time. The founders of this College, unwilling to see it behind the requirements of modern changes and demands, resolved that there should be an hospital attached to the medical department, and the result has been, in the course of time, that splendid building near Lincoln's Inn, which doubtless most of you have already visited.

Nearly twenty-four years ago, a house and funds were required for the accommodation and maintenance of 120 patients, that being

the smallest number required by authority at the time for the purposes of a medical school. Such was the zeal on the part of those interested in the welfare of King's College, that, within a few months after the project was started, a sum of nearly 10,000*l.* was raised by voluntary subscriptions. A house sufficient for the purposes at the time was speedily made available, and in the spring of 1840 the inhabitants of a central portion of this metropolis first received the benefits of a charity which, from the vigour of constitution hitherto evinced, may possibly in the course of years stand side by side in value, if not in wealth, with those time-honoured royal hospitals which, being founded chiefly by private munificence, are at once the pride of London and the subject of marvel to all Europe.

Our embryo hospital, if I may so call it, had scarcely a recognised existence before it became evident that it was too limited for its requirements, whether as a charity or a place of education; and the same spirit which created the institution again arose in augmented force to cope with the increasing necessity. To give room for a new building, a greatly extended site was required, and an enormous sum of money had to be collected in anticipation of a new and much larger structure. The site was procured, though not without the devotion of much time, trouble and expense. Those not acquainted with the value of property in London will scarcely believe that the purchase of the site of our new hospital is valued in capital at 26,000*l.* The money for the building soon followed. The old and inadequate structure gradually passed away, and there arose in its stead that massive and imposing pile, which, though yet unfinished, has already attracted considerable attention on the part of those who are interested in buildings for similar purposes. such is the inherent vitality of King's College, that since 1839 to the present date, no less a sum than 230,000*l.* has been devoted by the friends of the institution to the purposes of hospital charity, and for the sake of securing to its medical department the advantages of an hospital in connection with the College.

It may fall to the lot of many of you in your after career to be interested in the development and construction of hospitals, and the difficulties encountered by the governors of King's College, the perseverance and energy with which these have been overcome, and the present results of such labours, may well be held before you as worthy of consideration. In particular I beg to call your special attention to the building in regard to its site, being in the midst of a densely populated part, in nearly the centre of London, where, in my opinion, hospitals are most required; to the size and number of the wards; to the amount of light secured for the interior, and, perhaps above all, to the means of ventilation and heating. All these are matters with which a medical man should be pre-eminently familiar. I should place him in this respect even ahead of the architect; for it is the glory of our profession in modern times to march in the foremost ranks of the champions of hygiene. Our mission is to cure; but we take higher ground than that. We strive to avert those very maladies, by the treatment of which, to take a vulgar glance at our social position, the majority of the profession make their daily bread. Experience tells us that it is often more easy to set aside the cause of disease than to cope with the evil when it is once established. We can see and recognise many of the circumstances which are certain to induce disease, and we can avoid, modify, or change, with greater certainty and effect, than when we have to contend with disease itself. Whilst in modern days all seem more or less familiar with the evil effects of unwholesome food and drink; with the difference between swamps, low flat countries, and the bracing air of hills and heaths; the evils of overcrowding, of bad or no ventilation, of the absence of drainage, and with numerous modern hygienic maxims, there is no class in the community which labours more than ours to remedy and avert such evils, and to set our calling, as it were, at naught. A well-constructed and well-appointed hospital may arrest pestilence, and be the means of vast public comfort.

It would, however, gentlemen, be a miserable boast on the part part of our profession were we to claim honour merely on the ground thus indicated. My impression is that we have higher data upon which to pride ourselves. We claim a prominent recognition amongst those who give progress to civilisation. The churchman inculcates, in his holy mission, our lessons from on high; the statesman gives laws to the social creed which constitutes a main feature of civilisation; the lawyer interprets and gives civil force to the social obligations which man puts upon man; the warrior cuts, rightly or wrongly, the Gordian knot; and we, gentlemen, have our work before us—work which, in my humble opinion, may embolden us to claim a position not inferior in natural grandeur to any calling within the circle of civilisation.

Gentlemen, man existed before there was a sacred history revealed to us. The work of the Divine Creator preceded that of the churchman, the statesman, the lawyer, and all other human crafts. The world itself, and all upon it, was created before the Almighty brought man forth. His creation was the last of the astounding marvels of the six days. "God created man in his own image, and gave him dominion over the fish of the sea, the fowl of the air, and every living thing that moveth upon the earth." Our impression in accordance with this, and in our own conceit, is that man is the highest of God's creatures on earth; and your duty, gentlemen, is the study of that perfect work of the Divine Creator. You all know the familiar expression of Pope, that "the proper study of mankind is man." No doubt much consideration is required to keep that equipoise which gives harmony to our social relations. But this expression has reference solely to man's mind and to his social and intellectual relations, and we must limit its signification to the study of the products of the human intellect. We cannot but recognise great variety in our mental condition. However brilliant, it is chiefly the result of human training. We no more blame the Deity for the deficiencies of intellect in man than for the ferocious instincts of many of the lower orders of His creation. The Almighty seems to have left the development and adjustment of man's intellect to man himself; but man's frame and the vital principle He seems to have made perfect at once. This is not the occasion or the place to discuss the question of progressive development. It is sufficient for my present purpose to state that, in my mind, no argument, no sophistry of modern speculators, breaks the hallowed charm of the first chapter of Genesis. Again I remind you of the ample and impressive words, "God created man in his own image."

Now, gentlemen, it is that "image" which you have to study. You have as much to do with the intellectual part as any of your fellow-creatures; but it is your special mission to study the wondrous physical structure of this machine, and that marvellous vital principle which makes the machine from God's power so far to excel that emanating from the highest human intellect.

Hence, then, I say, that our mission is one of the highest on earth when compared with that of each fellow-labourer. Honouring, as we should, the loom, the steam-engine, the locomotive, and all that gives glory to human intellect, we have in ourselves a mechanism and a motive power which it is the solace of our minds to consider as emanating directly and solely from the Deity. To appreciate the works of the Almighty is the highest and best-received proof of our civilisation, as well as of our recognition of a Supreme Being, and of a great hereafter.

What study then, gentlemen, can possibly be more interesting than that on which most of you are now embarking? These circumstances, briefly referred to, seem to me to raise it in interest above all others. But, happily, all do not think alike, and so each man selects, or is drawn to, his vocation; and it is enough for me, as an enthusiast in my own way, to congratulate you on having chosen one of the grandest spheres for the occupation of human intellect. Part of your education, highly encouraged in this institution, enables you to "debate in the Temple" if you will; and that of medicine strictly, enables you to approach our Saviour's works in the nearest degree permitted to man. You can, under Providence, make the lame to walk, the blind to see; and if you cannot raise from the grave, you can literally interfere during the seeming last fatal moments, and, in strangulated hernia, or by tracheotomy, be the happy means of prolonged years on this earth.

Gentlemen, the occasion on which we meet justifies such attempts, humble though they be, to inspire you with enthusiasm for the profession of your choice; but whilst speculation and metaphor are largely permitted in an introductory address, the every-day realities of our position cannot and must not be overlooked. Thus, internal changes have occurred in our executive staff within the last fifteen months which now demand special notice.

Fourteen years ago (1848), when engaged, as I am now, with an introductory address, I had the pleasure of announcing the acquisition to our staff of Mr. Henry Lee as assistant-surgeon to the Hospital, and Demonstrator in the anatomical rooms. After a period of active and honourable service in each capacity, Mr. Lee has retired from our ranks for more extended occupation in St. George's Hospital. Mr. J. W. Hulke, one of our assistant-surgeons, and formerly a distinguished pupil in the College, saw his interest in migrating to Middlesex Hospital. These vacancies have been filled by associates of the College who formly held high rank among the pupils. Mr. Henry Smith, Mr. Peter Price, Mr. Francis Mason, and Mr. William Spencer Watson, are distinguished names in our College history; and these gentlemen have been selected by the Council to fill such places as fell vacant, and to add strength to our surgical staff. No comment on my part is needful to give currency to the claims of these gentlemen on public confidence; but I cannot resist the opportunity of giving vent to my own personal regret that Mr. Price should have been forced, by the depressed state of his health, to retire from a position which he was so well qualified to adorn. I know that this feeling is also entertained by my colleagues; but my regret is increased by the circumstance that Mr. Price was endeared to me by friendly feelings of no common kind. I had watched his industry, and observed his ready talent as a pupil; he had become, in the course of years, my confidential assistant in private practice, and I anticipated for him a bright surgical career in this great metropolis.

Our staff has suffered a peculiar loss by the resignation of Mr. Bowman. His name has for years been so familiar wherever the reputation of science extends, that his presence among us was a

guarantee of our integral strength. The labours of private practice have induced Mr. Bowman to forego his public position among us; but he carries with him the regrets and good wishes of his former colleagues, and all interested in the welfare of King's College.

Last of all, gentlemen, I have to refer to the resignation of our well-known and highly esteemed Professor of Medicine. Dr. Budd has filled his chair for two-and-twenty years, and it would be difficult to name his superior among his contemporaries throughout that long period. Of a family to whom Medicine seemed as a passion—his father was a practitioner of no mean note, and seven youths of the family became disciples in the same walk,—Dr. Budd came to King's College a high class wrangler and a Fellow of Caius College, Cambridge. His antecedents held out bright prospects for the chair of Medicine in this College, and I well remember the satisfaction with which I myself looked upon him as my colleague when we began our work together in 1840. Many of you can testify how admirably he has fulfilled his duties here and at the hospital, and his genial presence can never be forgotten by those who have had the good fortune to partake of his instructions. As with Mr. Bowman, the pressure of business otherwise has finally induced Dr. Budd to take this step of separation. It is a recognised custom among successful physicians in London. I know that for years our distinguished Physician has meditated this step, and even at the last his reluctance to leave the field on which his high professional reputation has been won had well nigh induced him to adhere to labours far beyond his natural strength.

But, gentlemen, there is a resiliency in corporations as in kingdoms. As in former times, when grief was expressed by the cry, "The king is dead," the sounds of joy soon followed in the shout, "Long live the king!"—so with us; as one magnate passes away, another steps into his place. We do not actually realise the loss of Dr. Budd before his chair is filled by Dr. Johnson.

There may be those here who have on the same bench with this gentleman nearly twenty years ago, when he was a pupil of this College. These and the College authorities can testify to his surpassing excellence in that capacity. I myself remember, as it were yesterday, when, on an occasion of the distribution of prizes, he walked from the president's chair well-nigh overwhelmed with the weight of volumes in his arms. I wondered at the time what might become of one so full of promise. He next took rank as a pupil in our highest hospital appointments; then he was selected as medical tutor in this College; thereafter he showed himself as accomplished and eminent pathologist—a man of such mark, that on the earliest opportunity the Council of King's College made him one of the assistant-physicians to the hospital. Additional honours were in reserve, for he soon became professor of materia medica, and was selected to the charge in the hospital left vacant by the premature and lamented loss of Dr. Todd. Well might Dr. Johnson and his friends suppose that his cup of good fortune was brim-high; but another honour was still in store for him, and that was the successorship to Professor Budd!

The course which I have thus briefly sketched was one which shadowed forth such a climax, and Dr. Johnson may now be said to have reached the broad guage of his career. Like our cousins west of the Atlantic, we are fond of nicknames; many of our eminent men are distinguished by prefixes neither Christian nor baptismal. The Southern States at this present time are proud of one of their distinguished generals under the name of "Stonewall" Jackson; and King's College has been proud of a Professor who has among his contemporaries long passed by the familiar name of "Kidney" Johnson!

Gentlemen, were I asked to choose from among the pupils of King's College an example of a career likely to excite emulation on your part, I doubt if I could select one more appropriate than that of the gentleman to whom I have just alluded. When he came to this College he was, like most of you, without a friend, and possessed of means not more than sufficient for the course he had chosen. He had received a good preliminary education, and was endowed with excellent natural abilities. If appealed to himself, I feel assured that his own modesty would say, not more in either way than most of you can boast; but mark me, gentlemen, he had perseverance, industry, and indomitable courage. These, and various adjuncts, which it would be unfair to dwell upon, in his presence, and on such an occasion, have made him your teacher in Physic; and I refer to the subject, not so much for the purpose of expressing praise of Dr. Johnson, as for impressing on your mind that a similar career is open to one and all of you who will fairly emulate the conduct of such a predecessor. Each of you cannot expect to be a professor in King's College; but be assured that the posts of honour in our profession can, in the present day, be attained only by those who shall steadily follow in the way indicated by the example of our newly-elected Professor of Physic.

Another notice of change in our arrangements will bring me to an end on this head. A most useful and important means of efficient teaching has been gradually and silently increasing ever since our department began. Without a museum, a teaching establishment is not recognised. Ours, well stored at an early period, has in the course of years outgrown the boundaries allotted to it. Want of space for such accumulated treasures has long been felt; but the numerous demands on the funds and energies of a comparatively young institution, delayed the realisation of a favourite scheme for the enlargement of the museum apartments. Happily that difficulty has been surmounted, and our large collection of preparations is now disposed in a befitting apartment, which, for size and proportions, does honour to our building, and can stand comparison with that in any similar institution in this country. I need add no more, gentlemen, with regard to our internal arrangements than that in most other respects we stand as during the last session.

There are certain rules, regulations, and requirements as regards the medical department of King's College different from those in other medical schools, with which all who enter here are expected to comply. These are neither stringent, unpleasant, nor forbidding—they are here considered wholesome, and such as a well-bred youth would willing accept as his tenure of position in a College founded in close connection with the National Church.

Some of you are beginning your professional studies, some are midway in progress, and some are about leaving the College to break ground on the great field of man's earthly struggles. None of you are too old to be above the advice or opinion of others, and it forms part of my duty to address you on the nature of the engagements on which you are all about to enter.

It is right and proper that you should be frequently reminded of your high calling—of its psychological character, of its scientific aspect, and of the glory of doing good to your fellow creatures; but there are certain more commonplace features associated with it which are equally worthy of your consideration, and which it would be affectation not to notice on such an occasion as this. There are few who begin the study of Medicine without having it in view as a future means of livelihood, and as being the stepping-stone to their future social position among their fellow-men. Hence, then, the necessity for taking a more common-place estimate of the objects associated with Medicine than that which I have hinted at in the early part of this address. Happily, if a man chooses, there need be no great separation or distinction between the highest aspirations and the commonplace duties which I now allude to. The character and conduct of the boy usually foreshadow those of the man; and this remark is peculiarly applicable to the youth who begins his studies in a well-regulated medical school. It is there that he begins to develope the material of which he is made, and much of his future fate will hinge upon his conduct and acquired character during the period that he rules his intellect among his fellow-pupils. Much of a man's position depends on what his fellow-men say and think of him, and at this early date the student is closely watched by those on whose good or evil report much will afterwards depend. If he secures the just applause of his fellow-pupils, he has already taken considerable standing. The same qualities which have thus carried him so far will have an equally good effect with his teachers and those in authority. Thus admirers may be secured in early years, many of whom become fast friends in future life. I need scarcely say, gentlemen, that in asking you to seek the admiration of your fellows, I mean that it shall be for all those good qualities which most become a man. Some of these may be appropriately glanced at on this occasion. In this institution you are all aware that much importance is justly placed on the due observance of religious duties. In this the College but resembles the quiet institutions of our country; but it cannot be overlooked as a peculiar feature of King's College that, for the first time in the history of our great medical schools, the association of the two has been specially pressed. It has always been with me a question how it has happened that a saying has got abroad that medical men are less impressed with a sense of religion than others of the community. My own experience has led me to entertain the opposite view. I have never seen reason to consider medical men less devout than any other section of the community. On the contrary, our whole course of study, almost every subject that we deal with, leads inevitably to the impression and conclusion regarding the existence and design of that Almighty being whom we all worship, and with whose immediate works it is our duty to deal more largely than falls to the occupation of our fellow-men. Gentlemen, it is a feature of the medical department of this College that the lessons of our holy religion should be closely associated with those of a professional character; and it is with no little pride that we hear from the lips of our respected Principal, year after year, that in the competitions for some of our principal prizes, the medical students display an amount of knowledge in Theology that would do credit to those whose special duty it is to study for the Church. It has, indeed, invariably happened that our first prizemen have been specially distinguished in this way; and we have no reason to doubt that their successors will be equally eminent.

But whilst I refer with pride to these features of our collegiate system, I must declare that the Professors who greet you on this occasion have chiefly to do with your secular education. We cannot but feel that those who are sedulous in one department are likely to be so in others; yet it is our duty to remind those who have been

here before, and to assure those who appear for the first time, that without assiduity no substantial progress can be made in professional studies. The elementary knowledge which you must of necessity master can be acquired only over a series of years. Work done by fits and starts will not do with us. A single great and comparatively brief effort will not suffice. It must be steady, plodding, consecutive labour that will carry you successfully through the first great trial by which you will be formally admitted as members of the profession to which you aspire. When looked upon as a whole, the task before you seems great and almost beyond grasp; but the Napoleonic rule answers admirably here, for by taking sections separately, you can master each with comparative facility, and thus step by step achieve the victory over the whole.

I know not that I can say anything to you likely to be more useful in your future studies than that I am now alluding to. Remember what I now say, and you will be cheered on in your arduous path on many a future occasion, when your heart may be well nigh failing, as you look at the work before you. It would mislead were I to speak lightly of your task. It is great and difficult; but after all you must bear in mind that it is only such as has been mastered before by thousands. In most respects, modern requirements, particularly those of recent years, have been greater than those of former times; but it cannot be overlooked that the facilities for instruction and for learning have increased in proportion, and assuredly the modern student has much in his favour from the style of examination for diplomas and degrees which now prevails with our most influential licensing bodies. Among modern innovations and improvements, few are more worthy of approbation than the terminal examinations which are now becoming common. For the profession and the public the advantages are great; for there can be no shirking in a course of study which is thus tested, and to the zealous student, anxious to secure the full benefits of a comprehensive education, the new system offers great facilities for his yearly labours. The spirit of all high educational rules is, that by following certain prescribed courses, a guarantee is secured that the mind and intellect have traversed great fields of knowledge. Accomplishments will be measured by the mental impressions thereby made and retained for future use, and he who can best turn such knowledge to account becomes in the estimation of the world the most accomplished. Heretofore the custom has prevailed of examining on the whole field of professional knowledge—aye, even including preliminary in some cases—at a single examination, or at most on two or three occasions within a few days or weeks. This gave rise to the unworthy system of cramming, and the pupil thereby endeavoured to get by heart as much as he possibly could in the few last months of his attendance at the schools. The crammer, or "grinder," as he was facetiously called, contrived in the course of time, and by comparison, to find out the questions which each examiner was most likely to put, and he who could do this most cleverly was considered the best at his business. Thus many men were prepared for examinations by a system only a little in advance of the method of teaching parrots to speak. Even the conscientious, hard-working student, who did not grind, thought it a severe, and in some respects worthless, task to be obliged to keep up all his knowledge to examination-point, when he felt convinced that much of this knowledge, though excellent in itself, would really be of little use to him afterwards. It is better far that there should be examinations for boys and examinations for men, examinations for young students and examinations for those who are advanced and consummating their school education. The advantages of this system are, that a given portion of work may be done deliberately and well, so that a lasting impression on the mind shall have been made; that another portion may be taken up and dealt with in the same way; and that thus a sure foundation of well-tested knowledge shall have been secured by successive stages, whereon may be happily accumulated that store of wholesome experience and knowledge which shall lead to usefulness and distinction in after-life.

But, gentlemen, this is a wide theme on which I am touching and time warns me that I must be brief. Your chief duties here are to study your Profession, and to fulfil the rules of the Institution. These rules are the result, in most instances, of large experience, and they emanate in part from the authorities of the College, and in part from those licensing bodies which by law have the right to prescribe the requirements which they deem needful.

Gentlemen, in thinking how I might best enlist your interest and enthusiasm for your future occupation, it has struck me that possibly a few illustrations from my own branch of our Profession may be effective. The term surgery (chirurgery), signifying the mere work of the hand, may now be said to be old-fashioned, for the mere perfection of handicraft forms a small section of the surgeon's requirements. It is, no doubt, of vast consequence that the manual part of his duties should be well performed—there must be a species of intellect to set the mechanism of the hand at work; but that is little thought of compared with the acquired intelligence which enables us to recognise and appreciate the conditions of health and disease, and, in regard to the latter, to select such a course of treatment as shall act with almost mathematical precision in restoring to health or preserving the main portion of the frame with which we deal. It is this acquired intelligence which constitutes the science of surgery, and displays the difference between its automatic character and that resulting from knowledge, experience, and forethought. A great practitioner, now passed away, who had spent a long lifetime in one of the largest hospitals in the world, wrote a book in his old age, to show that surgery was not entitled to rank as a science. The effect on my mind, on perusing that book was, that the author was no surgeon in the modern acceptation of that term. He might have been a mathematician and a scholar, but he did not appreciate true surgery. The vast opportunities of half a century only induced him to write a libel on his own profession, a profession which, thousands of years ago, was designated Godlike! There is no evidence that this gentleman even appreciated the mechanical department of his art. He was very different from Ambrose Paré, who believed himself inspired when he first applied a ligature to close the open end of a divided artery, whereby he could more securely stem the flow of blood than by any other mechanical process then known—all of which were rude and coarse in comparison. This very process of Paré's is an admirable illustration of the value of well-directed mechanical skill; and considering that it is, even at the present time, our principal means of stopping the flow of blood from divided arteries—that life is thus literally held by a thread—it may well be allowed that Paré did himself no more than justice when he estimated his device so highly. This device, or process, did not, in my opinion, rank higher at the time than a part of the art of surgery. It was, however, an art of high rank, for it constituted the difference between life and death.

Let me now give an illustration of the science of surgery. When a great artery is cut across, death is the almost certain result, unless the art of surgery intervenes. But arteries sometimes burst spontaneously, and although in general the final result would be as certain as if the vessel were suddenly cut across, it is usually much more slow in coming; there is time for the application of surgical means. Until towards the end of the last century, all such means appear to have been so futile that surgeons were inclined to let the disease run its natural course, or, when it was in their power, to resort to amputation, and thus remove disease and limb at the same time. The greatest genius, the greatest philosopher in all surgery, of whom this island, perhaps the world, can boast—John Hunter—threw his attention upon this subject. He saw that the fatal character of the disease depended on the main current of the blood passing through the ruptured course. Experience had taught him that any local interference with this rupture was highly dangerous; the practice had been in a manner abandoned, and surgery was greatly at fault. Hunter thought of stemming the main current between the disease and the heart. He did so, under the impression that the *débris* of the blood (in the shape of fibrin) and such blood as remained in the aneurismal sac would be finally absorbed, and that whilst this process was going on the blood from the heart would find its way by collateral vessels, so as to nourish the affected limb all below the seat of the disease. That arteries would carry blood in a retrograde direction—that small vessels would enlarge so as to compensate for the main channel—was known to preceding surgeons. It may be doubted, however, if anyone ever had such ideas of absorption. Even now I am more impressed with Hunters's views and writings on this subject than on almost any other. He believed that, the disease and main channel being set aside, and left stagnant as it were, there was such inherent power in nature in regard to absorption, that the disease, and even the main vessel, would in a manner disappear under this peculiar action. His belief was realised. He put a ligature on the superficial femoral artery for a popliteal aneurism; the blood found its way to the lower part of the limb by the collateral circulation; the limb regained its health and strength; and the original channel, as also the disease, were no longer of account in the limb—they disappeared, chiefly by the process of absorption. This is not the occasion, nor have I time, to dwell on all the marvels associated with this subject. Suffice it to say, that no operation in surgery has had a career more brilliant than that to which I now refer; nor can I give an instance from the whole range of surgery wherein experience of former disasters, a knowledge of pathology and of healthy structure, and a just appreciation of the ways and powers of nature, were brought to bear more happily upon the treatment of an imminently fatal disease. The crowning point was, after all, a simple mechanical process—ligature of the main artery of the limb—a bit of mere handicraft, but brought to a bearing with such subtility, that if there be meaning in the term Science, there is not a brighter example of it in surgery than this.

I cannot refrain from giving yet another illustration. You see this cast of a foot affected with a form of talipes. By a simple bit of the surgeon's art, it has been brought to this normal condition. The art here has been prompted by science. Until within a few years, surgery had little or no control over this form of distortion; yet by a happy reasoning from the fields of anatomy, physiology, and pathology, a result has been produced which thirty

years ago was literally unknown in the domain of surgery. These sciences taught the mechanism of the foot and leg; the actions and uses of muscles and tendons; the immediate causes of the deformity; and how Nature, if but assisted by the surgeon ever so little, by the division of the tendo-Achillis, would most effectually make amends for her original error—so to call it. There is even more of science in all this than is implied by that yet said. Even the method of dividing the tendo-Achillis has a dash of science in it more than appears to the common observer of the present day. A youth imbued with natural genius, who in his years of manhood has been the exemplar to British surgeons in this department of practice, seeing the uselessness of apparatus as applied in such a case on his own person, actually divided the tendo-Achillis with his own hand, and thereby in a manner set the heel free. His friends were alarmed. Good orthodox men were called in, and the heel was bound up so that the cut surfaces of the tendon should lie face to face and join again. The case did little more at this time than those in which some surgeons had also divided the tendon by a bold incision from the skin downwards. The youth referred to was Dr. Little, and such was his early experience on a field in which he has since gained high distinction. It remained for Stromeyer to put the crowning triumph on this little bit of surgery. He divided the tendon by means of a small blade, little bigger than a common sewing-needle, which was pushed through the skin by a kind of puncture, and then turned against the tendon. Thus a large festering sore was avoided, and the difference of two wounds was as great as that between compound and simple fractures. If, gentlemen, there be no science in all this, then I must confess that I know not the meaning of the term.

At the present time all England is in anxiety regarding a pestilence among our flocks, which threatens to check the supply of a needful material, which, as we all think, goes far to build up English bone and sinew. Great though the alarm on this score is in many quarters, it is little indeed compared with that which prevailed in England and throughout Europe till near the end of last century, when the scourge of small-pox in man was stayed by Jenner. Call this mighty work the produce of induction or deduction, of genius or of experimental inquiry—what you will; it is a noble portion of science, of which medicine and surgery alike may be proud! Only think, gentlemen, that with a lancet and a little lymph, in quantity so small as scarcely more than to be recognised by the eye, a power has been acquired by man over a malignant and fatal disease which in a generation saves the lives of hundreds of thousands!

It is to such a profession, gentlemen, that you now seek admission. Whether your future calling shall be that of physician, surgeon, or general practitioner, you must in your education and future position recognise great facts like these; and even at this early date, you cannot but be impressed with feelings of interest, of awe, and of reverence for the work you are about to be engaged in. What more can I or my colleagues say on such an occasion as this to stimulate your industry, to rouse your ambition? Although Medicine may be said to be still in its infancy, great deeds have been done; but without doubt, many more remain to be accomplished. Much though we admire the genius which has been associated with the successive improvements in our profession, we cannot but feel that without industry there would be little hope of success. Industry, gentlemen, industry is what we ask of you. The great things will follow, as it were, spontaneously: and so, if you admire great men and great deeds, we say to you, "Go ye and do likewise."

THE LONDON HOSPITAL.

The address at this school was delivered by Mr Hutchinson. He commenced by stating that one ostensible object of Introductory Lectures was to welcome those who were newly commencing the study of Medicine. To those who for the first time were present as students of the London Hospital College, he begged to offer, on the part of the Professors, and also of those who would be now their companions and senior students, a warm and hearty welcome. He could assure them that no effort would be wanting to render the period of their student life agreeable in the present and profitable in the future. He would next congratulate them on their choice of a Profession. The science of Medicine had year by year taken a wider and wider scope, and embracing what it now did there was none more deserving of zealous cultivation. In the selection of a profession a primary object of anxiety to every man ought to be as to what would be its influence upon himself. Taken as a whole he did not believe that any pursuit more favoured the mental and moral development of those devoted to it than did that of Medicine. He would not attempt to draw any comparison with others, but would simply assert, on behalf of medicine, that, so far from requiring the repression of any faculties, it demanded the full exercise of every endowment of the human mind, and in doing this it favoured the growth of a vigorous and unwarped character.

Mr. Hutchinson then proceeded:—To say that medical life made incessant demands on the exercise of the affections—that it brought men into contact with their fellows under circumstances the most likely to call out "the charities which soothe, and heal, and bless," was but to state what every one would acknowledge. In like manner it is not needful to insist that it gave the fullest possible play to the faculties of reason, reflection, observation, and memory. With regard to the imagination, however, there was an impression abroad which he took leave to consider as a great mistake. It was thought that men of science, and Physicians especially, ought to repress this the noblest of our mental endowments. If the truth were so, it would indeed be a humiliating fact. But, so far from it, he would undertake to assert, that in no avocation was a healthy and vigorous power of imagination more useful. Let it be remembered that there is broad distinction between imagination and fancy. The one deals with the unseen, but real; the other with that which is neither seen nor real. Imagination is, indeed, rightly considered, the art of bringing before the mind's eye a clear image of that which is not really under the sight. There may, of course, be errors of imagination just as there are errors of reasoning, errors of memory, and errors even of sight itself. Now, as the majority of objects with which we have to deal are not at the time actually under view, the power of forming clear, definite, and truthful images of them becomes of the utmost importance. It is, in fact, the only way in which muddleheadedness can be avoided, and its greater or less development constitutes one grand difference between individual men. To a good Surgeon, with a clear, image-forming faculty, a man's body becomes transparent. Is a bone dislocated, he sees through skin and muscles right down to the seat of injury, and recognises the exact relative position of the now displaced parts. If it be objected that this is the work rather of memory and of previous training than of imagination proper, the reply must be, that all imagination is necessarily built on memory. It is, however, far more than mere memory, since it can advance forward from the facts furnished by memory to others, which are only to be arrived at by inference. One man is able to form very correct ideas of objects—countries, for instance, which he has never seen; whilst another requires that everything should be subjected to his eyes before he has any definite conception of it. The difference is in the power of imagination. An ingenious writer has remarked that he who first used the expression, *ex pede Herculem*, must have been a very stupid man, since it is surely not needful to see a whole foot in order to infer the stature of the man. A hair ought to suffice, and he adds, "To the mind of an archangel a pebble would be a sufficient datum on which to construct the universe." Tasks somewhat similar in nature are constantly submitted to the Surgeon, and he is every day under the necessity of reasoning from a small fact up to a great conclusion. If he cannot imagine accurately much more than is actually before him, his scope is limited indeed. To obtain a clear mental conception of any one of the processes of disease, requires a very sustained exercise of a trained imagination. Indeed the importance to the Surgeon of a careful cultivation of this faculty could scarcely be overrated. How, indeed, are the brilliant achievements of genius accomplished but by the efforts of an imagination, so exalted in grasp, so truthful in vigour, that it seems to ordinary men to reason without premises, and to find out truth by inspiration. The poet applies this faculty to the loftiest themes; the Surgeon uses it in a more homely field, but in both it is the same power, and in both it is indispensable. Not only is the Surgeon indebted to imagination for great assistance in the practice of his art, but he may also draw from its use the most cogent motives for industry and patience. It brings him into sympathy with his patients. Where the prosaic Surgeon sees only a stupid, ill-satisfied grumbler, the imaginative faculty will enable another to glance into the poor fellow's home, and to recognise the fact, that his impatience is solely due to the knowledge that every day of prolonged incapacity for daily work on his part, involves the deprivation of daily necessaries to those whom he most loves. Surely such an insight must be most highly calculated to increase our zeal and add zest to our success.

Amongst the advantages of the Medical Profession to those who practise it, ought also to be mentioned that its main scope consists in the pursuit of truth, and that in this pursuit it imposes no restraints whatever upon the conscience. There is every motive for candour and for honest zeal, truth—the simple, pure truth—being in every instance the only aim in view. In respect to the variety of employment which it affords, it is probably unequalled. The mind of the Surgeon need never be fatigued by dwelling too long on the same subject; and to most not only is mental occupation afforded, but a very considerable portion of time is taken up in travel, and even in employment of the hands, securing in both instances great benefit to the mind. Of all professions there is probably none which so nearly exempts from pecuniary anxieties as does that of Medicine,—there is none in which a man can with more certainty secure to himself all the advantages of riches. There is none also which can afford such a constant succession of small pleasures; in it a man does not toil wearisomely through three-fourths of his life in order to secure by so doing the means of enjoying the remainder. His enjoyments come in daily instalments, and the mind is thus stimulated and nourished by a regular supply of healthy pleasure.

Finally, amongst the advantages of our Profession, let it be men-

tioned that it affords full scope for heroism of character. Not even that of the soldier does more so. Our life, indeed, is a battle against physical misery, disease, and death; and in waging it there is ample room for the display of any amount of courage, any degree of negation of selfish interests of which we may find ourselves capable.

Having thus shewn that the pursuit of Medical science was likely to exercise a good influence on individual minds, Mr Hutchinson proceeded to remark upon its usefulness to others.

We might, with Mr. Ruskin, consider that there are "five great intellectual professions relating to the daily necessities of life which have existed in every civilised nation:—The soldier's profession is to *defend* it; the pastor's, to *teach* it; the Physician's, to *keep it in health*; the lawyer's, to *enforce justice* in it; the merchant's, to *provide* for it." All these are mutually needful to each other, and it would be ill-judged to draw any comparison between them. A moment's consideration will, however, shew that to "keep it in health" is not the least important. Let us always avoid most earnestly all limited views of our Profession. The true scope of medicine is the study of life and of its imperfections, with the hope of increasing and sustaining the one, and of reducing the effects of the latter to a minimum. It aims at no less than an actual increase of the sum of human vitality—at securing that vitality on a firmer basis and making it capable of a wider happiness. Not that we do battle against all death, for none know so well as the physiologist that what we so denominate is in reality merely change, and consequent on Nature's most essential laws. We follow Nature, and in no respect wish to thwart her. But we do aim, under her favouring influence, and in pursuance of what we cannot doubt is her beneficent will, to prevent premature death, and to secure for each successive generation the fostering care of the one which preceded it. We aim to remove, as far as practicable, all physical bars to human happiness—to free the masterpiece of creation from the imperfections of physical disease.

Think for one moment of what orphanhood is in its actuality; contrast the happy home and the mother's smile with the workhouse nursery, and you will have some measure of the value of Medical art. Use your imagination; realise that this is no fiction, but that the misery consequent on the premature loss of parents is at this moment being endured by thousands and thousands over the length and breadth of our own land. Rest assured that much of this medicine might have prevented, and that in the future much of this medicine will prevent. I might illustrate this yet further were it needful, and might remind you of the unspeakable losses which science sustains by the frequent premature deaths of those who cultivate it; or, to select one particular example, call to your remembrance a recent death, by which it is scarcely too much to assert that a young nation, in the struggles of early existence, was left an orphan.

But it is not only with life and death that our Profession has to deal. In the attempt to economise human happiness there are no details too minute for its care. There are many ills which, whilst they do not threaten life, are yet sufficient to destroy its enjoyment. Think with what care Medicine addresses herself to the task of removing, whenever possible, imperfections in the inestimable gifts of sight and hearing. How many thousands are there at this hour who owe their present possession of these faculties to her aid? To look for a moment on the more melancholy picture, how many thousands are there who are now deprived of them, and to whom, by a higher art, they might have been restored?

After some further remarks on this subject, the Lecturer proceeded:—And here it is needful that I should remind you that no good can be effected by mere benevolence. Science is the only power. Benevolence may supply the motive for the acquisition of knowledge; it may and ought to furnish the zeal by which knowledge is applied, but here its usefulness ends. There is no more common or more injurious mistake than the habit of allowing ourselves to suppose that we have done our best, when all that we are certain of is that we have earnestly meant well. It may have been our best for the time present; but our real best is only attained when we bring to bear all the knowledge that through the whole of our previous existence it had been possible for us to have secured. A well-meaning Surgeon may attend, with the utmost painstaking, a case of obscure injury to the hip-joint, and may yet leave a dislocation unreduced, simply because his knowledge was not adequate to the needs of the case. You may sit by the bedside of your own child, ill with pneumonia, but all your affection, all your earnestness of will can avail nothing to save its life, if your pathology and therapeutics be at fault. Better the most cold-hearted, if he be skilful, than the most benevolent, if his heart be not adequately supported by his head. I am not underrating good intentions, but only remonstrating against their being allowed to inflict injury by improper employment. The amount of human energy wasted, or worse than wasted, at the present time, through want of knowledge, is incalculable. The true use of benevolence is to nerve a man onward in the resolute pursuit of knowledge. A wise and far-sighted man may often be impelled by it to undertakings at first sight very remote indeed from its walks. A Surgeon will be sent to the dissecting-room: he will devote days and nights to the laboratory and to the study; he will come to treat his fellow-men, for the time being, as if they were so many machines; he will appear to be absorbed, in dry, hard, matter-of-fact science, when possibly he is urged into those very pursuits by a depth of feeling of which those who criticise him know nothing. It is curious and very instructive to note that, as a rule, they accomplish most who begin at the greatest distance from their object. An enthusiast in benevolence, possessed of an ample fortune, and desirous to devote all to the advancement of human happiness, could, I am assured, do no better than—provided he had sufficient confidence in his mental powers—set himself apart to the study of physiology. His hope should be to become not what is commonly understood as "a practical man," though we by no means speak slightingly of tact and ability in the direct application of knowledge, but his ambition ought to be rather to improve our knowledge of laws—to extend and strengthen the hidden foundations upon which all practical art is built.

Mr. Hutchinson next proceeded to offer various hints as to best methods of study, adverting more particularly to the importance of the cultivation of the faculty of memory and the art of observation. He then concluded his address as follows:—

"In conclusion, gentlemen, let me briefly sum up our somewhat desultory remarks. We have seen that the science of health is one of the noblest and most useful in which men can be engaged; that our calling is alike beneficial to others and favourable to our own growth as men. We have observed that it claims, and ought to obtain, our undivided and most earnest energies; that the benefits as yet secured by it are as nothing compared with what may be expected. We have seen, also, that in the future progress of Medicine it is to the dry light of science alone that we must look, cultivating always by its side, but never as its substitute, that earnest desire to apply our knowledge for the benefit of our fellow-men, which will ever keep clear in memory how very limited that knowledge is, and instead of leading to presumption, induce greater humility in its further pursuit.

I cannot find words to express how earnestly I desire that the session which we commence to-day may be one of earnest industry. I might cite many motives to such a course. I will, however, mention but one, and which, indeed, includes all—To devote to our vocation all the time, and all the labour, and all the vigour that we can command, is our duty.

> "Thyself and thy belongings
> Are not thine own so proper, as to waste
> Thyself upon thy virtues, they on thee.
> Heaven doth with us, as we with torches do,—
> Not light them for ourselves; for if our virtues
> Did not go forth of us, 'twere all alike
> As if we had them not. Spirits are not finely touch'd,
> But to fine issues. Nor Nature never lends"——

Mark that word "lends," gentlemen; it is not "gives." It is a loan; not a gift. It is that which no honest man would even dare to misappropriate—

> "Nor Nature never lends
> The smallest scruple of her excellence;
> But, like a thrifty goddess, she determines
> Herself the glory of a creditor.—
> Both thanks and use."

ST. THOMAS'S, (SURREY GARDENS.)

Dr. Bristow, the Dean, delivered the introductory address. He began by a tribute of respect to the memory of the old hospital, where he said he had, seventeen years ago, commenced his studies, where he had worked continuously ever since, where he had made many friends, where also Cheselden, and Akenside, and Fordyce, and Clive, and Travers, and Tyrrell, had laboured and taught. He then proceeded to welcome his auditors to the pleasant garden in which St. Thomas's Hospital and School had taken up their temporary abode. He reminded them that Jullien, Thackeray, and Spurgeon had each in their several ways done duty in that noble hall, now formally devoted to the purposes of an hospital. He asserted that the site was in very many ways well adapted to the purposes to which it was now applied; that the hospital, though not equal in extent and accommodation to the one which had been left, was still a handsome and commodious building, and superior in many respects to many of the London hospitals; and that the school buildings which had been so speedily erected would be found ample and convenient. He then went on to speak about the future of the hospital, which he said was the most momentous question with which the governors had to deal, and one which, putting all selfish considerations on one side, must be of the deepest interest to the Medical officers, and all who looked on the hospital as their Alma Mater. He adverted to, and regretted, the disagreements which had arisen on this and other questions between the medical officers and governors, and attributed it to the fact that they were never brought fairly into contact, and had no opportunity of knowing one another in their corporate capacity. He asserted that the proper remedy was to admit the medical officers, or delegates from them, into the hospital councils. (Cheers.) He proceeded then to point out what he considered to be the essential objects of a hospital, and how in the erection of a new hospital, the attainment of these objects could be

best effected, premising that he had no intention of treating his theme exhaustively, but chiefly meant to discuss questions of controversial interest. He stated that the primary object of a hospital was the relief of the suffering and injured poor, and he proceeded to show that the cases for which a hospital was specially needed, and the cases which chiefly gained admission, were those of acute and curable diseases, and accidents which demanded in their consequences prompt medical skill, and all that the resources of a hospital could furnish. The secondary but not the less important object was the education of medical men. It was not the less important because, while the immediate benefits of such an institution were conferred only on a limited and easily ascertainable number of individuals, on the good education of the younger members of the profession depended in a great measure the health and lives of the population at large. He showed, too, that it was in the combination of the two elements that each attained its highest degree of perfection. He next spoke about the choice of locality for a hospital. He considered that a healthy site was imperative—that it was worse than folly to add knowingly to the risk of those whose lives were already trembling in the balance; but he added that a good deal of stuff had been said and written about pure air. In illustration, he showed how almost everyone went, for the benefit of his health, at one time or another, into the country or to the sea-side; but he contended that the beneficial effects which ensued were due far less to purity or peculiarities in the air than to perfect rest from toil and axiety, to good sleep, good diet, and other hygienic conditions. He did not deny that pure air was a valuable thing; neither did he deny that there was such a thing as poisoned air; but he asserted that most sources of poisoned air were in the premises where it produced its ill effects, and not in the surrounding atmosphere, and that most of the sources were remediable, or had been remedied, and did not necessarily exist in London more than elsewhere. He admitted that certain peculiarities of atmosphere, such as warmth, cold, dryness, moisture, &c., were best adapted to certain constitutions, and to certain cases of disease, but he maintained that special atmospheric conditions of this kind could hardly be consulted in the erection of a general hospital. He said it might be objected still that it was well known that patients in country hospitals recovered more speedily and favourably than those in London; but, admitting the truth of this for the sake of the argument, he still asked how far the difference of result depended on country air, and how far on the different constitutions of the admitted patients in the two cases, and how far to the greater concentration of serious cases of disease in the metropolitan than in the rural hospitals. The truth he asserted to be that good, pure air was of infinite service to everyone in health and in disease, and that impure air was highly prejudicial; but that the purity was not the poetical purity of breezy hills, and that the impurity which was dangerous was not (except in very rare cases) the impurity of the atmosphere around a hospital, but the impurity of the atmosphere originating within its walls; and that a hospital was not to be made a healthy hospital by carrying it to some fancy site, but by attending carefully to its construction and its internal arrangements. He contended that there was no good object to be gained by spreading the buildings over a large surface; that a hospital was no more likely to be a healthy hospital if its wards were studded singly here and there over an extensive area, than if these same wards were piled one above another up to the clouds. He contended also that though airing grounds were essential to the patients, there was no necessity at all why they should be large. He did not wish to imply that it was unimportant to obtain as large an area as possible for the erection of a hospital, but he maintained that excess of space was a luxury, and should not be secured at the risk of sacrificing other requirements, or of inflicting serious injury upon them. In speaking of other matters connected with the welfare of patients, he took the opportunity of pointing out the improvement which had been made of late years in the diet of the patients, and especially in the system of nursing, and he passed a warm eulogium on the matron of the institution. He then proceeded to consider by what means the convenience of applicants and the admission of suitable cases might be secured. He showed from Mr. Whitfield's statistics of the places of abode of the in and out patients of St. Thomas's Hospital, last year, that the great majority came from within a circle round the hospital of two miles radius; and he argued, as well from this as on other grounds, that to meet the requirement it was essential that the hospital should be placed in the centre of a crowded district, near to leading thoroughfares, and, if possible, not far from one or two railway termini. He deprecated the plan that had been suggested, of dividing the hospital into two parts—one to be a receiving house in London, the other a hospital for convalescent and chronic cases in the country. He asserted that the receiving house would become a second or third rate London hospital, and that the country institution would lose its special character altogether; and he insisted, moreover, that such a division would necessarily destroy the place as a complete school of medicine. He contended that, if any division was to be carried out, it would be far preferable to make two London hospitals, to be placed in distinct crowded districts, than to carry into effect the scheme which had been proposed. He wished it to be distinctly understood that what he objected to was the division of the hospital, and not to any plan which might enlarge its sphere of usefulness. Hence he dwelt on the great necessity at present existing for sanatoria, and asserted that he should be glad to see established, in connection with St. Thomas's and other hospitals, institutions of this kind—not, however, to be created out of funds at present devoted to other purposes, nor at the expense or injury of that kind of benefit which hospitals at present dispense. He advocated, in furtherance of the objects of the hospital, the formation of outlying dispensaries, to be administered by officers appointed by the hospital, and to be provided with ambulances or other means of transit for the conveyance of accidents or cases of serious disease to the hospital of which the dispensaries should be the tributaries. He then made some remarks on special hospitals, and contended that if some of them were good and useful (as it was generally admitted that they were), it was impossible to draw any arbitrary practical line between those deserving our approval and those meriting our censure. It appeared to him that the proper way now of correcting any abuse in connection with them, was not to attack specially this or that particular institution, but to establish in the general hospital special departments in all those branches which special hospitals had now made their own. He considered that this plan would in nowise injure the better class of special hospitals, but that it would tend to the suppression of trumpery and quackish institutions, and would permit the mistaken charity which now supported them to revert to the older subscription hospitals, which so greatly needed and deserved it. He said that this plan was already in many hospitals carried out to some extent. The lecturer then proceeded to advert to two or three occurrences of the past twelve months. He drew attention to the establishment of the Grainger prize, which had resulted in the wish to give that gentleman a testimonial. He expressed his pleasure that Mr. Grainger's name would thus be perpetuated in the school of which he had so long been an ornament. He then adverted to the fact that Mr. Rainey had had a pension bestowed on him by Government, and he took the opportunity of extolling in high terms his moral and intellectual character, and of expressing his high regard for him as his old teacher and his friend. He finally alluded in a few feeling phrases to the death of the late obstetric physician, Dr. Waller, and concluded, amidst loud cheering, with a few words of advice to the students and thanks to the audience for their attention.

GENERAL CORRESPONDENCE.

IS ALCOHOL FOOD?

To the Editor of the Medical Circular.

SIR,—I beg leave to offer for consideration a few stray thoughts on the question of Alcohol as Food. Probably there is no substance that would of itself, without combination with other substances, sustain life in the human body for any length of time. Even bread would require something more than the saliva and gastric juice for the purposes of digestion, or in common language "to moisten the clay," if I may use a quaint expression having a special reference to alcoholic drinks, and which is more physiological in its meaning than at first sight appears. I would go so far as to suggest that the scriptural expression, "man does not live by bread alone," may be proved to be true as regards the body, and I venture to quote this because, though there may be, and are, "oppositions of science falsely so called," to scriptural truth, there cannot be in the scriptures, from their essential character, anything opposed to scientific truth, while there is I believe, more scientific information in them than some philosophers are aware of, or disposed to allow.

If, then, a combination of substances is necessary for food that will sustain life, and if that food requires to undergo a complicated process before it becomes assimilated to the blood, alcohol may be useful in the chemistry of digestion to a certain extent, not only by contributing its own elements, but by stimulating the action of the organs employed, and thus prove to be a direct and positive agent. It is, however, to its indirect or negative agency, that I wish more especially to refer. In addition to chemical combination, another condition is requisite in order to effect perfect digestion, and that is tranquillity both of body and mind, and that, too, both before and after a meal. It is well-known that active exercise taken immediately after food retards its digestion, and likewise if food is taken when the body is much fatigued, the organs of digestion, (themselves partaking of the fatigue), are not in a fit condition to perform their functions. Tranquillity of the mind is of equal importance to that of the body, and whatever conduces to restlessness of mind, whether the re-action of indigestion itself, or whatever else, such a condition is a hindrance to the perfect digestion of food, and the consequent nourishment and well being of the body. I may illustrate my argument by a passage from Shakspeare, whose large amount of common sense and uncommon intuition into every

phase of human character, enabled him to acquire no mean amount of physiological knowledge.

"Yon Cassius has a lean and hungry look,
He thinks too much—
Would he were fatter."

His thinking too much evidently hindered his digestion. But whether the leanness of Cassius was only an imagination of the poet, or not, the physiological truth remains the same. In this view of the subject it becomes an interesting question how far the use of alcohol may contribute to allay restlessness of mind, and, so indirectly promote digestion. In excess it would of course stimulate too highly, and increase the restlessness, but a moderate use of it has, I think, a directly sedative and tranquillising effect. Here again the expressions used in common life are not without their significance, and a glass of brandy-and-water just before retiring to bed is not unaptly or unscientifically called a "night-cap." The case of your correspondent 'VERAX' in last week's CIRCULAR would appear to indicate that the brandy-and-water combined with the laudanum acted as a sedative, and thus caused a gradual slackening of the wear and tear of the tissues of the body by diminishing the expenditure of the blood in the secretions and excretions, and the "life being in the blood," according to the infallible authority of scripture, it was by this means prolonged. According to this theory a moderate degree of smoking may be beneficial in giving a degree of repose to the digestive organs, and so assist the process of digestion. It is remarkable how little amount of solid food many poor fellows take who are in the habit of smoking. It is true that when there is much spitting with the smoking, indigestion may arise from depriving the stomach of the saliva, but that would only be the case probably when smoking is carried to excess. I am, &c., HENRY MEYMOTT.

Ludlow, September 28th, 1862.

ACADEMIC COSTUME FOR ST. ANDREWS.

To the Editor of the Medical Circular.

SIR,—I have been requested by Dr. Day to communicate to the Medical Journals information of the fact of the "Senatus" having recently assigned an academic costume to the Medical graduates of St. Andrews.

The costume is as follows:—The cap and gown for Bachelors and Doctors of Medicine are to be similar to those worn by Masters of Arts at Cambridge, and the gown may be made of silk or stuff, &c., at the option of the wearer. The hoods are also to be of the same shape as the Cambridge hoods, but of distinctive colours and materials. The M.B. hood may be made of either black silk or stuff, with an edge of purple silk two inches wide inside and outside. The M.D. hood, which is very handsome and elegant, is to be made of purple cloth, and lined with rose-coloured silk.

It is to be hoped that all St. Andrews' graduates in medicine will provide themselves with this costume, and wear it on all those public occasions where University men usually appear academically attired. They will thus indicate the nature of their degrees, and, by showing their colours, will prove that they are not ashamed of their connexion with the time-honoured University of St. Andrews. It is also desirable that at the next conferring of degrees, in December, all candidates admitted to that honour should appear in their proper academic costume.

Mr. Brown, tailor and robemaker of St. Andrews, will supply the correct costume, according to the regulations ot the University. Unless composed of the very best materials, it may be procured for a moderate price; a certain number of sets will most likely be kept on hire, for the use of those who do not wish to purchase.

I enclose my card, but prefer signing myself, yours, &c.,

Oct. 4th, 1862. M.D., St. Andrews.

Births, Marriages, and Deaths.

BIRTHS.

ADKINS.—On the 19th ult., at Yealmpton, Devon, the wife of J. E. Adkins, Esq., M.R.C.S., of a daughter.

BRUCE.—On the 28th ult., at Clifton villas, Maida hill, the wife of S. Noble Bruce, Esq., M.R.C.S., of a daughter.

FALLS.—On the 27th ult., at Bournemouth, the wife of W. S. Falls, L.K.Q.C.P.I., of a son, still-born.

FLEISCHMANN.—On the 28th ult., at Cheltenham, the wife of Alfred Fleischmann, Esq., M.R.C.S., of a daughter.

GARLAND.—On the 23rd ult., at Yeovil, Somersetshire, the wife of E. C. Garland, L.R.C.P.E., of a daughter.

MOSELY.—On the 27th ult., at Upper Westbourne terrace, Hyde park, the wife of B. E. Mosely, Esq., M.R.C.S., of a son.

MARRIAGES.

CREGEEN—PAGE.—On the 23rd ult., at the Parish church, Kirk Braddan, Isle of Man, by the Rev. Wm. Drury, Vicar, assisted by the Rev. C. Hill, M.A., Chaplain of Dalby, Dr. J. Nelson Cregeen, of Peel, to Miss Annie Page, of Derby square, Douglas, Isle of Man.

MEHEUX—HEATHCOTE.—On the 25th ult., at Lockhampton church, Cheltenham, Francis Meheux, Esq., M.R.C.S., of Southampton, to Carry Emily Heathcote, only surviving daughter of the late Captain Burrowes, formerly of the 8th K.R.I. Hussars.

DEATHS.

BICKERSTETH.—August 6, at Cape town, Africa, Henry Bickersteth, M.D., aged 49.

BUCHANAN.—On the 29th ult., Maryanne, wife of George Buchanan, M.D., of Gower street.

HARLE.—On the 26th ult., Thomas Harle, M.D., of Dalhousie street, Glasgow, aged 49.

HURT.—On the 26th ult., at Mansfield, Notts, Samuel Hurt, M.D.

JACKSON.—On the 30th ult., at Kew, Dr. John Jackson, aged 84.

RUTHERFORD.—On the 24th ult., at Sligo, Dr. James Rutherford, R.N., aged 84.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the ordinary general meeting of the Fellows held on the 30th ult., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—Edward Dalzel Dickson, M.D., Constantinople; and Reginald Edward Thompson, M.B., Upper Belgrave street.

Also, on the 2nd August, David Graham Miller, R.N., previously an Extra-Licentiate, was admitted a Member.

The following gentlemen passed the Preliminary Examination in the subjects of General Education, on the 24th ult.:—William James Guthrie Bedford; William Bell; William Jennings Burt; Thomas Beaird Burton; William Harris Butler; John James Fraser; Joseph Goodall; Walter Greene; Martin Heelas; Christopher Haynes Jenner Hogg; Arthur Gibson Jolland; David Linn; George Bowen Millett; Richard Frederick Nell; Joseph Channing Pearce; Frederick Tickell Prince; Robert Owen Pritchard; Richard Pughe; Richard Edward Hodgson Raines; James Francis Hamilton Richardson; Francis William Underhill; Osman Vincent; John Smith Wallbridge; Charles Humphrey Weld.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on the 25th ult.:—James Bathgate Dickinson, Howdon-on-Tyne; Alfred William Latham, Darlaston, Staffordshire; Frederick Little, Eye, Peterborough.

The following gentlemen also on the same day passed their first examination:—Charles O. Aspray, St. Mary's Hospital; John Hackney, University College; Edward Pope, London Hospital; F. J. Ryder, St. Thomas's Hospital.

ARTS.—The following lady and gentlemen passed the examination in Arts, and received certificates of Proficiency in General Education, on the 27th ult.:—Edward Bowles Crowfoot, Certificate of Honour; A. S. Argyll, Parkfield House, Heanor; C. J. Bennett, Winchcomb street; Robt. C. Beck, Islington; Wm. Bent, Manchester; Geo. Birch, Kingsland; Wm. P. Bridges, Cirencester; Edward Burchell, York; John Carless, Woolwich; Edward Carpenter, Lambeth; J. L. Cooke, Market-Drayton; Richard Cresswell, Lewisham; Edwin Doudney, Bristol; John Robt. Dunn, Warhleton; Thos. C. Eager, Ripley; Franklin A. Egles, Barcombe; Francis Ewbank, Ryde; Elizabeth Garrett, Manchester square; Jas. Hall, Bolton; Jas. Hickinbotham, Loughborough; Ridley Thos. Hilder, Woking; Chas. E. Howard, Linton; Edgar A. Jones, Lnvestry Vicarage; Chas. A. Keele, Londonderry; John Edward Kenyon, Doncaster; C. J. Langdon, Mecklenburgh square; Edward James Leverton, Truro; Wm. Bevan Lewis, Cardigan; John Lloyd, Abergele; Francis S. Mairisty, Leatherhead; Anthony H. Martin, Eversham; Alex. M'Gregor, Acton; D. W. Morris, Capel-Dewy: Alderson Newsam, Old Kent road; John Oakley, Shrewsbury; Wm. H. Peck, Finsbury square, T. L. Place, Wickham Market; Robt. Wm. Powell, Norwich; J. Price, Canonbury square; C. A. Robinson, Jamaica; F. W. Satzmann, Brighton; Robert Sephton, Culcheth; W. L. Shepard, Gray's-inn road; Geo. Wm. Smith, Grantham; Wm. Heath Strange, Streatley; F. H. W. Taylor, Bermondsey: Thos. H. Tidswell, Spalding; A. T. H. Trevor, King's College; Wm. Turner, Reading; Frederick Waterhouse, Bolton; W. J. Williams, Manchester; Walter O. Withers, Shrewsbury.

SMALL-POX IN SHEEP.—The small-pox in the sheep in the affected districts of Wiltshire has received a check. The local journals announce that no fresh outbreak occurred during the past week.

HOSPITALS AT PEKIN.—Dr. Lockhart continues diligently to prosecute his work at the Hospital at Pekin. He says:—"I have 300 and 400 patients a day—sometimes more; and on the hot days it is difficult to get through the work."

PRIZE FOR ESSAY ON THE MINERAL WATERS OF SCOTLAND.—The prize of twenty-five guineas offered by the Royal College of Physicians of Edinburgh, has been awarded to Dr. Murray Thomson. The essay contains numerous analyses.

MUTUAL RELEASE OF ARMY SURGEONS OF THE NORTHERN AND SOUTHERN ARMIES.—When the confederate army entered Winchester, the Union Hotel Hospital, with its surgeons and assistants (eight), its attendants, nurses, and inmates, all fell into

the hands of General Jackson as prisoners of war. They were immediately released upon their parole, directed to report themselves to the Secretary of War at Washington, with the request that a like number of medical officers of the confederate army should be released on the same terms, and to endeavour to have this principle established "the unconditional release of all medical officers taken prisoners of war hereafter." This generous act on the part of the confederate general was promptly met by the Secretary of War in Washington, and we have now to record one of the most pleasant features of this most deplorable war, that the medical officers of either army are since unconditionally released when taken prisoners, and to use the language of the 'Medical and Surgical Reporter,' "it is an important step towards the recognition of the surgeon upon the battle-field, not as a partizan or as a belligerent, but as an angel of mercy commissioned to meliorate the woes of humanity.—'British American Journal.

CHOLERA AT PEKIN.—According to the latest accounts, cholera is raging at Pekin.

INFLUENCE OF THE MOTHER'S MIND UPON THE FŒTUS IN UTERO.—Dr. Davis has a paper on this subject in the 'Nashville Medical Journal' for May. Dr. Davis is a firm believer in the development of abnormalities and inhumanities in utero through the influence of the mother's mind. He narrates a case known to him, in which a woman had been during her pregnancy frequently frightened by a horse. Labour came on in due time, "and the object of her labour was expelled lifeless." Dr Davis thus describes it:—"To the astonishment of the husband and all the attendants it proved to be, instead of a child, something like the shape of a horse. The head, ears, nose, neck, body, feet and legs were all as much like a horse as if it had been sired and foaled by that species of animal." The second case came under his immediate observation. The lady, during her pregnancy, had taken a great fancy to a monkey, and miscarried, at what period of her pregnancy we are not informed. Dr. Davis thus describes the expelled contents of the uterus:—From its neck it had the appearance of a well-formed four months male fœtus, while its head, mouth, nose, and ears resembled those of a monkey. Its left eye had no lids, but all the ball and membranes seemed to be as blue as indigo, all of which was covered by a thin transparent membrane. The right eye was not discernable.—'Philadelphia Medical Reporter.'

We think these cases fully matched by the following still more remarkable one, which has been fully verified, and in truth became afterwards the subject of an artist's pencil. A Chelsea pensioner, *both of whose legs had been shot off* at the fight at Trafalgar, under our immortal Nelson, determined upon perpetrating matrimony, and after narrating his

"Most disastrous chances
Of moving accidents by flood and field, &c."

to which his

"Desdemona did most seriously incline."

finally consummated the deed upon which his heart was set. In due time the pledge of their mutual affection made its appearance, but strange to tell, it was born with *two wooden stumps*, resembling those of its paternal progenitor to the minutest particular.—'Ed. B. A. Journal.'

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—This hospital is now nearly completed. It is raised in accordance with the scheme settled by the Court of Chancery. The cost of erection is partly paid from the funds of Watts' Charity, partly from those of St. Bartholomew's Hospital estates, and a portion of the building is paid for by the Government. It will contain eighty beds, a male charity-ward, a female charity-ward, an accident-ward, a dispensary, &c., and a Lock-ward. The most prominent feature in the edifice is a tower of four stories, which rises from the side of the central portion, and bears under its roof two slate water-tanks, which are capable of containing together 1,500 gallons of water. For building and furnishing the hospital the trustees have 16,000*l.* at command.

A SINGULAR hysterical panic occurred one day last week in a sewing school-room at Manchester. One of the girls suddenly went off into an epileptic fit, and almost instantly another girl was attacked by hysteria, and then another and another, until quite a panic prevailed,—altogether nineteen of the girls becoming affected in less than an hour.—'Guardian.'

EFFECTS OF FREEZING POTABLE WATERS.—M. Robinet, as the result of numerous experiments, states that, by freezing, the small quantities of calcarian and magnesian salts contained in potable waters are eliminated just as are the soluble salts from sea-water. The purity of the water thus obtained is such, when the freezing has taken place under favourable circumstances, that it may be frequently employed in place of distilled water.—'Bull. de l'Acad,' 1862, No. 16.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 8.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.—Hunterian Society:—7½ p.m. Council Meeting.—8 p.m. Dr. Daldy, "A Summary of the Cases of Heart Disease contained in the unpublished Records of the Society, with Remarks."

Thursday, October 9.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, October 10.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 11.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital 2 p.m.

Monday, October 13.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, October 14.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Theory of Vital Force, applied to the Cure of Disease. By E. Haughton, A.B., M.D., &c. London: John Churchill.

The 'Stethoscope,' No. 1.—The 'Medical Critics,' No. 8.—The 'Dental Review,' (October).

The Climate of Algiers in Reference to the Chronic Affections of the Chest. By Dr. Santa. London: H. Baillière, 219 Regent street.

On Military and Camp Hospitals, and the Health of Troops in the Field. By Professor L. Bandens. Translated from the French, by Dr. F. B. Hough. London: H. Baillière, Regent street.

NOTICES TO CORRESPONDENTS.

PATER inquires whether the new license of the College of Physicians confers the right of registration in surgery, as well as in medicine, with full right of practice, or whether it is necessary to take the diploma of the College of Surgeons also? This question is more easily asked than answered. The license certifies that the licentiate has satisfied the College of his proficiency in the science and practice of *Medicine, Surgery, and Midwifery*," and he is then licensed to practise "*Physic*." Does "Physic" include Medicine, Surgery, and Midwifery? So it would seem. We do not think that either the Medical Act or the Apothecaries' Act, would prevent a licentiate from practising surgery under his license; but whether he could hold public appointments as a surgeon, would depend on the recognition of the license by the particular Boards. The Registrar of the College would, no doubt, give you all the information you require upon your application.

J. S.—No.

A MEMBER OF THE COLLEGE OF SURGEONS.—We have not at hand the report of Dr. Esdaile's cases; but his operations were about 200 in number—all "rare and wonderful."

IATROS is thanked for his note.

Mr. HENRY S.—We have seen the work, but it would be unfair to express an opinion of it from the first issue.

A READER.—We are quite sick of the controversy about inductive and deductive, as applied to medical investigation, and do not believe that some of the gentlemen who talk at large upon the matter, very clearly understand it. It is a fashion that must not prevail in these pages.

CHIRURGUS.—The amount of space in any sick ward, whether for lunatics or others, should not be less than 1,000 cubic feet per head. We are aware that in many instances the cubic space is less, but this is inadvisable.

M.D.—1st. The degree cannot be registered.—2nd. No.

D. B. JOHNSON.—No.

Mr. WELCH.—Received.

A SUBSCRIBER.—Ipecacuanha is one of the best known remedies for dysentery. The discovery is a mare's nest.

Dr. ROBERTS is thanked.

To the Editor of the Medical Circular.

SIR,—Your answering the following questions in next week's number of the CIRCULAR, will greatly oblige Yours truly,

Desford, Leicester, Oct. 2, 1862. FRAS. GREEN, Surgeon.

1. Can a Board of Guardians legally appoint a Medical Officer to a parish, if that Medical man lives out of the parish requiring the medical officer; and refuse to give the appointment to a medical man living in that parish?—Yes; but there is an appeal to the Commissioners, should their regulations be infringed in any point.

2. Can a medical man, after being appointed, be turned out before the expiration of the term for which he is appointed?—Not arbitrarily. There must be some proved charge against him of misconduct.

Dr. CREGEEN.—Received, and attended to.

D. H.—Received with thanks.

ALUMNUS.—In prescribing a definite costume for the graduates of the St. Andrew's University, the Senatus have taken a wise step. It will have a beneficial effect in attaching the numerous graduates to the University. We are willing to believe that a great career is now open to this University. The town is one of the most interesing in the three kingdoms—full of archæological objects and associations, in fact, a museum of antiquities; it is healthy too, quiet, and admirably adapted to become a great Universitycity.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6294.

HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

Practical Remarks on Rachitis.

Three or four little girls over two years of age, who cannot yet walk, are at present inmates of Mr. Bouchut's wards. The inability to walk is one of the signs of rickets, the complaint with which children are affected. *Rachitis*, in Mr. Bouchut's opinion, is identical with *mollities ossium*, from which it differs only by modifications resulting from differences of age; but in childhood, as in the adult, the affection consists in a diminution of the earthy constituents of bone, followed in infancy by arrest of growth, and, more or less, considerable deformity.

The persistency of the fontanels and the tardy evolution of the teeth mark the incipient stage of rickets. The swelling of the joints and incurvation of the shaft of the long bones characterise the second stage, and complete or general rachitis is indicated by the accession to these symptoms of inability to stand and walk, with pain and softening of the bones.

The French expression *noué* (knotted), popularly applied to ricketty children, is accurately descriptive of their condition. The extremities of the bones which have become extremely porous, are crushed and weighed down by the superincumbent pressure of their shaft.

With regard to the anatomical changes observable in the osseous tissue, three periods may be recognised in rachitis, characterised by rarefaction, deformation, and condensation, or eburnation. Each period is marked by its peculiar symptoms, which are too well known to need repetition. Mr. Bouchut considers it important to discriminate idiopathic, from secondary or symptomatic rachitis. Some infants are born ricketty; the disease may be congenital, and independent of alimentation. The professor has observed two cases in point, in which, despite the *excellence* of the nurses, the wealthy circumstances of the parents, country air, and the most favourable hygienic conditions, rickets appeared in their most unmistakeable form. Secondary rachitis can be induced at will. Chossat produced the affection in pigeons by feeding them with substances destitute of calcareous constituents, the effect of this nutriment being to render the bones gelatinous. Mr. Jules Guérin, it is a well-known fact, developed the disease in young dogs by separating them from their mother and feeding them only on bread and meat, in a dark room.

Rachitis generally appears between the third and fifteenth month, and chiefly results from the exhibition of *inappropriate* food. The child receives what is called too strong nourishment, suitable to a less tender age. Infants should take the breast for the first twelve or eighteen months, and from the fifth or sixth month, milk and vegetable-soup may also be permitted. But it is only in the second year that azotised substances should be administered, and even then be associated with milk, which for the first two years of life is the proper basis of their diet. Rickets can, in general, be traced to ignorance or neglect of these rules. Habitation in cold, dark, and humid dwellings, deterioration of race, the absence of sufficient care, acute disease, promote the development of rachitis; but the causes which operate most powerfully on its frequent production are especially noticeable among the Paris tradespeople, who send their children to be reared cheaply by peasant-women in the country, where the absence or insufficiency of good milk, premature weaning, and indigestible food, consisting of milk-porridge, ill-cooked vegetables, farinaceous diet, and stringy veal or beef, soon disturb the gastric functions, give rise to chronic enteritis, impair the nutritive process, and bring about the most fatal consequences. In many cases, indeed, where the disease has made but little progress, a return to more wholesome nutriment, such as milk, pap, vegetable-soup, eggs and butter, combined with the action of good air and exposure to the sun, have alone effected a cure.

Under all circumstances, the treatment of rachitis must have a twofold object—viz., to arrest the progress of the softening of the bones, and to take all the precautions calculated to avert permanent deformity.

In young children at the breast, it is sometimes proper to change the nurse for one presenting all desirable qualities, and the infant should be suckled up to the age of twelve or fifteen months. Cow's milk, milk soups, panada, a little sweetened wine-and-water should be exhibited in addition to the nurse's milk, and neither broth nor meat-soup be allowed, these articles of food being more appropriate for older and stronger children. It is further necessary to place the little patient in good air, and to expose him to the sun. Appetite will thus be restored, together with the functional activity and vigour of the system, which can never be acquired in the shade, or in the confined and often tainted atmosphere of an apartment.

Cod-liver oil must be viewed as the true specific of rickets. Of all the remedies supplied by the Materia Medica, this is undoubtedly the most efficacious for the cure of the disease under consideration. It promptly checks the morbid changes of the bones, and children who could neither stand nor walk without pain, are sometimes enabled by its use, in the course of three weeks, to walk from chair to chair without any sign of distress. The temper undergoes corresponding improvement; sadness and melancholy are replaced by a desire for amusement and play. Mr. Bouchut exhibits the oil in half-ounce doses, and gradually increases this amount to an ounce, an ounce and a-half, and even two ounces, whether it be taken pure, or mixed with twice the amount of simple syrup. Mr. Bouchut agrees with Professor Trousseau in preferring the brown to the pale oil, which cannot be depurated without injury to its therapeutic virtues. If cod-liver oil is unattainable or rejected by the stomach, dogfish or skate-oil, oil of almonds, poppy oil, butter and cream, are useful substitutes. Mr. Bouchut has also found benefit from the administration of the fat of ham, of milk, and of goose-grease.

Phosphate of lime in doses of one, two, and four grains four or five times a day, has also been prescribed in this affection, on grounds purely speculative, and with the object of restoring to the bones the calcareous substance wasted by the complaint. The human system does not, however, always accommodate itself to this kind of treatment, and disease persists despite the most ingenious surmises of the chemist. The remedy may nevertheless be tried, and in order to facilitate its absorption, Mr. Bouchut recommends that the phosphate be associated with the carbonate of lime as follows:

℞ Calcis carbonat., ʒij.;
Calcis phosphatis, ʒj.;
Saccholactin, ʒiij.

M. About thirty grains to be taken with each meal.

The muriatic acid supplied by the stomach, and the lactic acid of the saccholactin, combine with the lime, while the albuminous salts contained in the food increase the solvency of the phosphate.

Daily baths of a quarter or half-an-hour's duration, in water containing from one to three pounds of bay-salt, are also a useful accessory of the treatment.

With regard to the deformations, the children should not be permitted to walk while the bones are still soft, but be allowed to roll on the gravel or carpet. In bed, the limbs should be stretched in the metallic wire cradles which have lately come into common use, or be merely encased in pasteboard splints supported with a roller. When a cure of rachitis has been effected, any attempt at straightening would be injurious, and in this respect, the practitioner should not forget the precepts laid down by Boyer, Richerand, and Astley Cooper, who absolutely reject all mechanical interference with deformed limbs during the stage of eburnation.

MEDICAL CORRESPONDENCE.

ART. 6295.—POPLITEAL ANEURISM CURED BY FLEXION.—The treatment of aneurism by flexion of the extremities is possessed of so attractive a degree of simplicity, that we cannot resist the temptation of recording its successful applications, and of offering our congratulations to the skilful observers with whom the method has originated. We are, therefore, happy to reproduce the following letter, especially as the case related therein having been confirmed by results attained in England, cannot be looked upon in the light of an exception, destitute of practical interest:

"SIR,—The June number of your Journal contains (ART. 6246) an appreciation of Mr. Hart's paper on the treatment of aneurism by flexion of the extremities. I take the liberty of forwarding an abstract of a case of popliteal aneurism in which I was so fortunate as to effect a cure by this method; the full particulars were published at the time in a scientific periodical, which has been since discontinued, the *Echo Médical*, of Neufchâtel.

"In the month of June, 1857, I was requested by my friend, Dr. Chossat, to visit with him a gentleman in whom he had discovered the existence of aneurism of the popliteal artery; the case, in his opinion, called for active surgical interposition. The patient was a man, aged sixty-one, who for some months had been affected with a gradually increasing and painful tumour in the left popliteal space. A swelling, somewhat larger than the closed hand, occupied that region a little above its middle; it was the seat of distinct throbbing and expansion, souffle was present, and pressure exercised on the femoral artery over the pubes caused the pulsation, expansion, and souffle to cease without, however, in any perceptible degree diminishing the size of the tumefaction; no doubt could, therefore, exist as to the nature of the case.

"I remarked while imparting certain movements to the leg, that the pulsations became less distinct in proportion as I increased the degree of flexion of the extremity, and I ascertained that, when the knee was bent to the utmost, the throbbing and souffle entirely ceased. This circumstance which I repeatedly noted, suggested the idea of thus arresting the circulation in the aneurism before attempting any operation. I therefore caused an apparatus to be constructed in the shape of a leather cap, laced at the side in order to enable the surgeon to increase gradually the constriction, and destined to fix the leg and thigh in a flexed attitude; its shape resembled that of the paper which envelopes a loaf of sugar.

"This very simple apparatus was found unendurable by the patient. After two days, he declared that he preferred death to the torture inflicted on him, and especially complained of the necessity of absolute immobility in bed. Being, however, reluctant to relinquish an experiment from which I expected good results, I prevailed on the subject to modify as follows the arrangement of the bandage intended to secure a sufficient degree of flexion of the limb: The entire leg was placed in a sort of long stirrup constructed with a small table-cloth, supported by a strap which rested on the opposite shoulder, and the patient was directed to keep his knee as much bent as possible, to move as little as he could, and on no account to remove the dressing at night. These orders were strictly complied with; he left Geneva, and returned to the country, where he faithfully kept on the apparatus for eighteen or twenty days and nights. In a few days he observed a marked decrease in the pulsations of the tumour, and when the stirrup was removed altogether, they had entirely ceased. During the treatment he had moved about in his apartment like a man recovering from amputation. The tumour gradually diminished in size, and when I again examined the case on the 12th of June of the ensuing year, I found in the popliteal space naught but a hard nodus of the size of a pigeon's egg, in which no throbbing was perceptible. A complete cure had evidently been effected.

"The above is a brief abstract of the case. I make no doubt that Mr. Hart was entirely unacquainted with it, and that he, perhaps, was unaware even of the existence of the *Echo Médical*, in which the fact was recorded in September, 1858, twelve months previously to the publication of his own memoir on the subject. A comparison of dates settles, however, indisputably in my favour the question of priority, and shows that the first cure of a popliteal aneurism by flexion of the limb was not effected in England.

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ART. 6296. THE ALKALINE TREATMENT IN RHEUMATIC FEVER.—As a supplement to our recent remarks on the efficacy of the alkaline treatment in rheumatic fever, we present our readers with a few extracts from a paper forwarded by Dr Charcot to the *Gazette Hebdomadaire:*

Mr. Charcot states that Dr. Vulpian, and himself jointly, undertook at the Hôtel-Dieu, and at Lariboisière, a series of experiments with a view of testing the results obtained by Messrs. Garrod, Dickinson, and Jaccoud. The rules laid down by Mr. Garrod for the exhibition of the alkaline carbonates were complied with. But instead of the bicarbonate of potash recommended by the London Professor, these gentlemen had recourse to the bicarbonate of soda. The following was the prescription:—

℞ Sodæ bicarbonatis, ℥j.;
Aquæ, Oij.

For a solution, six table-spoonfuls to be taken every two hours, day and night. The dose was increased to an ounce and a quarter in severe cases. The treatment was entered on immediately on the admission of the patient, or the next morning, and was uninterruptedly persevered in throughout the entire duration of the illness, and even for two or three days after the entire cessation of the fever and articular pains.

Seventeen cases (men 5, and women 12) were thus treated for rheumatic fever by Messrs. Vulpian and Charcot; in all, several joints were affected. In most instances, the intensity of the disease was moderate, but in four the symptoms were remarkably violent. In all, the duration of the rheumatism appears to have been notably abridged, and averaged 12 days in the milder cases, the alkaline treatment having been continued for five or six days, and three weeks in the worst cases, in which the treatment occupied 12 or 15 days. Messrs. Vulpian and Charcot bear witness, moreover, to the perfectly harmless character of the medication, whatever the dose of the remedy.

Although the taste of the medicine is far from pleasant, yet it was taken without much repugnance, and caused no vomiting or diarrhœa. It rapidly imparted alkaline reaction to the urine, and the amendment of the symptoms steadily kept pace with the gradual saturation of the system. In none of the patients were any cardiac complications observed, and convalescence was rapid, although the considerable loss of flesh noticed in many instances after the protracted use of alkaline compounds was here distinctly apparent.

Mr. Charcot, in conclusion, states that, in a recent visit to London, he witnessed in Mr. Garrod's wards the simultaneous exhibition of sulphate of quinine and of bicarbonate of potash. This combination, doubtless, produced the best effects; but as the doses of quinine prescribed appear to have been large, we do not clearly discern the utility of the association, sulphate of quinine, with the sole drawback of expense, being pre-eminently the most efficient remedy in rheumatic fever.

ART. 6297. POLYPI OF THE URETHRA IN THE MALE SUBJECT.—Although more frequent in the female, polypus of the urethra also occurs in the male subject, and has carefully been described by Mr. Velpeau. "Man," says the Professor, "is also liable to this kind of polypus, two specimens of which are in my possession, one consisting of three small excrescences, barely equal in size to a barleycorn, and the polypi are much smaller in the second instance, which I observed in the case of a young Englishman. They all were inserted close to the meatus, and no relapse took place after their removal by excision or crushing. . . . ." (*Operative Surgery*, second edit.) A third instance has been related to the Society of Surgery, by Dr.

Beyran, and its particulars are recorded in a recent number of the *Union Médicale*.

The patient was a young man, aged twenty-six, who had never been affected with venereal disease, but who presented the condition usually termed hypospadias. Up to the year 1860, the excretion of urine had been perfectly free, but at this period it became gradually more and more difficult. As stricture was suspected to exist, bougies were introduced, but with no other effect than to add severe pain to the obstruction. The treatment was merely confined to baths, and matters were *in statu quo* when, in February 1861, Mr. Beyran examined the case, and discovered, besides the unnatural situation of the urethral orifice, a perforation of the duct at a short distance from the meatus, lined internally with soft, scarlet, and highly vascular granulations, of the size of a pea. They bled on the slightest contact, and were attached to the mucous membrane by an extremely narrow pedicle. They were four in number two on each side of the aperture. A probe was inserted with some difficulty into the perforation, and reached the meatus, which was also obstructed by the presence of three polypi, of the size of a barleycorn. The passage of urine was naturally much impeded, and the patient complained, in addition, of severe pain in the perineum and rectum during erection, and more especially during ejaculation, which took place slowly, and through the accidental aperture.

When these polypi are, as in the present instance, accessible to instruments, the proper treatment consists in excision with curved scissors, followed by reiterated cauterisation with nitrate of silver. The operation was thus performed by Mr. Beyran, and the duct was dilated by means of flexible bougies smeared over with the following pomade, which, in his opinion, is possessed of special efficacy in cases of the kind :—

℞ Calomelanos, Sabinæ pulv., Adipis, ℥ij. M. } ā ℈ss. ;

The bougies, varying in diameter from two to three lines, were for three days in succession inserted and left for twenty minutes in the urethra. On the fourth day cauterisation was resorted to. These measures were persevered in for a month, when the duct was found to have been effectually cleared of all obstruction, and Mr. Beyran then directed his attention to the treatment of the fistula, the management of which presented, as usual, considerable difficulty. However, in the course of another month, by dint of paring of the edges, of superficial cauterisation, and the use of large catheters, the aperture was reduced to a mere point, which barely admitted the blunt extremity of a probe.

Art. 6298. Utility of the Exhibition of Opium after the Operation for Strangulated Hernia.—The *Gazette des Hôpitaux* supplies us with the following remarks on the utility of small and repeated doses of opium in the after-treatment of strangulated hernia :—

Surgeons are in the habit, after the operation for strangulated hernia, of exhibiting castor-oil, or a saline aperient, in order fully to re-establish the freedom of the passage. This practice seems rational ; yet Mr. Démarquay and Mr. Monod advocate a totally different line of conduct, and present serious arguments in opposition to the system generally adopted.

Immediately after the operation, one-sixth of a grain of extract of opium is exhibited to the patient, in the shape of a pill, and the dose is repeated every hour for ten hours. Under the influence of the remedy, sleep soon follows, unless complications not directly connected with the incarceration, such as peritonitis, supervene and disturb the natural progress of the case. These remarks refer, of course, only to those instances in which the operation has been performed under favourable circumstances.

On the following day, if a natural motion has not taken place, a simple enema is resorted to, and the opium pills are resumed ; chicken-broth and some pleasant luke-warm diet-drink are also prescribed.

This treatment is persevered in on the third day; on the fourth a bottle of seidlitz water (containing 1½ oz. of the aperient) is administered in half tumblers every half-hour, until the bowels begin to act.

Two women were recently treated in this manner by Mr. Démarquay with much advantage ; both were suffering from incarcerated femoral hernia, and were operated on, one in hospital, the other in town. No complications, nausea or vomiting supervened ; the amount of fever was moderate, and in a few days food was readily digested, and the wounds healed.

The following are Mr. Demarquay's objections to the old practice : the patients in whom the operation is required have already suffered for a more or less protracted period, the most severe distress, fever, vomiting, and abdominal pain. The vital powers may have been so exhausted as to cause considerable refrigeration of the system, a fact which Mr. Démarquay has ascertained with the thermometer in the human subject, and in animals by direct experiment, and ligature of the intestine. Now an aperient exhibited under these circumstances is often taken with reluctance, and may induce nausea, vomiting, and some of the symptoms consequent on intestinal strangulation. The medicine, moreover, a portion of which is retained in the digestive tube, causes peristaltic and anti-peristaltic action, when the most perfect repose of the abdominal viscera is needed ; moreover the convolution which so recently suffered from pressure, and from the manipulations of taxis, cannot but have lost a portion of its strength and contractile power ; it admits with difficulty of the transit of the contents of the small intestine. Hence other morbid symptoms which the surgeon, in his natural anxiety, may refer to peritonitis, or internal obstruction.

When, on the contrary, the purgative is not rejected by the stomach, it often induces in the aged, aperient effects of the most injuriously debilitating character.

Art. 6299. Gonorrhœa ; Tar-water. Anæsthetic Action of Bromide of Potassium on Mucous Membranes. —The *Archives Belges de Médecine Militaire* relates several cases of gonorrhœa, in which, after the usual remedies had proved inefficacious, Mr. Riemslagh, a military surgeon, resorted with the greatest benefit to the exhibition of eight or ten ounces of tar-water daily.

The results obtained by the exclusive administration of this remedy exceeded the anticipations of the author. From the very first day, marked improvement was observable, the pain decreased, the desire to pass water became less frequent, and a smaller quantity of puriform matter was found in the urine. In the course of a week, a complete cure was effected ; no other treatment was employed, nor was any change made in the diet of the patients.

Some of the men under treatment for gonorrhœa, suffered from painful erections, which yielded in a singularly prompt manner to bromide of potassium (15 to 30 grains), taken in two or three doses in the evening at intervals of one hour. The tendency to erection subsided, or at least the concomitant pain was removed.

It is a remarkable fact that the anæsthetic effects of this drug are not confined to the mucous membrane of the organs of generation, but are observable on all the mucous surfaces of the body. It has already been ascertained that common sensation is so powerfully deadened in the fauces by the use of the remedial agent, that Mr. Guersan and other surgeons have had recourse to it in order to facilitate the performance of staphyloraphy in children. But the same singular phenomenon may also be noticed on the mucous linings of the nose and eyes, special sensation being at the same time preserved, at least according to Mr. Riemslagh. This gentleman relates a most interesting case which will doubtless lead to numerous applications, in which the most complete anæsthesia of the conjunctiva was obtained with the assistance of bromide of potassium.

The patient was a soldier of the 1st. Regt. of Infantry who had been wounded in the face by the discharge of a pistol. An immense number of particles of gunpowder had penetrated into the skin of the face and eyelids, into the conjunctiva, and even into the sclerotic membrane.

Mr. Riemslagh exhibited the bromide in the evening, and next day the insensibility of the conjunctiva was so perfect, that the membrane was touched, raised, partially removed, and

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"The tumour gradually increasing in size, he was sent by a medical man in Montreal about a year ago to the Montreal General Hospital. At that time the tumour was circular in outline, presenting a sharp apex; the surrounding skin was slightly elevated, and seemingly on the side of the tumour a second small elevation was observed, which soon grew to a considerable size.

"While in hospital, various plans of treatment were pursued, without diminishing its bulk, and on being explored, about half a pint of brownish-white coloured fluid exuded. The wound soon healed, leaving the tumour about the same as on admission.

"He now left the hospital, and felt no apprehension till about five months ago, when the tumour began suddenly to increase, and he sought re-admission on account of sudden hæmorrhage from the surface of the tumour while working. He called on one of the surgeons of the 47th regiment, who stopped the bleeding. Since last year, the tumour has altered much in shape and size. It is about the size of an ordinary cocoa-nut, of an irregular nodulated shape, and having a dusky red mottled colour, occupying the dorsal aspect of the hand, with the exception of the ring and little finger; it is quite moveable, soft to the touch, and on the upper and dorsal aspect there is a slough about the size of an English shilling. When the hæmorrhage took place, he suffered pain, especially when pressed or much moved. There are no glands enlarged in the axilla. A consultation being called, amputation was deemed necessary. Dr. Reddy, assisted by Dr. Fraser and Dr. R. P. Howard, performed the circular operation, about three inches above the carpus; few vessels required ligature. To-day, August 11th, the stump is progressing most favourably. There has not been any unfavourable

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To these I may add a case communicated [illegible] of Egremont, one of the shrewdest practitioners I k[illegible] none of the vidual was a man in the middle class of life, living with[illegible]va... For seven months he had been unable to take food, and had subsisted entirely on spirit and water—the authority for the statement being the man himself and the wife; he was apparently in good health and good condition.

"Having got thus far, it became necessary to ascertain whether, when an individual was in a state of debility, irrespective of fever or other disease, alcohol had any real restorative power capable of comparison with the use of appropriate food to a famished man. The following gave me the requisite facility:—I had under my notice two families, in which the children were particularly delicate, and very small eaters: whenever they began to grow rapidly, their appetite failed entirely, and this was followed by symptoms of cerebral exhaustion, and in one instance by convulsions. Under such circumstances, I have myself administered such food as bread-and-milk, milk, custard, beef-tea, and arrow-root, and have had it vomited back again over my hand. The same have been tried as enemata without any definite result. After these things have been duly tried, in deference to maternal prejudices, recourse has been had to brandy-and-water, or other form of alcohol, and the effect has been immediate, the same results following as from a meal under ordinary circumstances; disordered secretions return to their healthy state, fretfulness disappears, the natural sleep is re-established, the hot head cools, the spirits revive, the soft flesh becomes firm, and in a few days the natural appetite returns. Now, as this occurs repeatedly, and without any change of air or any other circumstance to account for the improvement, we are logically

Beyran, and its part inference that the improvement is caused by the *Union Médicale*

The patient was d two other cases, on the authority of Mr. Nisbet, never been affec e *Theory and Practice of Medicine.* In the one the condition u smus subsisted for three months on sweet whisky- 1860, the excret and ultimately recovered. In the other, Scotch this period it b article of food, taken for a fortnight; the child stricture was st t period recovering his appetite for other food. with no other emained the question whether the alcohol imbibed The treatment s the system unchanged, or became converted into *in statu quo* w as other food is. To test this I looked about for the case, and d mother, living solely upon one form or other of urethral ase I have mentioned above, the following is

I d myself a lady patient who was on two different occasions from e verge of *delirium tremens*, and I gained an intimate know- vas e of her habits from personal observation, from the reports of slig husband, of mutual friends, residing occasionally in the house by a her, of her mother, of her sisters, and of her nurse. She two about twenty-five years of age, handsome, florid, and inclined to *mvonpoint*, of very active habits, yet, withal, of delicate constitution, being soon knocked up. She had two sons in succession—the largest infants and children I ever saw, and apparently strong and sturdy. She was a devoted mother, and nursed them in every sense of the word. As they gradually increased in size and weight, she became daily more and more exhausted, her appetite entirely failed, and all food was loathed; she subsisted then wholly upon bitter ale and brandy-and-water, still keeping up her flesh, her good looks, her nursing, and her activity. This lasted about twelve months, at the end of which time the nervous system was thoroughly exhausted; yet, as in persons with scurvy, or purpura, there was no emaciation, nor was there absolute prostration of muscular power. Of course, it may be alleged that solid food may have been surreptitiously taken; but this is an objection scarcely worth repelling, for where solid food of all kinds is loathed, detested, and shunned, far more than the most nauseous medicine would be, it is not very likely that it would be secretly sought for; and even if a bit of something were to be taken occasionally, the quantity must have fallen very short of the amount necessary to keep up life and bulk without other assistance.

"It follows, therefore, either that the children lived on beer and brandy, or that ale and cognac help to make milk.

"To this line of inductive argument, it is opposed:—1. Alcohol is found in the breath unchanged, and what passes unchanged out of the body cannot be assimilated. 2. Alcohol is only a stimulant. 3. That it helps to conserve the tissues from decay. 4. The brilliant theory of our editor, that it assists in the integration of tissue—hence increases the lymph, and consequently the amount of blood.

"These arguments are absolutely worthless. 1. Water, the greatest necessary of life, passes out of the body unchanged, so does a portion of bread, oatmeal-porridge, and potatoes, cabbage, and the like. 2. If alcohol were only stimulant, why not use turpentine, or cayenne, as a substitute? 3. If it conserve the tissues from decay, how is it that a glass of ale after a long walk should make one sweat, and a glass of whiskey or gin and water make us micturate? 4. If it disintegrate our tissue, as we know that food builds them up, it must follow that a glass of wine at dinner must neutralise the effect of beef, and the more liquor a man drinks the more he must eat.

"The question before us is one of fact, not one of prejudice. As doctors, we ought to have no feelings; still less should we allow ourselves to be so far advocates, as resolutely to shut our eyes to one set of facts, because they do not tally with our preconceived notions.

"We readily allow that men abuse alcohol to a great extent; but we must not therefore attempt to annihilate its existence. We should as soon think of making all men eunuchs, because of the vice shewn up in Sir Cresswell Cresswell's court.

"But, lest we indulge ourselves too much in this strain, let us finish by a summary of the facts we have elicited.

"1. Nature has provided in the salivary glands—the liver—and the lungs of every mammal, an apparatus for converting all food, especially farinaceous, into alcohol; and we have no evidence that such conversion does not take place.

"2. One form of alcohol or another is available for the support of life—and for restoration to health when no ordinary food is or can be digested.

"3. Alcohol, after being taken, is incorporated with the blood, passes into the various tissues, and ultimately disappears—a small portion only passing away in the breath. We can say no more of bread, potatoes, or oatmeal porridge, a small portion of each of which passes out of the body with the fæces.

"4. Alcohol, in the form of ale, porter, wine, &c., relieves hunger and quenches thirst simultaneously, and with a completeness that is not equalled by water, infusion of gentian, cayenne pepper, or by turpentine—*i. e.*, it does not act as water simply, or as a stimulant alone.

"5. Wine, beer, &c., satisfy the appetite when taken alone, and act for the time like any solid food would do.

"6. When alcohol is mingled with other food, a less amount of the latter suffices for the wants of the system, than if water had been used as the drink.

"7. The various forms in which alcohol is taken, have as marked and specific effects as have animal and vegetable articles of diet.

"Individuals have subsisted wholly upon one or other of the various forms of alcohol in common use for periods of great length; and, as it is illogical to conclude that they must have lived on air without food, or on flies like chameleons, the conclusion is irresistible.

"What that conclusion is, we fearlessly leave every thinking man to decide."

Dr. KIDD communicates to the same journal an article headed *How to Prevent Chloroform Accidents.*

The 'American Medical Times' (Sept. 6). This periodical contains, among other articles, a continuation of Dr. JACOBI's Lectures on *Dentition and its Derangements*, from which we have already made extracts. We quote from the same journal, the following interesting article on the *Effects of the Fungi of Wheat in the Production of Measles:*

"Dr. J. H. Salisbury, of Newark, Ohio, has contributed a very interesting paper on the connection of measles with the inhalation of the spores and cells of wheat-straw. After some general remarks on the character of vegetable fungi, he relates the following case:—

"Hon. J. Dille, of Newark, Ohio, came to my office on the evening of the 9th of December last, and stated that he was just recovering from what he believed to be an attack of measles. It was his opinion he had caught them from pitching straw from an old stack. He stated that, on December 4th, he pitched from an old stack a load of straw, and unloaded it in his stable. Portions of the stack had become partially decayed, and were already steaming with the heat of incipient decomposition. In pitching over and picking out the best straw, the air became filled with a fine dust, which he freely inhaled. The dust tasted and had the odour of old straw. This took place during the forenoon. His throat soon began to feel dry and irritated. When he retured to dinner, he could taste and smell the old straw. This taste and smell he could not get rid of. During the following night he awoke with a very sore throat, which became much worse by morning. After getting up and dressing, he was taken with a severe chill, with pains in the head and back, and felt so sick and prostrated that he was compelled to return to bed again, where he remained through the day. The chill was followed by a high fever and severe pains in the head, so much so that a portion of the time he was delirious. He felt a heavy congested feeling about the chest; his throat and fauces were swollen and inflamed, with severe catarrhal symptoms. An eruption like that of measles appeared on his face and neck, and the *old straw* taste still continued. His fever continued high through the following (Thursday) night, with severe pains in the head.

"Friday, December 6th, he felt much better, and was able to be up around the house. The fever and catarrhal symptoms had partially subsided. His eyes were sensitive, watery, and inflamed.

"Saturday, December, 7th, felt much better. The eruption had passed downwards over the whole body, and had begun to disappear from the face. He rapidly recovered, so that on Monday, December 9th, he was moving about the streets. On the evening of the 9th he called at my office. His eyes were still red, inflamed, and sensitive; throat sore, dry, and voice hoarse, and had a heavy congested feeling about the chest. The blotches on his face could be faintly distinguished. He stated that he could still taste the old straw in his throat.

"On the same day (Dec. 4th) that Mr. Dille exposed himself to the straw dust, the measles first made its appearance in the military camp at Newark. It is interesting in that connection to take into account the following facts:—From the 23rd to the 30th, the weather was cool and damp, with considerable rain and snow. On the 1st of December, snow fell to the depth of an inch; on the 2nd inst., the weather became warm, and the snow melted. Again the bedticks for the soldiers to sleep upon were stuffed with straw and near a fire. Here were present all the conditions requisite for the formation of mould upon the straw—viz., organic decomposition, heat, and moisture, and here were also visible the effects of the exposure of the men to such influences—nor could the disease be traced to any other source, The men came from different parts of the country, and had neither been exposed previous to enlistment, nor afterwards, to the contagious influence of the disease.

"On the first day of the appearance of the fever, there were eight cases, and within a week after there were forty. The disease then disappeared for ten or twelve days from its first appearance. Between the fourteenth and fifteenth day the disease again appeared, due no doubt to the exposure to contagion. Dr. Salisbury asserts

that in almost every instance where camp measles exists, the beds of the soldiers will be found filled with straw. As further illustrating the effects of the inhalation of the dust of wheat-straw, several farmers stated at a recent meeting of the 'Farmers' Club' in that place, that it was very common after threshing wheat for persons to be taken with severe chills, followed by a high fever, catarrhal symptoms, and an eruption upon the face.

"With these observations before him, Dr. S. deemed the subject one for further investigation, and accordingly procured the fungous growth of wheat, and the dust rising from them when agitated, for microscopical examination. The straw used for this purpose was taken from the camp beds, from Mr. Dille's stable, and from stacks in the field. The mould consisted of cells, spores, and sporangia, each element existing in greater or less quantity, according to the amount of decomposition which the straw had undergone. He then took clean white straw, free from fungi, packed it firmly in a small wooden box, wet it with a small amount of cold well-water, and placed it with the lid firmly secured near the stove in his office, subjected to a temperature of from 60 deg. to 75 deg. Fahr. Twenty-four hours after, the box was opened, and the centre of the straw was found covered with a mould, and when the mass was agitated, a fine dust of spores and cells was disengaged. This, when inhaled, had the odour and taste of old straw. Again the straw was moistened and subjected to the same influences for forty-eight hours, with the effect of increasing the formation of the fungi, and rendering the portion of sporangia greater. The doctor then conceived the idea of inoculating himself, and makes the following statement of its effects:—

"At 10 o'clock p.m., Feb. 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat-straw, which I obtained by placing a straw—covered with the plants—on a plate of glass, and hiting it with a few slight taps. On removing the straw, under and both sides of it was a white cloudy band, about one-third of an inch wide, running across the glass. These spores and cells lay so thick on the glass, that to the naked eye they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope, the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

"Wednesday, Feb. 12th, perfectly well. No inflammation or itching around the point of inoculation.

"13th. Slight nausea. A very slight redness and itching at inoculating point.

"14th.—Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

"Saturday, Feb. 15.—Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflammed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a cold.

"Sunday, Feb. 16.—Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflammed, and sensitive; smart, so that I cannot use them to read by gaslight. Whole scalp feels sore, with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

"Monday, Feb. 17.—The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

"Tuesday, Feb. 18.—Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

"Wednesday, Feb. 19.—Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well."

"A second inoculation of himself on the evening of the day of recovery produced no effect save a slight sensitiveness of the eyes. Next his wife was inoculated, and substantially the same constitutional symptoms were produced. He next inoculated a healthy boy, six years of age, who had been exposed to measles by contact with the disease. The fungi were grown in the office, and were introduced under the skin seventy-two hours after exposure. On the second day, there was redness of the skin about the size of a dime. This was preceeded and accompanied by slight catarrhal symptoms. These subsided without any bad effects. In the course of ten days he was perfectly well, and at the time of reporting the case forty-two days had passed, and no signs of measles had yet made their appearance. This procedure was adopted in thirteen similar cases with like results.

"The inoculation produces a simples measle-blotch aronnd the wound, and is only attended with a slight itching sensation. Dr. S. makes the following remarks in conclusion:—

"I have not been able to distinguish thus far any difference between the eruption and attendant symptoms of genuine measles and 'camp measles,' or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measle-blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results, makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

"This matter, however, requires further investigation before fully reliable statements can be made.

"To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion, of measles, can only be settled by careful and extended experiments."

The 'Lancet' contains an article by Dr. R. Hutchinson Powell, on the *Practice of Thoracentesis in Serous Effusion into the Pleura.* A case is reported in which this operation was successfully resorted to.

Dr. Abbotts Smith makes some observations in the same Journal on the *Employment of Glycerine in Diseases of the Eye.* He remarks:—

"The application of *pure* glyceriene, uncombined, is decidedly advantageous for the prevention and removal of the hard crusts produced by irritation, which are occasionally closely adherent to the eyelids in ophthalmia, which disorder they consequently tend to perpetuate.

"In ectropion, and in cases of partial loss of the eyelashes, glycerine forms an agreeable and efficient application; and it will also be found similarly useful in epiphora, and in any other superficial diseases of the eye, which are dependant upon diminished secretion by the Meibomian glands. Amongst these may be especially mentioned the peculiar condition of the conjunctiva, to which Von Ammon gave the name of Xerosis Conjunctivæ, in reference to the dry, cuticular appearance of the eyeball, and which is most commonly met with in persons of scrofulus diathesis who have long suffered from chronic ophthalmia. The free play of the eyelids upon the front surface of the eyeball is preserved by the topical employment of the glycerine; and the tendency to symblepharon, or to an uncommfortable temporary adhesion of the eyelids, which occurs after sleep, is counteracted.

Unctuous applications are always preferable to watery solutions in ophthalmia, both because they are not so readily washed away by the tears, and because they more closely resemble the natural greasy secretion of the Meibomian glands, by which the conjunctival surface is lubricated in the healthy state; and the circumstance that glycerine alone, when employed locally, is highly beneficial in the ophthalmic affections already referred to, also points to that substance as a valuable vehicle in the preparation of collyria."

In the 'Medical Times and Gazette' we observe a report by Mr. George Lowe, of a case of *Quadruple External Aneurism*, a left inguino-femoral, a left femoral, and a right and left popliteal. The case being highly interesting, we intend to revert to it in our next number.

Duration of Life in Sweden.—From official details just published, it appears that the average duration of life in Sweden during the eighteenth century was thirty-four years for men and thirty-seven for women; it is now forty-one and forty-six respectively. This is not owing to any great tendency to longevity, but rather to a diminution of deaths in the earlier stages of life, since only three-twentieths of the number of infants born die in the first year of their existence. Among the causes which have tended to increase the average of life in Sweden, vaccination holds the first rank. A hundred years ago, one-seventh of the deaths were attributable to small-pox, while now there is scarcely one death in a thousand owing to that disease.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCTOBER 1, 1862.

DR. TYLER SMITH, President, in the Chair.

Dr. H. THORNTON and Dr. F. F. SUTTON were elected Fellows of the Society.

D. RICHARDS, Esq., of Brighton, communicated

NOTES OF A CASE OF SPINA BIFIDA FOLLOWED BY HYDROCEPHALUS.

In this case, the child (a female) was born with both legs doubled up to the shoulders, with spina bifida, angular curvature of the spine, cleft palate, and talipes varus of both feet. The birth took place on April 4, 1860; and on May 2, the left leg descended from its abnormal position, and a fortnight afterwards the right leg came down. From the time of birth, the opening in the spinal canal began to close, the integument having been absent, as well as the spinous processes of the three lower dorsal vertebræ. As the opening diminished, however, the head gradually enlarged. Subsequently, the aperture in the spine completely healed, and the size of the head somewhat diminished, but the child died from exhaustion on Oct. 11, 1860.

A Paper by WILLIAM TILBURY FOX, M.D., Lond., University Medical Scholar, was read on

IMPERFORATE RECTUM—ATTEMPT AT RELIEF BY OPERATION—DEATH.

On June 5, the author was requested to take charge of the following case:—William M., aged four days, has passed nothing since birth per anum; apparently free from actual pain; exhausted; vomiting of offensive dirty fluid constant, nothing being retained in stomach; surface cold; flatus; passes urine; belly greatly distended, tympanitic, tender. On examination was found a small but normal-looking anus; a probe, however, passed about an eighth of an inch only into a cul-de-sac. The most careful examination failed to detect anything like the impulse or feel of a distended rectum. A trocar (with its canula) was passed in the direction of the rectum for the distance of an inch and a-half, and the trocar withdrawn. Nothing passed through the canula, which was then removed, and warm water injected along the course of the wound, which was subsequently dilated with a bougie. However, no fæcal matter was seen. The friends took time to consider the suggestion made to open the colon, and before the next visit the child died.

Post-mortem Examination.—General peritonitis. Rectum terminated in cul-de-sac, about one inch from the anus, with which it was connected by cellular tissue, and its lower part was empty and flacid, but above it was distended by fæces; and this condition fully explained the non-exit of fæces through the cannla, although the trocar had entered the bowel exactly in the centre of its termination. Had any evidence of the presence of the rectum been forthcoming, the gut would have been found and brought down to the level of the anus. The case shows an exceptional condition, which may frustrate the detection of the gut when it terminates only a short distance from the anus, and is within easy reach—viz., the impaction of the upper part by fæces, and the consequent non-distension and emptiness of the lower part of the rectum. It, moreover, points out the desirability (and safety) of making an exploratory search with the trocar, and injecting fluid through the canula before, and not along the track of the wound after its withdrawal.

A Paper by Dr. J. H. BELL, communicated by Dr. TANNER, was read on

RUPTURED VAGINA DURING LABOUR—CHILD IN ABDOMEN THREE HOURS AND A-HALF—PELVIC CELLULITIS—RECOVERY.

The patient, aged 28, had previously had normal labours. The labour proceeded apparently naturally at first, but there being cessation of pains for seven hours, ergot was given in two doses of half a drachm each, with half an hour's interval. Shortly after she felt "a tear, a burst, and a flow," and thought the child was born; there was a great discharge of blood. The head was found to have receded considerably, and the hand passed with it into the abdominal cavity. Dr. Bell first saw her three-quarters of an hour after the rupture; the child was in the abdomen, but the patient not suffering from collapse. The forceps were applied, but it was not found possible to deliver thus, and finally the child was turned and extracted. The rent was found to have occurred in the left antero-lateral reflection of the mucous membrane of the vagina, the os uteri being entire. The patient felt "nicely" after the completion of the operation and extraction of the placenta. Subsequently, the patient passed safely through a critical illness, pelvic cellulitis having occurred. She was quite well at the end of two months.

A paper by Dr. T. H. TANNER was read on

THE USE OF MEDICATED PESSARIES IN THE TREATMENT OF UTERINE DISEASE.

The great value of a variety of local applications in the treatment of uterine disease seems to be insufficiently appreciated by the profession at large. The chief reason, perhaps, for the non-employment of medicated pessaries has been the difficulty of so making them that they can be efficiently applied by the patient herself. This difficulty is overcome by the use of the butter obtained from the theobroma cacao nut, as a material for holding the drugs together, instead of wax and lard. Mr. White Cooper has shown the utility of this butter as a basis for ophthalmic ointments, and it will be found equally valuable for pessaries and suppositories. Though it has the consistence of wax while cold, yet it becomes liquid in a few minutes when introduced into the vagina. After alluding to the cases of uterine, ovarian, and bladder disease in which medicated pessaries are of great service, the communication ended with certain formulæ which the author was in the habit of prescribing. The following are examples:—Mercurial ointment, four scruples; extract of belladonna, one scruple; cacao butter, four drachms; olive oil, one drachm. Mix; divide into four pessaries, and order one to be introduced into the vagina every night. Iodide of potassium, one drachm; extract of conium, four scruples; cacao butter, four drachms, glycerine, one drachm. Mix; divide into four pessaries. Boxes of these pessaries, prepared by Mr. Cooper, of 26 Oxford street, were placed on the table for the inspection of the Fellows of the Society.

A Paper, by Dr. J. SHORTT, was read on

A SINGULAR CASE OF UNSUSPECTED PREGNANCY AND AWKWARD DELIVERY.

The case was that of a lady, aged forty, a European, who had had two children, the last nine years before. She had been at first actively treated by speculum and caustic, as for inflammation of the womb, and had taken much medicine with the idea of removing what was considered to be dropsy of the abdomen. The patient was in entire ignorance of her pregnant condition. The escape of a watery fluid for two days was considered as evidence of rupture of the ovarian cyst. At the end of the two days, severe pains set in, for which she was directed to be placed in a warm hip-bath and opiates given. While in the hip-bath, however, delivery of a mature child occurred, to the great surprise of the patient and her friends.

ARMY MEDICAL SCHOOL, CHATHAM.—The fifth session of the Army Medical School was opened on the 1st of October, by an introductory address from Dr. Parkes, F.R.S., the Professor of Hygiene, at Fort Pitt. The lecture was attended by Major-General Eyre, Commandant of Chatham; Colonel Gordon, A.D.C.; the colonels commanding the various corps in the garrison; Dr. Hawkins, the Provost of Oriel College, Oxford; Dr. Forsyth, C.B., the late Director-General of the Indian Medical Department; Sir Ranald Martin, C.B.; Archdeacon Robinson, the Master of the Temple; Inspector-General Anderson, P.M.O. of Chatham; Professors Longmore, Maclean, and Aitken; Inspector-General D. Macpherson, of Madras; Captain Fanshawe, C.B., Commandant of the Dockyard; the principal civil practitioners of Rochester and Chatham; and a large number of naval and military medical officers. The discourse occupied nearly an hour, and was delivered without the aid of any reference to notes, and kept the audience (comprising, as it did, distinguished members of various professions) in earnest attention from its opening to its close. At the close of the address, General Eyre, in the name of the assembly, thanked Dr. Parkes for the eloquent and forcible elucidation of his subject, so vitally important as it was to the well-being of the army and the State at large. He expressed a hope that the interest he had excited would not be allowed to be limited to those who had then listened to him, but rather that it might be diffused, and the good his appeal was calculated to lead to further assured by publication for general perusal and study. The officers of the medical staff entertained a large number of guests at luncheon on the occaslon in the large mess-room at Fort Pitt.

HANTS NEW COUNTY HOSPITAL, WINCHESTER.—A special Court of Governors was held on Friday last. The meeting adopted the report of the building committee, which recommended the purchase of land on the Romsey road for the site of the new building. The whole sum to be paid for the ground (in two lots) is 2,225*l.* In consequence of the distance of the hospital from the city, a dispensary is to be provided for out-patients in some portion of the present hospital, in accordance with the wishes of some of the influential medical officers of the institution.

ROYAL COLLEGE OF SURGEONS.—From the Annual Report just published, of the Receipts and Expenditure of this College from Midsummer, 1861, to Midsummer, 1862, it appears that the receipts amounted to 14,135*l.* 13s., being an excess of 241*l.* 2s. 8d. over the receipts of last year, and derived from the following sources:—Diploma and membership, 11,429*l.* 15s.; Rent, 697*l.* 2s. 6d.; Diploma of fellowship, 451*l.* 10s.; Classical Examinations for Membership, 180*l.*; Certificates of Qualification in Dental Surgery, 126*l.*; Licences in Midwifery, 99*l.* 15s. The disbursements amounted to 14,290*l.* 7s. 6d., being an excess over *last year* of 708*l.* 13s. 5d., and of the present year of 241*l.* 2s. 8d.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 15, 1862.

THE INFLUENCE OF THE AMERICAN WAR ON ENGLISH HEALTH.

Mr. Herman Merivale has brought under the notice of the British Association a subject of deep interest alike to Medical Practitioners and the public. Primarily he was treating of colonisation, secondarily of the health of the community under certain national contingencies. The American war has given rise to many problems in relation to medicine, but none of greater importance than that of the effect it is likely to have on the health of our own community. The hardship of forced marches, the sickness arising from encamping in swamps, the mortality caused by inadequate hospital accommodation, the slaughter of the battle fields, the agonies of those who have been left for days untended on the scene of their heroic struggles,—all belong to the history of the war; but there is another part of that history that may never be effectively written, that may not be even glanced at by the showy writers who manufacture brilliant paragraphs out of the more startling incidents of actual warfare—that part relating to the effects of the contest upon the social progress and domestic happiness of other nations.

Mr. Merivale has attempted to forecast the result in the present instance for the people of this country. The States of America have hitherto been the chief recipients of our overflowing population. Their populous towns and spacious prairies have given a welcome and the means of comfortable subsistence to the hardy and adventurous population of these islands. The absence of strongly-marked social castes, the general licence of opinion and action, the multitudinous openings to men of ambition and energy, offered a temptation that was irresistible by our straitened and depressed working classes. But war has suddenly obscured these attractions. Personal freedom has been compromised for national force; the avocations of peace have been neglected that a desperate and sanguinary war may be maintained, commercial prosperity has been blasted, markets have been closed, a burdensome taxation will ere long oppress a diminished and dying trade, and loss of confidence, suffering, and ruin loom upon the future of America. Under these circumstances it is certain that emigration from these islands to the States will diminish if not entirely cease. For some time past, indeed, there has been a reflow of the tide from the American shores to our own. What is likely to be the result to the people of this country? A momentous question, of which our statesmen should never lose sight.

Population doubles itself every twenty or twenty-five years, but the means of subsistence increase in a smaller ratio; so that it becomes a law that the balance should be redressed by some distribution of the surplus, by some curtailment of natural privileges, or by some limitation of the expectancies of life. If more persons are born than there is food provided for them to consume, a portion of them must inevitably die, unless the excess can be reduced by emigration to some soil where the fertility of the earth exceeds the demands of the population. Now it appears that one person in every six of our population has for many years past been provided for by emigration, and it is well known that America has been the chief receptacle of our overflow. Should this channel be closed, a considerable excess of our people will be shut up in these islands; and one of two things must happen, either that marriages will become less numerous, and take place at a later age, or that fierce and deadly disease will decimate the population. In France the balance is maintained by customs which we deem immoral, but which, nevertheless, answer the end of keeping the numbers of the population within the limit of the producing powers of the country. We can scarcely expect such customs to prevail in England, except in a modified degree, and even if they should, it would be a subject for lamentation rather than approval; what then must we expect? Nothing less than this, that epidemic or zymotic diseases will largely increase, and reduce our population within the compass of the means of the country to support it.

Starvation is, in truth, the main cause of fever, and a not unimportant cause, too, of scrofula, consumption, and other fatal maladies. After a famine, it is said, comes a fever; and what is true on the grand scale of human calamity, is equally true of individual suffering. Bad sewage and bad ventilation are, no doubt, immense evils; but zymotic diseases have always exhibited phenomena which are not explicable by bad sewage and bad ventilation alone. Recently, indeed, these anomalies have become so marked, that we must begin to take into consideration other elements.

We last week adverted to the anomalies presented by the statistical reports of the mortality of the manufacturing population in relation to industry; and it is obvious that we are not yet in a condition to form definite conclusions as to the value of the various conditions now operating upon our national well-being. It is manifest to us, however, that a time of grave suffering is not distant, that the mortality lists of our great towns will be largely increased, and that a new chapter in the history of zymotic diseases in particular will have to be written. We have thought it well to indulge in these remarks, that our readers may not, when the time arrives, run too long in the old track, but give a fair estimate to causes which thought remote, will, no doubt, prove of immense influence in producing the results contemplated.

SUMMARY OF THE WEEK.

THE COAGULATION OF THE BLOOD.

Our readers know that Dr. Richardson has worthily distinguished himself by a series of experiments, showing the existence of ammonia in the blood, and the probability that it is owing to its presence that the fluidity of the blood is maintained. At the recent meeting of the British Association, Dr. Davy has questioned the accuracy of Dr. Richardson's views. He denies, if we may trust the 'Times'' report, that the coagulation of the blood is due to the escape of ammonia; he also asserts that in a healthy state of the blood it contains a very small quantity of ammonia, and he further disapproves of the administration of ammonia in disease as a theoretical consequence of Dr. Richardson's physiological doctrines. We presume that this interesting question will not remain long in its present unsatisfactory position.

THE RIGHT METHOD OF CONSTRUCTING HOSPITALS.

The Government, being desirous of improving the construction of the Colonial Hospitals and Lunatic Asylums, has applied to the London College of Physicians to be enlightened on this difficult question. If we thought that there was anybody in the College who had given especial attention to this subject, we should be gratified to learn that the Duke of Newcastle had applied to the College for the desired information.

Under present circumstances, our satisfaction is small indeed. We have no doubt that many of the erudite Fellows think that they could build a perfect hospital if anybody would entrust them with the money: for it is a weakness with most men to believe themselves accomplished architects; but we very much doubt if even one of them have a clear notion of all the conditions necessary to the construction of a convenient and salubrious hospital. The Duke of Newcastle is the personal friend of Miss Nightingale, who could furnish him with more correct notions on the subject than he is likely to obtain from the College. It is not too rash to conclude beforehand that the advice given by the College will be in conformity with its cautious adhesion to old practices, and will simply include a slight modification of the plans of some existing institution—huge, comfortless, blowy or steamy, unmanageable, and expensive.

THE ST. ANDREW'S GRADUATES

have hitherto slumbered modestly in a chrysalis state; they are now to appear full-blown in butterfly costume. Last week we published a letter describing the new academic costume that had been ordered by the Senatus; it is handsome, and conformable to the usage of other Universities. Its general adoption on proper occasions will tend to make the graduates proud of their University, and connect them with it by a more overt and binding tie. The number of this University's graduates has so largely increased in recent years, as to make the ordinance of the Senatus an act of necessity if they desire their graduates to occupy a place of suitable dignity in the social scale. We have no doubt that it will have the further effect of creating an *esprit de corps*, and will stimulate each doctor to demean himself in a manner worthy of his gown.

MEDICAL APPRENTICESHIPS.

One of our contemporaries who has busied himself for some time past with the subject of Medical Apprenticeships, has given his readers this week certain fictitious autobiographies of Medical apprentices. The Editor is all for reading, systematic study—in fact, cram, cram, cram, until the resiliency of the poor student's mind is absolutely and hopelessly gone. We are told that one young man "went to London at twenty, with a *great mass of most valuable practical knowledge; my regret is that all I did was voluntary, and done in my own way.*" Now we doubt that a man who could utter such self-contrapictory stuff as this ever had a great mass of most valuable practical knowledge; and, supposing he had it, we beg to tell him he acquired it by "doing it in his own way." This typical apprentice, if he really exist, is an ignoramus with all his knowledge. We have ever been advocates of a sufficient preliminary classical and general education; but we do honestly believe that the smattering of all arts, sciences, and literature, which is the result of the present forcing system—a system which it is sought to push to a still greater extreme by book-taught men and self-interested lecturers, tends to destroy that spring, energy, and decision of mind which are indispensable qualifications of a surgeon, and to make youths priggish and conceited—students rather than men of action, writers rather than workers. A system of study that is desirable and almost necessary for men who deal with books alone, and who get their living by dressing up other men's thoughts, such men as grinders, writers of manuals, clergymen and lawyers, would fall far short of that which is required for the training of a man whose future course of life will be one of action, who will be necessitated to employ his faculties of observation, to rely upon a prompt and independent judgment, and to decide issues which are not to be found demonstrated in Euclid, or described in Homer or Anacreon. We are running the risk of overdoing this matter of classical and mathematical studies. General practitioners in past times have had by very much too little of general acquirements; but we are now in the right path to correct this deficiency. We must not forget that the great majority of those among us who affect some knowledge of literature are only smatterers,—the examiners of the Apothecaries' Society to wit,—and all that they can do is to make of the Profession a body of smatterers only a little less accomplished than themselves. We have insisted upon a short period of residence with a general practitioner—we do not call it an apprenticeship—in order that the student may acquire a practical knowledge of minor surgery, materia medica, and dispensing—knowledge which, as a rule, he cannot acquire elsewhere.

THE INTRODUCTORY LECTURES.

(Continued from our last number, page 266.

CHARING-CROSS HOSPITAL.

Dr. Headland reminded his audience that ten years ago he had delivered the introductory address in the same theatre. The subject was a trite one, too often dwelt upon to leave much room for variety of treatment. He had to commend the pursuit of Medicine to those who were just entering on their course of study. The pursuit of any one of the three learned professions demanded a certain amount of patient industry, as well as a degree of ability somewhat beyond the average. There were points of resemblance between the three pursuits—physic, law, and divinity. There were matters in which their co-operation would be of advantage to the community. In disease of the mind connected with disorder of the body, the priest might ask the aid of the physician, and in the reverse case the physician might receive assistance from the priest. The lawyer might commend to the charge of his medical friend those who seemed to have erred through a defect of organisation; while the incorrigible drunkard and profligate might not improperly be transferred from the care of the doctor to the salutary restraint which alone would suffice to correct them. Plato, in his 'Republic,' drew a curious parallel between the functions of the physician and the judge. "They are to bestow their services," he says, "on those only of the citizens whose bodily and mental constitutions are good and sound, leaving those who are otherwise as to the state of their body to die, and actually putting to death those who are naturally corrupt and incurable in soul." This method of procedure would save both professions from a vast amount of trouble, but it cannot conscientiously be recommended for general adoption. It was they who were sick who needed the physician; but as few were, strictly speaking, whole, the greater part of mankind fell naturally under the guardianship of the practitioner of medicine. The lecturer then reviewed at same length the various functions of the physician. He described him in turn as the discoverer, the teacher, the healer, and the reformer. The physician must always be at the same time a man of science. Some part of his art was capable of far greater pertection than it had yet attained to. There was yet much to be done in the investigation of the chemistry of disease. When we understood that better, we should be better able to apply our remedies. Most of the applications of our drugs had been discovered by happy accidents. A better knowledge of their mode of application would enable us to make a wider use of these weapons of our armoury.

Dr. Headland regretted that he could not anticipate much from the plan of concerted observation proposed at a late meeting of the British Medical Association, and deprecated the encumbrance of our National Pharmacopœia with a host of American herbs of doubtful credentials. As to veratrum, said to resemble digitalis, Dr. Headland would discard from practice all remedies whatsoever that restrained the action of the heart. "The greatest improvements," said the lecturer, to which I can point in modern medicine, are the substitution of a supporting regimen for lowering treatment in inflammations and fevers, the discontinuance of venesection, and the disuse of that pernicious system of over-physicking with which our ancestors, *secundum artem*, dismissed the sick man from the scene of his earthly trials." The duties of the physician as teacher of the multitude—who often did not know what was good for them—and as sanitary and social reformer—were next dwelt upon.

The rewards which the physician might expect for a life of toil and self-devotion were not the highest the world had to bestow. In the esteem of mankind at large, a man who made two men live where but one lived before, was not worthy of any special praise. The improver of the breed of oxen was held in more honour than

the improver of the breed of men. The man who had removed the duty from some trivial article of import—he who had been sent as ambassador to conclude a treaty of amity and commerce with the King of the Cannibal Islands—such men receive peerages and statues. A man who should rescue our youth from the scourge of consumption, or discover a method of preventing small-pox, might seem to us scarcely less worthy. Yet the pitiful memorial which in the public square hard by had been raised to Jenner, had been banished, even with ignominy, from the honourable neighbourhood of men esteemed great because they killed their fellow-creatures, whereas he only saved them. But it did not matter much A thousand years hence, it would be of small importance to us in what estimation we happened to have been held by the world.

Dr. Headland alluded to the death of Dr. Shearman, and to the changes which had recently taken place in the staff of the College and Hospital, and concluded by hoping that none of the students would have cause hereafter to regret their selection of a medical school. "There are societies," he said, "which have reached their zenith, and are now year by year declining in number and influence. There are institutions whose friends are struggling with those symptoms of early decrepitude which they are powerless to control. Ours is not one of these. This College has youth and health on its side. It is yet strong and growing. Situated in a commanding position in the centre of London, circumstances seem to point it out as likely, ere long, to assume a foremost place among the great educational establishments of this kind in the metropolis."

GUY'S.

Mr. J. Cooper Forster delivered the inaugural address. After a brief allusion to his own position as the inaugurator of a new session, and to that of his fellow-lecturers, similarly engaged at other hospitals, coupled with a few graceful compliments to the various classes of his auditors, Mr. Forster proceeded to address himself more particularly to the students, urging upon those who had already entered upon their studies for some time the necessity for renewed and increased zeal, and the advisability of looking in an earnest and cheerful spirit on a profession surrounded with difficulties and discouragements, so far as regards worldly success, yet offering so wide a field for the exercise of man's highest aims and noblest principles. He then addressed those about to leave the hospital, reminding them that its portals would never be closed against them. Next he addressed those who were present for the first time as students, asking them with what motives they had chosen the medical profession, and telling them that if with a desire for position or wealth they would meet with sad disappointment, as a peerage had never yet been the reward of medical skill, nor had large fortunes been realised by more than a very limited number. The prizes of professional life were chiefly gained by the specialist and the charlatan. Still, he assured them, an honest competence was within the reach of every man dealing justly by his profession, though not so golden a reward as that attained by the banker, merchant, or scheming man of business. The medical practitioner must look for a higher and nobler reward, in the consciousness that he was, to the best of his ability, carrying out the purpose to which he was ordained by his Creator. He honestly believed that no better preliminary education could be devised for any man than that acquired within the walls of an hospital, being as it was a knowledge of man, and of the whole world of science in its profoundest and its most practical bearings. Yet, while dwelling on the advantages, the disadvantages of the profession must not be overlooked. By the undeviating law of the Creator, every position must have a bright and a dark side to the picture. It was only wonderful that those who had seen anything of the disadvantages referred to should be bold enough to enter the profession. The love of science was assumed to be the motive inducing them to meet the sacrifices they would be called upon to make. He then mentioned the effect of the distressing scenes so frequently witnessed, as hardening the sensibilities—the loathsome sights, from which even the experienced revolted, as oppressing the hearts of the young with tenfold intensity—and the operations of surgery harrowing in no common degree; assuring them that such feelings were not only natural, but right. The lecturer then impressed on his hearers the fact that, as a rule, when students left the hospital their study of anatomy ceased. As a teacher of anatomy he deplored the fact that so little attention was paid to it, and he expressed his opinion that fewer errors of diagnosis would occur if the knowledge of its minutiæ was constantly kept fresh in the mind. But, much change not being to be looked for, he urged upon the students to get their minds well stored in their pupil days with the stubborn facts of anatomy, and those could be learned in the dissecting room alone. No repulsion thence, no attraction elsewhere, must induce them to absent themselves from it; and he assured them that in this, as in all cases of duty resolutely undertaken, the satisfaction in its performance would be an adequate reward for the labour bestowed. Returning, however, to the disadvantages of the profession, he remarked that the medical man in active practice could never have a mind at rest if he honestly performed his duty, felt anxious regarding his patients, and loved his profession. His cares must surround him at all hours. How serious the responsibility, even to those whose consciences rebuked them not for time mis-spent and opportunities wasted—how intolerable should it be to those who had failed to acquire knowledge, which might sometimes have turned the scale between life and death! Still further disadvantages existed, in the ingratitude of some to whom invaluable services had been rendered—in good intentions misinterpreted, labour unrewarded—in calumnies, sometimes due to those, though not often, whom a common cause should have bound together. These things, added to the sad consciousness of inability to save the dying or restore the dead, the sight of widows' tears or orphans' more pitiful unconsciousness, often wrung the heart and tried the patience of the conscientious practitioner. It behoved them, therefore, to think well on these things before entering that day into the profession. He could well understand the man of business gladly exchanging his monotonous life for the more invigorating and satisfactory course of the medical practitioner, but was at a loss to comprehend the latter ever abandoning his noble profession for any other position. He then presented the brighter side of professional life, calling attention to the heartfelt gratitude which would frequently be evinced towards them—to the welcome they would receive in all scenes of suffering and sorrow—to the certainty of friends rallying round them whenever they were the subjects of attempted wrong—and to the infinite happiness they might, and indeed must, derive from the sight of returning health in those whom their skill had benefited. Nor must they imagine the dissecting-room and the operating theatre blinded the sensibilities to more than a certain extent. No class were so sensitive to the pain of others—so ready to sacrifice self, to resign comforts and enjoyments, for the sake of their fellow-creatures—as medical men. Again, though the vices and weaknesses of humanity were open to them more than to any other class, ought not the lessons to be derived from the contemplation of these things to be more than a compensation for the painful scenes often presented to their view? And not only did they derive, but also confer, great benefits; for they were usually the friends, the advisers, the father confessors of their patients, possessing greater influence over them than men of any other profession. If they assudiously discharged their duties, none more closely walked in the steps of the Great Physician. These, he observed, were privileges to be aspired to, but not to be purchased without effort; and in a few years of an hospital career must be concentrated an immense amount of knowledge, as a preparation for a life of immeasurable value and happiness, or the foundation laid for a life of constant regret. He urged upon them the necessity of using the brief time accorded to them in this world in preparing themselves, by the zealous employment of the talents entrusted to their charge, for entering upon another, and insisted on the constant presence of this best stimulus to work in their minds, as leading to the greatest happiness. How they should occupy their time in detail he would not attempt to dictate, only entreating them not to despise any one of the studies within their reach, but to endeavour so to avail themselves thereof as to be centres of scientific enlightment wherever they might go. This was usually expected of them—at any rate, in rural districts, and they should take care worthily to realise the expectation. They should, however, spend the greater portion of their time while at the hospital over those studies they would have least opportunity for after quitting it. He then made some remarks on the due employment of the senses, and the value of observation in comparison with mere book learning, especially when aided by the valuable inventions of modern science; not that for a moment he would undervalue books, but they must be regarded as supplementary to observation. He would urge the cultivation of sight, hearing, and touch, to the utmost as infinitely valuable. He then adverted to a recent proposal to admit ladies into the ranks of the profession, and warned the students that no prejudices would stand in the way of their admission, if the sterner sex failed to qualify themselves for their duties. He then entered on the subject of recreation, advising them to seek rest in change of studies rather than to expend their energies in exciting pleasures; and, above all, never to allow anything to prevent them from observing the day so wisely ordained by their Creator for the rest and refreshment of all his creatures. He expressed his regret that many frittered away their time over so-called light literature, which he found very heavy to digest; and urged them to prefer the highest style of writing even their hours of relaxation. He then proceeded to descant on the advantages of Guy's Hospital; first, as offering so large a sphere of observation, always an incalculable boon to the student; next, as possessing a museum, taken in its entirety, unequalled in the world; finally, as comprising within its walls all the advantages of special hospitals, against which, and specialism in any form, he expressed a strong opinion. He then urged the students to work with a higher aim than merely to pass their examinations with credit, though he would by means undervalue those ordeals, inasmuch as they afforded the only guarantee of fitness to practise their profession; and, in conclusion, hoped that, if he had caused one wavering spirit to hesitate ere he encountered the trials alluded to as inevitable, he had

given encouragement to many true lovers of science and their fellow-men to enter the Profession, which looked to them for the triumphs which should adorn its future. (Mr. Cooper Forster was loudly cheered many times during the delivery of his address.)

ST. GEORGE'S (HYDE PARK CORNER).

Mr. Prescott Hewett delivered the introductory address at this hospital. He addressed himself to the younger students—to those about to join the ranks of the profession. In doing this he began by stating that, rightly understood and rightly practised, the profession of medicine had two essential characteristics—self-help, self-sacrifice; and, as well-marked examples of what might be done in the medical profession by well-guided self-help, he just instanced the life of Henry Gray, who, without friends, without interest, and with but very slender means, had in a few years won for himself a most brilliant position in St. George's Hospital. (Cheers.) He then instanced the career of a friend of his earlier youth, who, notwithstanding the greatest privations, had by his own exertions succeeded in obtaining a high position. The first step taken by both these men, who were alike remarkable for their great energy and for their unflinching zeal, was the same. They both of them went at once to the dissecting-room, and they worked unremittingly until they had made themselves first-rate anatomists. The course pursued by these two men was then contrasted with that taken by most students, who, instead of learning their anatomy practically by diligently dissecting, got it up by lectures and by cramming. The evils which were in after life sure to follow such a course were then pointed out, and the necessity of a thorough knowledge of anatomy, which could only be gained by constant dissection, was dwelt upon. Stress was then laid more particularly upon the value of surgical anatomy, and the students, one and all, were urged to take every opportunity of learning to operate upon the dead body. This Mr. Prescott Hewett thought was a part of their professional studies which was by far too much neglected by the London students, and after describing what was done by the French schools in this matter, he urged the boards of examiners to make operating upon the dead body a part of their curriculum. Operating upon the dead body, would not, however, he continued, of itself make a good operating surgeon; it would give knowledge, it would give dexterity of hand, but it could not give coolness—it could not give presence of mind. But these essentials, the very backbone of a good surgeon, if not given by nature, were to be acquired. The necessity of obtaining a thorough knowledge of chemistry and of physiology was then dwelt upon. But these various sciences were to be viewed by the student of medicine simply as so many steps by which he was to prepare himself for the great business of his life, the study of disease. And here Mr. Prescott Hewett pointed out that the best way to study disease was to study it at the bedside of the patient, and in the post-mortem examinations as often as they took place. The student was to spend as much time as possible in the wards of the hospital, even from the very beginning of his studies, and to keep accurate notes of the cases that he was attending to. Such a plan involved, it was true, great and unremitting labour; but whatever the labour, the returns were sure to be ample in after years, for men who went through the training turned out to be the best and the most successful practitioners. The time spent in the wards was to be equally divided between the surgical and the medical wards, for it was a fundamental error to suppose that a man could be a good surgeon who was not also a good physician. The result of the most carefully, the most dexterously performed operation might be marred by the subsequent medical treatment—examples of which were given—and, failing in their medical knowledge, the best operators were but very indifferent surgeons. In all this Sir Benjamin Brodie was held up as the example to be followed, for the most extensive and profound surgical knowledge he joined great and accurate medical knowledge. The student was then warned that in the ardour of investigating the disease he might possibly be led away and forget the sufferer, but this was an error which might easily be guarded against; and he was, on the other hand, to be careful, and make it his bounden duty to be ever kind, ever gentle to all those with whom he was brought into contact in the world, and his visit, instead of being a sore trial, would be looked forward to with pleasure and remembered with gratitude. Leisure hours the student must and ought to have, and it was a question of vital importance how these leisure hours were to be spent. If spent in vice or idleness, the whole life might hence get a colouring which it would never lose. But students about to enter the profession were fortunate, inasmuch as a good preliminary education was now-a-days demanded of them, and men who once had had given to them the rudiments of a good education could never be at a loss how to spend any leisure time they might have. The medical man might in his professional avocation be called upon to mix with the best and the most highly-educated society, and, if he had, unfortunately, neglected his general education, would soon find himself at a disadvantage; and bitter would then be his regrets that he had, whilst a student, allowed his leisure hours to pass by without turning them to good account. A portion of the students' leisuret ime was then to be spent, first in acquiring a thorough knowledge of his own language, and then of French and German. And, in conclusion, there was one subject to which Mr. Prescott Hewett strongly urged the students to devote some portion of their leisure hours. It was, he said, a subject to which, generally speaking, too little attention was paid by the Medical Profession; but it was a subject which, to surgeons especially, was, he was convinced, of the utmost importance. The subject alluded to was the art of drawing, by which, if thoroughly learnt, not only was the hand trained to great dexterity and great steadiness, but the eye also was taught accurately to recognise differences in shape and variations in colour. Added to which there was the great, the exquisite enjoyment to be gained by a taste able to appreciate the beauties of nature and of art—a taste the due cultivation of which tended to make a man both happier and better, and helped him to discharge the duties of his Profession with all the lighter heart. (Loud cheers.)

GROSVENOR-PLACE SCHOOL OF MEDICINE.

Dr. William Cholmeley delivered the inaugural address. He began by a slight sketch of the gathering of old and young practitioners and students that takes place at all English medical schools on the 1st of October, to inaugurate the medical year of study, all drawn together by one object, the promotion of medical learning and skill. He then described the high position of the professson, and its responsibilities as compared with all other secular professions—how that no profession demanded more unceasing, persevering, unflinching study; none more self-sacrifice, greater self-denial; none a higher culture of mind and intellect, a more constant restraint of the senses and passions, and a more lively nurture of love and sympathy for fellow-men. He pointed out how, rightly studied and practised, it would certainly reward men with competent support, and the honour and esteem of honourable men, with affection and troops of friends—though it gave not early wealth or great riches, or high worldly honours and distinctions. It would, however, bring far higher rewards than these, namely, an intellect enlarged, cultivated, and trained, so as to find an inexhaustible pleasure in the study of all the marvellous creation surrounding us, while they would have a sense of power of benefitting their fellow-creatures, and an approving conscience. While the pleasures and rewards of the medical profession were thus great, its responsibilities also were more weighty than those of any other secular profession, for they undertook to wield and apply all the means and appliances which Infinite Mercy had placed at the command of man, to remedy all the pains and woes he had called down on himself from Infinite Justice. He then sketched out the plan of study ordered for the student, and dwelt lightly on its details, impressing on the students the permanent necessity of severe study of the living books of disease gathered together for perusal in the hospital wards. He warned them, while making earnest use of these books, to study them gratefully and reverently. They were striken by poverty as well as by disease, and whatever of success and distinction the student might gain in after life, he would owe to those sore-stricken fellow men. He entreated them—by all the weighty issues that would afterwards be placed in their hands—the issues, humanly speaking, of life and death, of health and disease—to resist the temptations and snares around them, and manfully to gird their loins for the battle to be strong and quit themselves like men. He urged the duty of cultivating their talents to the utmost; to be not content with learning only enough to pass their examinations, but to make the best possible use of their time, and learn all they possibly could learn; and they would then be able to enter on the practice of their profession with joyfulness and confidence, eager to combat disease and death wherever and whenever they could meet with them, rejoicing with humility over their triumphs, sorrowing, but without shame, over their defeats; and thus "toiling, rejoicing, sorrowing," they would live through that portion of eternity we call time, jealous for the honour and purity of their calling, anxious to increase its usefulness and to enlarge its boundaries, eager to improve their own skill in its exercise, gratefully embracing every opportunity of affording its help to all their fellow men, and acknowledging with humility their own helplessness without the blessing of the All-powerful, All-wise, All-merciful; and they would be enabled, when their period of probation came to an end, to hear with hope and trust that solemn summons: "Give an account of thy stewardship, for thou mayest no longer be steward." (Loud cheers.)

MIDDLESEX HOSPITAL.

The Introductory Address was delivered by Dr. Priestley, who said that, although he valued highly the privilege of delivering the Introductory Lecture, the pressure of occupations caused by the presence of the Great Exhibition had been such that he would, for this year at least, gladly have escaped the duty. The profession the gentlemen had chosen deserved all their reverence, and was

worthy of their utmost efforts to cultivate; and unless duly impressed with its dignity, they would be, as Bunyan's man with the muck-rake, engrossed by ignoble cares, regardless of the golden crown within their reach. Better than the occupations of ancient philosophers, whose intellects were exercised in mere unprofitable discussions, their work would consist essentially in doing good—in curing disease, and assuaging the sufferings of their fellow-men. Medicine was superior in some respects to the professions of Law and Arms, inasmuch as the great ends it achieved were not counterbalanced or diminished by any lesser attendant evils. Its advantages did not appear only in the exercise of duty, as between doctor and patient, but Medicine had an increasing importance to the commonwealth and to the science of economics. It rendered service to the State, not only in healing men by units, but in saving whole races of men from untimely death. Jenner's wonderful discovery took by surprise, as it were, one of the greatest scourges the world ever knew, and now annually saves more lives than the cruel and fratricidal war amongst our cousins across the Atlantic and is contrived to destroy. But, startling as this might seem, we have within our very grasp the means of saving whole multitudes who now perish annually, if only the measures for obviating the preventable mortality could be carried out. The duty of the medical man consisted, therefore, not only in curing disease, but in preventing it by all means in his power. The necessity of scientific medical men in Parliament was greatly felt, but he recommended general constituencies rather than medical ones, lest the political interests of medical men should be regarded as apart from those of the community. When medical men were oppressed by boards of guardians or Secretaries-at-War, he should rejoice to see the major evil inflicted on the services more frequently put to the front, and the greater injuries which resulted to the public made more prominent.

After alluding to the ever-widening horizon of medical science, and the difficulties that students must encounter, not only in learning what is known, but in keeping pace with its constant advances, the lecturer warned gentlemen not to be led astray into any of those devious ways which everywhere beset the path of the medical man. There was no disguising the fact, that it was easier to grow rich by practising some kind of charlatanry than by following rational Medicine. The evidence of the value of remedies was avowedly most difficult to sift, and yet crowds of people swore by this nostrum, or those globules, because they themselves, their wives and children, had been cured by them. Nothing could be more fallacious than such reasoning. The responsibility of so much quackery lay, in a great measure, at the door of the public. The craving for medicine, for active help, when no meddling ought to be attempted, offered a direct premium to over-dosing, and rendered it very difficult for the practitioner to do as he thought best. Penal clauses would be of little avail against quacks until the public were better informed as to the legitimate scope of physic, and knew more of the laws of Nature. He further warned the students, when they entered practice, against becoming paid advocates in the capacity of witnesses in courts of law. When pathological phenomena were so various, opinions must widely differ; but the opposing evidence of medical witnesses had lately become almost a public scandal.

A good intellect, industry in its exercise, earnestness of purpose, and genuine love of truth, were needful in most professions. For the practice of Medicine, the exercise of the reasoning faculty, and a well-balanced judgment, were specially necessary. The power of observing accurately might be said to be more important even than the art of logic. Many intellectual men who reasoned well, observed imperfectly, and thus were misled by the vagaries of table-dancing, spirit-rapping, and the like. Attainments other than those in Medicine were very desirable for the medical man; they enlarged his mind, and widened his mental vision. The art of speaking concisely, and with due regard to the value of words, in ordinary conversation, had been little dwelt upon by teachers, but was most important to the medical man. He should learn to convey even unpalatable truths, or sad forebodings, with the least possible pain.

In reference to the dispute between the College of Surgeons and the Medical Council, the lecturer said that he was under too great obligations to the system of apprenticeship to undervalue it; but he had no hesitation in saying, that time spent in apprenticeship should not be allowed to deduct anything from the four years spent in a medical school.

The organisation of the profession was just now undergoing great reforms. The College of Physicians was waking up to a new sense of its responsibilities, and acting in a more catholic and less exclusive spirit. That it would submerge the Apothecaries Company was in some degree to be regretted, because it was undeserved. It might be expedient that the Hall should now resign its functions, but the services it had rendered to medical education, and how it had advanced the status of general practitioners, should be gratefully remembered. He lived in hope that ere long general practitioners would be able to practise all branches of Medicine with one diploma, and that there would be no special diplomas for Medicine, Surgery, and Midwifery, each licensing body examining in all subjects.

Much had recently been said about specialities in practice; but however right it might be when their studies were completed to practise pure Medicine, Surgery, or Midwifery, there must be no undue bias to one or other until a knowledge of all had been gained.

In conclusion, the lecturer recommended students, that if they would preserve the *mens sana*, to keep it *in sano corpore*, and, under due subjection, to exercise themselves in cricket-clubs and volunteer meetings. Education, which so over-refined the man as to make him less useful, was not suitable for the medical man, and their motto should not only be "Excelsior," but also "Utilior." Medical students of our day were greatly improved in their general demeanour, and rarely did any breach of discipline occur at the Middlesex College. He would not, however, judge harshly the students of former days. One who knew their follies, but had witnessed also their self-sacrifice and tenderness—their devotion to the cause of the poor, the sick and helpless, had said, "Rough diamonds ye may be, but jewels ye are notwithstanding."

ST. MARY'S, PADDINGTON.

Dr. Sieveking delivered the introductory address. He commenced by dwelling on the utility of the custom prevailing throughout the civilised world, of setting apart certain days as holy days, or days of mark, on which to take a suitable retrospect and prospect—days on which we should gird ourselves afresh for the work we have to do, seek for means of increasing our strength, or urge one another to greater exertions. In St. Mary's Hospital the 1st of October was such a *dies fasta*, which claimed a place for itself. It was the commencement of a new *annus medicus*, which to teachers and taught was equally fraught with solemn considerations. The lecturer expressed a hope that the retrospect entered upon that day by himself and his colleagues might offer encouragement to proceed vigorously in the performance of their high responsibilities—that to the student the day might be a warning against past errors, and give hopeful assurance of daily increasing success—that to all it might be a day of renewed determination to work together for the highest ends, a day of good fellowship, such as it beseemed Christian gentlemen to foster and cultivate, when brought together under circumstances like those which united the lecturers and students of St. Mary's. Dr. Sieveking, after these introductory remarks, proceeded to offer to the students, and especially to the freshmen, an outline of the scope of medical science, embracing its humanitarian or social, as well as its scientific aspects, the danger which beset the path of the student, and the prospects which lay before him. The lecturer first adverted to the motives which induced a young man to follow the medical profession, and thought that they were essentially to be found in that desire to benefit others, to offer comfort and help to the sufferer, which underlies the successful practice of every medical man. The promptings of mere ambition would not urge anyone to the study of medicine, because it did not hold out that kind of reward in place or power which might fall to the lot of the lawyer or churchman. The rewards belonging to medicine were essentially intrinsic, to be found in the study and practice of our profession, while the philanthropic motives that influenced the beginner would sustain and gratify the practitioner throughout his active career. The medical man was essentially the friend of the sick, and it would be impossible for the medical man to practise with benefit to his patients or profit to himself unless his work rested upon thorough and genuine sympathy. Dr. Sieveking showed that even in Homer's time the character of the physician was well appreciated, for he said that—

> A wise physician, skilled our wounds to heal,
> Was more than armies to the common weal.

But the real social power of the healing art was not manifested till after the Christian era. One result of the social character of the medical art was the intimacy that existed between patient and doctor, an intimacy honourable alike to both. After pointing out the social or humanitarian aspects of medicine, Dr. Sieveking passed to the consideration of its intellectual features. It is here, he observed, that the peculiar charm resides which fascinates the true student; it is in the search after truth, guiding and ruling the universe—it is in that approach through nature's works to nature's God, in that endless display of new marvels intimately linked with previous achievements of scientific research—that the medical man finds much solace and comfort in the troubles and turmoil of life, and without which, probably, the ranks of the profession would not be recruited as they are. The lecturer pointed out how all the natural sciences were auxiliary to medicine. Life he spoke of as a constant warfare, by which the individual defended his existence against the inroads and attacks which the inorganic world made upon him. It was man's pre-eminent distinction to be empowered to wage this war consciously, inasmuch as he was called upon to subdue the earth. Dr. Sieveking went on to explain how and why the study of life in its healthy manifestations must precede all purely professional studies, illustrating his position in various ways. He then went on to analyse the duties of the medical man in regard to

disease itself, as representing the circumstances in which the hostile influences overcame the normal powers of resistance. He dwelt upon the threefold character of these duties, as regarded prevention, cure, or alleviation. The prevention of disease, the lecturer remarked, was an act of self-denial on the part of the medical man —one which (they might proudly put it on record) had never been imposed upon the profession, but had been eagerly contended for, against the opposition of those very corporations and fellow-citizens who were, at the cost of medical men, to derive the most direct benefit from the self-sacrifice of the profession. The scurvy, ague, small-pox were cited, amongst other illustrations, as having been almost eliminated from nosology by the preventive efforts of medical men. The lecturer next touched upon the various points of interest connected with the cure of disease, the endless variety of aspects which morbid phenomena presented, and the large freedom of action which the physician enjoyed in the use of his agents for combating them. In adverting to the power of medicine, the doctor said that, owing to the somewhat indiscriminate way in which he had seen potent drugs and procedures employed during his student career, he had begun practice almost as a sceptic; but that the more he watched the action of medicines, the more firmly he had become convinced of the definite power which they exert over disease. He warned them against overweening confidence in drugs, which ended in polypharmacy, on the one hand, and against feeble timidity, leading to indifferent do-nothingism, on the other. In regard to the alleviation of disease, Dr. Sieveking urged that it was as much a duty as either of the methods of proceeding previously adverted to. While there was life the physician had a duty to perform. He could often assuage and relieve where he could not cure; he could always inspire moral consolation and comfort where mere drugs failed him. The next topic to which the lecturer alluded was the influence of medical studies upon the character. He controverted the assertion that the sight of pain and suffering hardened the heart, and urged the great importance of self-control in the physician, for the purpose of inspiring the patient with confidence. He dwelt on the importance of genuine refinement in the physician, as essential equally in professional intercourse with the poor and lowly as with the wealthy and high-born. After alluding to the days in which marquises were proud of pugilistic contests with jarvies, and of the accumulations of door knockers, and when they might have found imitators among a certain class of medical students, the lecturer asserted that such things belong to the past, and that the medical student of the present day was well worthy to belong to a community in which civilisation had made greater strides during the past quarter of a century than during any previous part of our history. The lecturer then paid a well-merited compliment to the students of St. Mary's, past and present, on account of the gentlemanly and studious spirit that had prevailed among them since the opening of the school in 1854. In adverting to the intellectual dangers which beset the medical student, the lecturer dwelt upon the risk attending the unnecessary introduction of natural sciences into the domain of revealed religion. We would say to the student, he observed, Avoid as much as possible the introduction of the crumbs of natural science, that you may pick up in your students' career, into the domain of your religious thought. There is more than enough to occupy your whole powers in the legitimate study of your profession, and the earnest prosecution of your studies will duly open out to your necessarily limited vision ever-widening fields of Divine goodness and glory. Every day that brings more knowledge should more and more realise in you the conviction that we now see through a glass darkly; and our constant intercourse with Nature and Nature's works in health, disease, and death, should serve to give us the blessed assurance that the time will come when all our difficulties will be removed, and when we shall "see face to face." Dr. Sieveking's concluding remarks were devoted to putting before the students briefly the prospects that lay before them. While no great rewards of place or power were likely to be theirs, they were not dependent upon the favour and interest of others in the same way as the members of other professions. On the whole, the lecturer thought the reward the student might look forward to would be commensurate with his deserts; and he urged that, although there were drawbacks, he was inclined to think that there was as much opportunity of happiness in the medical profession as in any calling. None was more useful, none allowed of greater independence of thought, in none were the opportunities so great for constant intellectual growth and development. (Loud cheers.)

UNIVERSITY COLLEGE HOSPITAL.

Dr. Wilson Fox, who delivered the Introductory Address, said:—In the foundation of modern science, in the "Novum Organon" of Bacon, the following aphorism occurs:—"It is not possible to run a course aright when the goal itself has not been rightly placed; and the true and lawful goal of the sciences is none other than this, that human life be endowed with new discoveries and powers." Such being our goal as followers of the science of Medicine, it well becomes all, students as well as professors, to pause at such a season as the present to inquire whether we really have this goal in view, and whether the course in which we are proceeding towards it will lead us to the end which we desire to attain.

The way in which we have chosen to seek to fulfil our appointed duty in this life is one of the loftiest which can lie before any man —viz., to prolong man's life, and with his life his usefulness; to study the conditions which militate against his physical and mental well-being, so as to be able to point out the avoidable causes of sickness and death, and the defences by which the struggle against those which are unavoidable may be rendered less sad and painful. If these conditions can be fulfilled (and their performance complies with the lofty conditions enforced by the philosopher), we may feel indeed that the object of our life's journey is not a delusion, but that in its pursuit, toil will be a delight, and labour welcome.

It is, however, well to recognise that in proportion to the loftiness of our purpose is the greatness of its difficulties; for our path does not lie through well-trodden ways, of which the landmarks are easily known. We have proposed for our solution the most complicated of problems, and to unravel the most intricate order of facts which come under the cognizance of man's intellect. We have to deal with a being in whose organisation are involved the most complicated laws of all the phenomena which matter presents to our senses, in whom changes take place with great rapidity, and which, while they tempt curiosity to the utmost, seem perpetually to elude the desire to grapple with their laws, and to disappoint the longed-for "Eureka" of the philosopher—a being distinguished amongst all other forms of matter by a principle which has hitherto baffled all attempts to define its nature, as if indeed we might conclude that life, as such, could not be included under any one definition, but known only in its manifestations; and thus clothed with a power which complicates all known laws of matter external to himself, he finds himself placed amongst a series of external conditions, upon which he acts and by which he is influenced. Impelled from within to act, he yet consumes his own organism in his ceaseless labour, and drawing his sustenance from the materials by which he is surrounded, he is ever inevitably tending towards an ultimate return to the same nature as the elements over which he believes himself capable of exercising a control, and yet feeling that in their ultimate dissolution he has that within him which shall escape the "bondage of corruption," and in the death to which he is passing find a higher and an enduring life.

Our task is, then, no light and easy one. It is, to learn the external manifestations of the vital force, its effect upon other forces, and their effect upon the materials of which our bodies are composed; to learn also the nature of these materials through the phenomena which they manifest,—the form and structure of the machinery—the influences from without and the causes from within by which its mechanism may become deranged and its efficiency impaired, and what circumstances may tend to preserve or to restore it. Have we grounds for belief that we possess this power—that we can acquire this knowledge? The experience of the past answers affirmatively, and reason shows no cause why our knowledge should not steadily increase. But how is this complexity of laws to be reduced to their practical signification? How is it that the ages which have rolled away have left us with our object only imperfectly attained? The answer to these questions lies in the method and order adopted in our researches, and in the diligence with which that method is followed. The history of Medicine shows that its followers—impatient at the length of the way, desirous of some more speedy solution of the problem set before them than the laws of nature and of the human mind allow—have, in their ill-judged attempts to grasp generalities, only added to its complexity by passing too hastily to deductive reasoning while the path of induction was the only one open before them. System after system founded in this manner has only led its followers into the morasses of doubt and perplexity, whence, if by chance escaping, they have exclaimed that the struggle was hopeless, and that the task was beyond man's endeavour. No, gentlemen,—as was enunciated in this place by our late distinguished Professor of Medicine, towards whom (worthily as his place has been filled) I trust, now that for the first time we miss him from amongst us, it is not out of place to express how deeply Dr. Walshe's loss is deplored in this school by all who have had the pleasure of witnessing his laborious search after truth, which no toil could daunt nor impediment discourage, as well as of learning from his clear logic and brilliant powers of expression the facts and laws of medical science;—as Dr. Walshe so convincingly laid before us a few years ago, we may not yet apply the method of deductive reasoning to the generalizations of disease. Our task is yet in the laborious and patient collection and comparison of facts, not hesitating to accept new ones because they will not square with preconceived theory, but rejecting theory rather than fact.

We have thus to study life in its twofold character of health and disease: as anatomists, to learn the structure of the frame both in its grosser and in its finer parts; as physiologists, to study how the ends for which these structures are fashioned are accomplished. And in this investigation we shall have to call in to our aid, as well as find exemplifications of the subtlest laws of the other physical

sciences. Further, we shall find that to attain a true knowledge of the place of man as an organized being, we shall have to appeal to the simpler structures of the animal and vegetable world; and in this varied field of knowledge we shall find that every difficulty and imperfection in the more elementary sciences reacts with double force when grouped in the ceaseless variations and complexities which prevail among the laws of man's physical nature. We have not simply to calculate in mathematical formula the results of a few laws. We have not so fully at our command both the bases of inductive reasoning, experiment and observation, as are possessed by the students of other physical sciences; our experiments cannot be varied at will to ascertain agreements and differences between cause and effect; and conclusions drawn from animals can only establish certain large inductions, the application of which to man can only be determined with greater or less degrees of probability, unless the certainty of their resemblance or identity can be established by other courses of reasoning.

The facts of organic life can in large measure be brought under the laws of physics, and good progress has been made of late in this direction; but after all the problems of physiology have been solved, we have yet to encounter the complications of disease, which are infinitely more varied, each sequence of normal action being liable to numerous disturbances, similar effects being produced by diverse causes, and *vice versa*.

We cannot learn disease without a previous acquaintance with healthy structure and healthy action, and hence each advance in physiology points the way to further researches in pathology, by illustrating the mode of evolution and interdependence of phenomena previously believed to be distinct; but beyond this the facts of pathology have to be studied for and by themselves, and our mode of investigating disease must be similar to that followed to ascertain the laws of health.

We have hence to seek for facts of a varied order. We have firstly to deal with alterations of structure, and with the changes in the vital actions associated with these. We have, further, to elucidate the causes of these alterations, the means for their classification and recognition, their nature, and the laws upon which they depend.

Modern research has taught us that the basis of all this system of inquiry is to be sought in the change of structure which the tissues undergo, and leads us strongly to the belief that all change in function is associated with some alteration of structure—a field of inquiry which has been largely aided by the modern introduction of the microscope and of chemistry to aid us in our researches. Our task is not, however, completed when we have simply recognised a change of structure at the *close of life*. We have to learn the termination of disease not only as we find it in death, but (what is far more important) in recovery; and we have yet to associate each of the varied and shifting actions in the series of diseased vital phenomena with the corresponding changes of structure we have been able to recognise, before we can feel that we can truly make an accurate diagnosis for therapeutic purposes of the disease which we have to treat. In such branches of inquiry our reasoning must be in large measure analogical from the parts which are open to our observation to those which are concealed from us, though other direct evidence may at times be afforded to us in the course of disease. Experiments with animals afford us here a great degree of certainty, so that the process of verification, though laborious and needing much patience, gives us, from the satisfactory data it has already furnished, good hope of further progress in this important though difficult field of inquiry.

In the search after the causes of disease, the medical observer finds some of his greatest difficulties; but when we consider what has been already accomplished, we need not despair of some general laws being yet discovered which shall bring order out of this seeming chaos and confusion. The only mode of arriving even at comparative certainty is that of close methodical observation and recording of facts by many observers. The results already attained by the profession have conferred large blessings on mankind in the diffusion of knowledge respecting the causes and spread of epidemics; in pointing out that dirt and disease go hand in hand; in the improvement of our homes; in the increased comfort and health of our soldiers and sailors; and when such knowledge has been allowed to bear fruit, unhindered by prejudice and ignorance, in prolonged and more useful life among the communities of mankind. Medical men, casting aside the superstition which has so universally prevailed as to the origin and spread of epidemics, and pointing out the more obvious laws which control them, have given to their fellow-men the power of commanding nature by obeying her, and have thus robbed the pestilence of its terrors, and taught them where to look for the lessons which such visitations teach. What nobler duty can fall to the lot of man than thus to lead in the van of civilization, to take the sting from its blessings, and to teach how the arts which bring comfort to the many may cease to be the destruction of the few?

There is yet a further step necessary, alike in practice and in theory, in which we have to perform an inductive process of reasoning, founded on classifications based on the comparison of diseased action with morbid structure, and this is the operation of diagnosis, which will be rendered perfect in proportion as our classifications become more exact. When we have observed in a sufficiently large number of cases that a given group of symptoms is invariably associated with a certain morbid change of structure, we are justified in assuming that in any fresh case presenting the same grouping of symptoms, the same proximate cause may be expected to exist in the altered tissues of the body; and if our classifications were perfect, our diagnosis would in like manner be free from failure. Here, too, careful observation of all associated phenomena is necessary both for the present success and assisting progress, and each fresh fact added, each successful interpretation on sufficient grounds of the phenomena observed, is a certain mark of progress, and a stepping-stone for further classifications.

Medicine, has, however, other indications to fulfil in the attainment of the end sought. It is not enough to know the laws of physiology and pathology—to be able to classify and diagnose disease. Such knowledge would be barren indeed did it not teach us how to *cure*. This is the point which each advance in pathology ought to help us to attain. Not that we are justified in rushing at once from each new fact or imperfect generalization deductively to what is termed a practical application. This were indeed to bear out the simile used by Bacon—of Atalanta turning in vain aside from her course to pick up the glittering apple that led her astray. Were Medicine to remain at the stage to which the so-called practical men would reduce it, it would ever be a farrago of crude theory and empirical treatment, hopeless alike to physician and patient. The practical part of our profession must go hand-in-hand with scientific investigation; and all experience has shown that those who have stood highest in the latter have equally excelled in the former.

What is the problem with which we have to deal? We have to discover the whole of the effects produced by our remedies both in health and disease;—for the action of a medicine in the former is no measure of its effects in the latter. We have not yet attained to absolute uniformity of sequence in the cases to which remedies are applied; and until this is effected by a more careful selection of remedies appropriate for diseases, we cannot look upon our art as certain. In this investigation we have three modes of inquiry before us—experiment on man in health and disease, experiment on animals, and direct observation; but of these methods, with some exceptions in favour of the second, the third is the only one generally open to the practitioner of medicine. Our present method is a mingling of induction and hypothesis, and our only hope of overcoming its difficulties lies in the widest possible classification of the effects both of the pre-existing causes and of the arbitrarily introduced co-efficients. Such a task is indeed beyond the powers of *one* man—beyond the duration of *one* lifetime; yet it must be accomplished before the practice of Medicine can be placed upon a scientific basis—before, as a profession, we can clear ourselves of the reproach of uncertainty. The object must be effected by the united labour of *many*, bringing to their aid all the improvements which modern research has placed at our disposal, and by the comparison of these results with the labours of those who have preceded us; for thus only, in avoiding the Scylla of too hasty generalisation, shall we escape the Charybdis of a scepticism which has been creeping over and paralysing the efforts of the Profession in its search after an unfailing system of therapeutics—a scepticism which, founded on an injurious contempt for the knowledge and experience of preceding times, is reducing many to a vacillating uncertainty of treatment, and giving the public the belief that we are dealing with instruments in whose efficacy we ourselves have lost faith; thus driving them into the hands of noisy and shallow impostors, who, professing to possess panaceas, whether of systems or special remedies, deceive by the loudness of their boasts a public generally too uneducated to weigh the value of scientific evidence.

If we wish our researches to be treated with respect by our successors, let us show the same regard for the labours of those who have preceded us, making due allowance for their less accurate means of diagnosis; but let us beware of imperfections in our own mode of recording cases. The cause of much error and perplexity in our treatment lies in incomplete diagnosis. There must be differences in cases which react differently under the same treatment, but we have yet in many cases to distinguish in what these differences consist. We have yet many grounds for hoping for further progress in pathological knowledge, in the mode of preparing pharmaceutical preparations, and in the increased knowledge of groups of physiological and pathological actions resulting from the use of remedies—a knowledge which it is most important to extend as widely as possible.

It is yet premature to begin to inquire the exact method by which any drug produces any special effect. But we are not justified in a scepticism as to therapeutic methods because the so-called Rational School have not succeeded, in applying their imperfect knowledge of the physiological action of drugs, deductively to explain their action in disease. We can no more apply this mode of reasoning in therapeutics than we can in pathology. The

history of Medicine, as it stands at present, forbids the reliance on *specifics* as an empirical treatment based upon unphilosophical grounds; but in a wider sense, the course of modern investigation points to the employment of drugs to meet special physiological and pathological states of the system.

Such being our objects, and such only being the means within our reach to attain them, you are yet justified in asking when they suffice for this purpose, and whether we have such evidence of their efficacy as gives us grounds for hope of progress in the future. I think we may conclude, without too flattering a hope, that, considering the difficulty of our task, the method of Bacon is leading us steadily onward to "new truths and new powers." Consider the flood of light which the discovery of the reflex nervous system has thrown on the obscure recesses of the physiology and pathology of those organs. Consider the brilliant results which have followed the laborious classifications of Laennec, Louis, and Walshe, of the diseases of the lungs and heart. And when we recognise how much of the processes of absorption, secretion, and nutrition is explained by the laws of endosmose and exosmose—how the discovery by our late illustrious Professor of Chemistry, Prof. Graham, of the laws of diffusion of gases has served to elucidate the facts of respiration,—may we not hope that his latest generalisation of dialysis may be brought to bear in the simplification of other phenomena in the human body which are yet unexplained and obscure. It was as true a process of inductive reasoning and experiment that enabled Prof. Simpson to discover chloroform as that by which Jenner arrived at the truth of vaccination; or, to take instances from our own school, not in any spirit of invidious self-gratulation, but because it is well for us from time to time to test our progress, and I believe that we shall find that here also the spirit of Baconian inquiry has borne its fruit. When we consider the elucidation of the nature of fever by our distinguished Professor of Medicine, of blood diseases and their remedies by our Professor of Materia Medica, of the action of remedies on the secretions by Dr. Parkes, we may feel that the path we are pursuing is the right one; and if in the past we see instances of success, we are also able to look forward hopefully into other branches of inquiry. Under this head I would instance the valuable researches of Professor Lister, of Glasgow, into the nature of inflammation, and his inquiries into other obscure vital actions.

From such instances we are justified in the trust that the means which have sufficed for the past will avail for the future, and that each advance in the correlative sciences will be the harbinger of a further reduction to simpler laws of the complex phenomena of life. Already we possess some generalizations, which, if not yet fully and perfectly established, want but little of being so; amongst which we may place the brilliant theory of Virchow—that of the ultimate form of organic life being uniform: explaining thus at once in general terms, though all the conditions are not fully understood, as well the reproduction of the individual as the growth and nutrition of its parts, and aiding still further to generalize John Hunter's teaching—that disease is only a deranged manifestation of the vital actions of health. It might seem as if we need hardly hesitate to compare this view for wideness and completeness with the atomic theory of the chemist, though wanting, from the nature of the subject, the definiteness which attends the laws of weight and number.

Our science is not less a *true* one because it is still inductive; because we have to elucidate its laws synthetically by the comparison of a vast number of individual instances; nor because we have to reason, in many cases, by analogy and hypothesis. We have, indeed, no great universal axioms from which to deduce the individual facts of disease. New cases are continually occurring whose relation to other facts has to be determined by long and laborious research; and it is to this research that you are now invited, resting assured that if conducted in the right spirit your toil will not be thrown away.

The history of other sciences gives us no reason to despair of the progress of our own. The harvest is long in ripening, but the reaping and the garnering are quick and sure. Let us be content to sow that others may reap, and as we are entered into the labours of others, let us at least leave some marks to guide our successors on their way. Art is indeed long, and patience no less than hope needs to be the attribute of the philosopher. And what, gentlemen, do you seek as a reward for this life of self-denying exertion? The reward of an approving conscience for true work done in the noblest of missions—in that work in which the Redeemer of mankind chose to manifest His power and love to man—has been rewarded enough to thousands who have preceded you; and though the power of miracle in healing has not descended to us, yet in this as in the other branches of human labour, the power of success has been granted to wise earnest endeavour. There are other rewards also within your reach. You will find true gratitude from those to whom you will be often their best earthly friend and comforter; and let me urge on you to strive from the beginning of your career, if you wish fully to enjoy this reward, to regard suffering humanity with a true sympathy, which, while it takes the form of practical benevolence, does not forget the sorrow and suffering which sickness entails. You have before you within your own hospital, a noble example of disinterested devotion in the sisterhood who consecrate their time and labour to the welfare of the suffering poor—an example which it is well that you should have before your eyes from the beginning of your studies; for, as members of the most liberal of the professions, you will have often to work for the good of others unseen of men and without fee or reward. And, gentlemen, from the toils of practice,—from the want of appreciation, of gratitude, of sympathy among your fellow men, you have ever a retiring place among the glorious arcana of Science, who spreads for you her most glittering treasures, and whose laws you can study in the most perfect mechanism to which they can be applied. To your view are offered the most varied problems of light and sound in their attractive complexity and most exquisite harmony. To you each force of nature, each atom in the animal or vegetable worlds, "may have a voice, and give you eloquent teachings;" and in the serene and admiring contemplation of the works of the Creator, you may feel yourselves ennobled whilst you adore.

Yet, gentlemen, earthly rewards are not altogether wanting. Wealth is not to be sought here; but to true industry, sooner or later, a competence is open to all, and many a true worker in the field of science has found that—

> "Not once alone in our rude island story
> The path to duty was the way to glory."

And if fame should not be your lot,—if your short day should end while digging, amid the mist and gloom, steps by which others may ascend to wider views and more perfect knowledge,—you have the consolation of knowing that life does not end here, and that the future has a higher tribunal, where in the great muster-roll of the ages the names of the great and good will be judged by a nobler standard than that of short-sighted human wisdom, and those of the true benefactors of humanity and earnest seekers after truth shall stand written in letters of light. May ours also be found there as those of true labourers in this field of knowledge which God has appointed us to enrich and replenish! and may we find our appropriate reward in the removal for ever of the "burden of the mystery of this world," and find the fulfilment of the great philosopher's final prayer—"Quare si in operibus tuis sudabimus facies nos visionis tuæ et sabbatis tui participes!"—the vision of perfect knowledge, and the sabbath—of labour not in vain!

WESTMINSTER HOSPITAL.

The Inaugural Address was delivered by Dr. ANSTIE, who said:—"That in looking round the theatre on an occasion like the present, and observing the expression of many faces before him, he could feel no difficulty in selecting a topic for discourse. He was forcibly reminded by the recollection of his own experience, that the predominant feeling in the mind of young students at such a time as this is a strange sense of novelty, and an uneasy consciousness that as yet the business of medical education seems too much of an unreality to be thought of as the serious occupation of their lives. This does not arise from any disinclination to apply themselves to work, but from ignorance, not so much of the details as of the true spirit of medical study. The first duty of the lecturer would, therefore, be to describe, as briefly as possible, the general plan of work which the student should adopt. In his remarks on this subject, he laid great stress on the necessity, from the very first moment of the student's career, of giving prominence to the *practical* part of his education. Anatomy, physiology, and chemistry—the subjects of his special study during his first winter session—were admirably adapted, when studied practically by means of dissection, the use of the microscope, and the practice of chemical analysis, to give the beginner a sense of personal interest in his work; because there is, in all such pursuits, something of the feeling of discovery and invention. But if early attention was requisite to the practical working of sciences which, like those already mentioned, lie at the foundation of medicine, still more necessary was it that the actual treatment of disease should be studied, from the very first, in presence of the living facts of clinical medicine. The student was urged to take, from the first, an active part in the practical work of the hospital, by filling successively the different clinical appointments in which he would be able to learn, under competent guidance, the difficult art of medical observation. "The practical physician," said the lecturer, "is like a man who fights in the gloom of twilight with foes who seem innumerable from the impossibility of defining their shapes or their exact position; only after a long and trying combat, after many sighs for clear sunlight, does he learn that the gloom may be pierced by eyes which have grown familiar with it, and that the foes are not so numerous nor so terrible as fancy painted them at first. The student cannot too soon begin to scan this dusky twilight of clinical medicine, not only for the sake of the invaluable experience which he will thus gain, but because his interest in the work of his profession will be increased tenfold as soon as he makes the delightful discovery that he, too, possesses the power of discriminating shadows from sub-

stance among the protean shapes which disease assumes. Along with clinical work must always go the sedulous use of the microscope and of chemical tests, and, above all, the habit of preserving notes, in which careful numerical tabulation of morbid phenomena and the results of treatment are included."

The necessity of acquiring, in addition to technical knowledge, the elements of a really good general education, was next dwelt upon. No calling demands so high a standard of general acquirements in those who follow as does the profession of Medicine, except, indeed, that of the Church. The power of commanding the sympathy of a number of patients in different ranks of life, is absolutely necessary to considerable professional success; but it is impossible to do this simply by force of the most amiable disposition, or the most genuine kindheartedness. There must be the power of *intellectual* communion with many different minds, and this can only be gained by a varied intellectual training. It would be absurd to say that the most diligent study of mere technical matters could atone for deficiency in an acquaintance with such important subjects as mental philosophy, the principal events in the history of our race, and the chief developments of its theology, literature, and fine arts. The neglect of such accomplishments as these would account for very much of the ill-success of individual medical men, and the undeservedly low social status of the whole profession. Still more necessary was a good working knowledge of the physical sciences, both to professional efficiency and intellectual status with the public. And in these days of free intercommunication of ideas, it would be wrong to omit from the list of accomplishments which the medical man should cultivate a fair working knowledge of the French and German languages.

The lecturer then proceeded to make some observations on the importance of the constant cultivation of the moral qualities of courage, foresight, perseverance, self-denial, and, above all, truthfulness, the acquirement of which was perhaps the most difficult task of all.

The concluding portion of the address was occupied with a slight sketch of the present state of pathology and the tendencies of modern English therapeutics. Great and important changes had taken place of late years in both these branches of medical science, and the late Dr. Todd was eulogised for the conspicuous share which he took in these movements. It was unfair to the memory of that great man to associate his name with any special system of medication; his real merits were to be found in his constant and successful efforts to procure an acknowledgment of the fact that it is Nature herself who performs by far the most important part of the work of cure, while the physician is only her humble servant, who should be always reverently watching her movements, and, if necessary, aiding the efforts which she herself makes. Allusion was made to the further development which these ideas have received at the hand of Dr. Chambers, who has propounded the theory that all disease consists in a deficiency of vital power, and therefore that all true remedies must be such as directly or indirectly aid the work of nutrition. Whatever might be the ultimate verdict on this theory, it was certain that an immense number of facts, both in physiology and pathology, which have latterly become familiar to us, appears to give it a general support. The discovery by Virchow of the similarity between an immense number of morbid products and the lower kinds of healthy tissue, fortified as it is by the recent observation of Rindfleisch, that the development of tubercular matter in the brain of the child presents many points of resemblance with that of the so-called connective tissue; the important observations of Kussmaul and Tenner on the production of epileptiform convulsions by the abstraction of arterial blood, and the development which this fact has received at the hands of Dr. Radcliffe who has demonstrated the superiority of the nutritive treatment of convulsive disease over every other plan,—these and a host of other facts seem to be leading us in the same direction. It is most important, then, for the student to understand that his attitude must be one of vigilant and earnest inquiry into the phenomena of nature, and searching though respectful investigation of all therapeutical traditions which have come down to us. There must be nothing of the spirit of perverse and insolent scepticism in this; such a spirit is far more likely to be found among the blind adherents of doctrines which they have never had the courage to test. And there need be no feeling of discouragement, even though our increased knowledge robs us of some of the credit which we had fondly attributed to our own efforts; for the future of Medicine is at this moment more bright than it has ever shone before. To quote the last words of Dr. Todd: "There never was a period when a candid and ample reconsideration of general pathology promised more fruitful results than the present. Our widely extended acquaintance with anatomy and physiology—the greatly enlarged security of the basis on which our knowledge of function rests—the much increased accumulation of facts of clinical history—all afford most important data for new inductions." That exhortation, gentlemen, (continued the lecturer,) calls upon the whole rising race of medical men; it is addressed to every one of you, for every one can help in the great work of accumulating and tabulating clinical facts. We must all of us be discoverers; we must all of us submit to the test of most stringent personal examination in the doctrines of pathology and treatment which we propose to act on in our own practice. And we must all remember that *our* conclusions will in turn be criticised; that a later generation, standing on a basis of a wider knowledge, will perhaps condemn us too; and that we had need remember with humility the words of our great poet:—

"Our little systems have their day—
They have their day, and cease to be;
They are but broken lights of thee—
And thou, O Lord, are more than they."

METROPOLITAN SCHOOL OF DENTAL SCIENCE.

The Introductory Lecture of the Session just commencing, was delivered at the College of Dentists, Cavendish Square, on Wednesday last, by Mr. HOCKLEY, Lecturer on Dental Mechanics, in the presence of a large number of students and members of the college.

The lecturer began by observing that he must ask his audience to look kindly, and not critically, at the remarks he was about to make. His colleagues who had preceded him on these occasions had dwelt upon the scientific and surgical history of the Dental Profession, and he should, therefore, speak more particularly on the progress which had been made in Mechanical Dentistry, commencing with the Egyptians in whose sarcophagi artificial teeth, and teeth filled with gold had been found. He passed on to consider the state of dental science under the Greeks and Romans. It is evident from the remarks in the poems and satires of the Roman poets that the ladies of the Imperial City were acquainted with the use of artificial teeth, and had recourse to them to aid the charms of beauty. Of Dentistry during the dark period of the Middle Ages, little is known, except that Albucasis, an Arabian Physician, who lived in the early part of the twelfth century, was the first to teach that the natural teeth may be replaced by artificial ones, made from the bones of the ox. He next explained the rude process of extracting teeth in the sixteenth century, when but little progress had been made in mechanical aids, and remarked that it was doubtless the unskilful practice that brought the profession into disrepute. The regular surgeon avoided as far as possible all operations on the teeth, and dentistry fell chiefly into the hands of barbers and itinerant operators. It was not until the year 1757, that the first model of the mouth in wax was made, and the instruments used were of the rudest possible description. Since then, many treatises had been written on the science, and Mr. Hockley mentioned among the writers of the past century the names of Blake and Hunter as especially deserving their attention. The time had now arrived, the lecturer continued, when it was necessary that the Dentist should possess a medical as well as a surgical knowledge of the special organs he was called upon to treat. There must be mechanical skill and surgical knowledge combined. The college in which they were, enabled them to become acquainted with anatomy and physiology, the structure of the body, and the laws that regulated its functions. The various lectures would be found valuable adjuncts to their practical experience. Chemistry, too, was important, as it would teach them the nature of elementary bodies. All these were wisely included in the school, and opened up to them a wide field of knowledge of the arts and sciences. They must take care to have mental and bodily recreation. The lecturer then addressed the students, more particularly urging on them the necessity of industry, and determination to overcome difficulties. The young did not know the value of time. Youth was the seed time of life, and as they sowed so would they reap hereafter. To succeed they must have the necessary amount of energy, and he trusted that they would reckon the days spent there as some of the most profitable of their lives.

Births, Marriages, and Deaths.

BIRTHS.

COCKERTON.—On the 2nd inst., at Petersham terrace, South Kensington, the wife of Richard Cockerton, Esq., M.R.C.S., of a daughter.

COOPER.—On the 30th ult., at Colne lodge, Cromer, Norfolk, the wife of J. Cooper, Esq., F.R.C.S.E., of a daughter.

COURTNEY.—On the 28th ult., at Linfield house, Pallas green, co. Limerick, the wife of Charles F. A. Courtney, Esq., Surgeon, R.N., of a son.

DEAS.—On the 4th inst., at Haslar, Gosport, the wife of Dr. Deas, C.B., Inspector-General, of a son.

FISH.—On the 4th inst., at Effingham house, Marquess road, Canonbury, the wife of Robert Fish, Esq., M.R.C.S., of a son.

HIGGINS.—On the 5th inst., at Peel, Isle of Man, the wife of H. Higgins, L.R.C.P.E., of a son.

JOHNSON.—On the 30th ult., the wife of John Johnson, M.D., of Tunbridge Wells, of a son.

MARSHALL.—On the 1st inst., at Mitcham, Surrey, the wife of Edward Marshall, Esq., M.R.C.S., of a daughter.

MARRIAGES.

STEELE—DEANS.—On the 7th inst., at St. Margaret's, Westminster, John Charles Steele, M.D., Superintendent of Guy's hospital, to Sophie, eldest daughter of Thomas Deans, Esq., of Westminster.

DEATH.

WARD.—On the 6th inst., at Watford, Herts, Thomas Abel Ward, Esq., M.R.C.S., aged 68.

MEDICAL NEWS.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd inst.:—William Bailey, Tipton, Staffordshire; Caudell Clarke, Wymondham, Norfolk; Edward Holberton Edlin, St. Bartholomew's Hospital; William Hughes Griffith, Southampton; Albert Dunning Hunt, Chagford, Devon; Peter John Lavin, Bushey, Herts; Edward Meacham, York street, Cheetham, near Manchester; Charles Martin Russell, Monmouth road, Westbourne grove; Cleveland Smith, Thornton street; John Whitehead, Trinity square, Borough.

THE NUMBER OF DEAF AND DUMB PERSONS IN EUROPE is about 250,000.

PATHOLOGICAL SOCIETY OF LONDON.—The first meeting of this Society for the session 1862-63 will be held at the rooms in Berners street, on Tuesday evening, the 21st inst., at eight o'clock.

NEW HOSPITAL AT BIRKENHEAD.—Mr. Laird, M.P., has contracted with Mr. Hogarth, builder, for the construction of the new hospital at Birkenhead. The building will be immediately commenced.

MONUMENT TO SIR HUMPHRY DAVY.—A monument is about to be erected to the memory of Sir Humphry Davy, on the north side of Mount's Bay, near Penzance, where he was born.

COUNTY DOWN LUNATIC ASYLUM.—In accordance with a resolution passed at the last Assizes, plans for a new lunatic asylum for the county of Down are invited by the committee for competition.

NORTH STAFFORDSHIRE INFIRMARY.—The committee of the North Staffordshire Infirmary are prepared to receive complete sets of designs for a new infirmary, to be erected at Hartshill, near Stoke-upon-Trent, at a cost not exceeding 12,000*l.* for the entire building.

QUARTERLY RETURN OF DEATHS IN LONDON.—In the quarter ending Sept. 27, 15,133 deaths were registered in London; of these 8,184 were under twenty-one years, a large portion having died in infancy. 413 persons were eighty years old and upwards.

SUMMER MORTALITY.—In the two seasons of 1851 and 1852, the mean temperature being 60·4° and 58·7° respectively, the deaths were about 15,000 in each season. In 1859, with a temperature of 62·9°, the deaths were 16,000; in 1860, when the temperature decreased to 56·8°, the deaths were only 12,916.

RANK OF MEDICAL OFFICERS IN THE AMERICAN ARMY.—The highest grade of assimilated rank attained by the medical officers in the United States service is a colonelcy; but it is proposed to give the Director-General the rank, pay, and emoluments of a Brigadier-General; the Sanitary Inspector-General to rank as a Colonel of Cavalry; a first-class surgeon as a Major of Cavalry; a second-class surgeon as a Captain of Cavalry; and an assistant-surgeon as a First Lieutenant of Cavalry.

AGREEMENT NOT TO PRACTISE: YOUNG *v.* EMERSON.—A case has recently been tried at the County Court, Sandwich, Young *v.* Emerson, in which the plaintiff agreed to assist the defendant, a medical practitioner there, at a salary of 100*l.* per annum, with one month's notice, his services to commence on the 8th of September. Defendant subsequently requested plaintiff to sign a bond against practising on his own account, which he refused to do. When plaintiff went to the surgery to commence his duties the defendant called on him for his signature to the bond, which he refused, and was consequently dismissed. The present action was brought to recover a month's salary, 8*l.* 6s. 8d. For the defence it was alleged that the signature of the bond was an essential part of the contract, and that not having been given, the agreement was void. His Honour decided that, under all the circumstances of the case, he should be doing justice by awarding a payment of 5*l.* to the plaintiff in lieu of notice.

NEW TRANSFUSION APPARATUS.—At a meeting of the Edinburgh Obstetrical Society, Dr. Hamilton exhibited an apparatus which he had contrived for the performance of transfusion of blood after any considerable hæmorrhage. It consists of a funnel for receiving the blood, say four inches broad at the mouth, with a stop-cock attached to it, and of an India-rubber tube, two feet long, for connecting the two. In operating with this instrument, Dr. Hamilton proposes that the patient should be placed at a lower level than the person from whom the blood is to be drawn, so that we may have—1st, the force of gravitation to impel the blood forward; and 2nd, that we may thus effectually provide against the entrance of air into the veins, as the air, being the lighter body, must always keep on the surface. The instrument is simple in construction, and can be applied with great facility.

THE LATE MR. WAKLEY.—The late Thomas Wakley, Esq., Coroner for Middlesex, and formerly M.P. for Finsbury, has died possessed of both real and personal property, the latter estimated, for probate duty, at 12,000*l.* and which, together with his freehold at Matlock Bath, near Buxton, Derbyshire, and all other of his real estate, he has directed by will, dated 1861, to be equally divided between his three sons, appointing his son, Thomas Henry Wakley, Esq., and Thomas Spalding, Esq., executors.—*City Press.*

ALLEGED FATAL MISTAKE AT THE ROYAL DISPENSARY.—Dr. Lankester held an inquest at the Prince of Wales Tavern, Sudely street, City road, on Monday, on the body of a child whose death was alleged to have been caused by an overdose of cough-mixture. But on a post-mortem examination it appeared that death had been caused by congestion of the brain from a convulsive fit. The labels on the bottles had, however, been written indistinctly and in pencil, so that a tablespoonful of one medicine, and a half tablespoonful had been given, instead of a teaspoonful and a half teaspoonful. Verdict accordingly, accompanied by a recommendation to greater care in labelling medicines.

SURGICAL INSTRUMENTS IN 1862.—The jury of Class XVII. has issued its report on surgical instruments, which is from the pen of Mr. Seymour Haden. It is a valuable though brief document, which will be generally referred to as affording an interesting and able *catalogue raisonnée* of the instruments displayed. Mr. Haden is only able, in this official report, "to indicate the more prominent additions," and refers for fuller information to the reports in this journal and elsewhere.

DR. BURNES, LATE PHYSICIAN-GENERAL AT BOMBAY.—We regret to learn the sudden death of Dr. Burnes, which took place at Manchester a few days since, while on his wedding tour. He was elder brother of the late Sir Alexander Burnes, who fell at Cabul in 1841, and himself formerly held the post of Physician-General at Bombay. Dr. Burnes, who was known in the literary world as the author of 'A Visit to the Ameers of Scinde,' was a magistrate for the counties of Forfar and Middlesex, and was one of the most active of the visiting justices of the lunatic asylum at Hanwell. He received the Hanoverian Order of Knighthood in 1837. By his first wife, who was a daughter of the late Major-General Sir G. Holmes, K.C.B., he had issue several sons, the eldest of whom fell in the Indian mutiny, where he lost his life in an heroic effort to rescue a little English child. This event is commemorated in a handsome painted window, lately executed for Dr. Burnes's native city of Montrose.

COMFORTS FOR GARIBALDI.—Mr. Alderman, of Soho square, has just transmitted to Spezzia, for the use of the wounded liberator of Italy, a couch specially adapted to his present condition. It abounds with contrivances for alleviating the pain of the sufferer, and is of highly-finished workmanship. It is also accompanied by a reading, writing, or dining-table, which the illustrious invalid can use without rising from his couch.

PROPOSED REFORMS IN THE FRENCH METROPOLITAN ASYLUMS.—In 1860, a commission was instituted by the Prefecture of the Seine to inquire into the ameliorations and reforms requisite in the provisions for the care of lunatics in the Department. The report has recently been drawn up and presented by M. Ferdinand Barrot. The report, after describing the defective state of the present system, proposes that a new central asylum shall be built, serving as a model for others throughout the country; that the management of these asylums be vested in the Government of the Department; that the administrative and medical authority be vested in the same person when possible; that employment be provided for the patients, especially in the open air; that boarding-houses be established in connection with the asylums, though the treatment of all persons at their own homes is recommended when there is no risk of public annoyance.

THE NEW YORK ACADEMY OF MEDICINE will commence its session on the 17th inst.; and, as will be seen by its list of papers and authors, its coming meetings will be full of interest. The high position which the Academy is yearly assuming among the scientific medical associations of this and other countries, should be a source of pride to the profession of New York. During the past year, it made a more rapid advance towards an enduring scientific reputation than at any other period. The character of its papers and discussions was of a high order, and attracted attention and favourable comment in all medical circles.—'American Medical Times.'

JAPANESE REMEDY FOR SEA-SICKNESS.—A Cronstadt journal states that the Japanese ambassadors all suffered from sea-sickness

in going from Swinemunde to St. Petersburgh. The first ambassador, in particular, was ever always to go the sedulous use of the microscope remedy he en[illegible] chemical tests, and, above all, the habit of preserving notes, and rigorous careful numerical tabulation of morbid phenomena and the results of treatment are included."

The necessity of acquiring, in addition to technical knowledge, the elements of a really good general education, was next dwelt upon. No calling demands so high a standard of general acquirements in those who follow as does the profession of Medicine, kept, indeed, that of the Church. The power of commanding the sympathy of a number of patients in different ranks of life, is absolutely necessary to considerable professional success; but it is impossible to do this simply by force of the most amiable disposition, or the most genuine kindheartedness. There must be the power of *intellectual* communi[illegible] and this can only be [illegible] as "the physic garden" are grown, as a [illegible] course, many plants of a noxious character, among these the *Atropa Belladonna*, producing at this season berries having the appearance of a middle-sized cherry. These when ripe are of a violet black colour, and of a sweetish and not nauseous taste, having an inviting appearance. To the bed containing products of this class several children on Saturday afternoon obtained access, and there is no doubt consumed a quantity of the berries mentioned. On their return home they were seized with vomiting, and these, aged eight, six, and three years respectively, were throughout Sunday in imminent danger, their deaths being hourly expected. The symptoms were dryness of the mouth and throat, dilatations of the pupils of the eyes, loss of sensation, delirium, and stupor—in fact, all those consequent upon poisoning by belladonna. The children, however, have recovered so far as to be out of danger, though they are still suffering severely.

APPOINTMENTS.—John Broadbent, M.R.C.S. Eng., L.S.A. Lond., Surgeon to the Workhouse Hospital, New Bridge street, Manchester, has been appointed Surgeon to the St. Andrew's District, *vice* Thomas Wilson Dyson, M.R.C.S. Eng., L.S.A. Lond., deceased.—Charles A. Cameron, M.D., M.R.I.A., has been appointed Public Analyst for the City of Dublin.—James D. Cronin, M.D., Surgeon R.N. (seniority January 26, 1856), has been appointed to the 'Meander.'—Thomas Dodson, M.D. St. And., L.R.C.P. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been appointed Public Vaccinator for the Township of Holbeck, Yorkshire.—Daniel Finucane, M.D. Univ. Glasg., L.R.C.S. Irel., Surgeon R.N. (seniority December 4, 1858), has been appointed to the 'Meander.'—Stuart Atkinson Fothergill, M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the Selby District of the Scarborough Union, Yorkshire, *vice* Henry James Gunning, M.R.C.S. Eng., deceased.—Thomas Francis, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer for District No. 1 of the Brentford Union, Middlesex, *vice* Edwin Day, M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.—Franklin Gillespie, M.D. Univ. St. And., L.R.C.S. Edin., L.A.H. Dub., Staff Assistant-Surgeon, Army, has been appointed Assistant-Surgeon to the 35th Regt. of Foot, *vice* William Henry Hill, M.R.C.S. Eng., L.S.A. Lond., deceased.—Daniel Rutherford Haldane, M.D. Univ. Edin., F.R.C.P. Edin., L.R.C.S. Edin., has been appointed one of the Physicians to the Royal Infirmary, Edinburgh, thus rendering vacant the office of Pathologist to that Institution.—John Holt, Surgeon R.N. (seniority December 26, 1860), has been appointed to the 'Meander.'—Richard George Horton, M.R.C.S. Eng., L.S.A. Lond., has been appointed Public Vaccinator for the Township of Holbeck.—Henry Jackson, M.D. Mar. Coll. Univ. Aberd., L.R.C.S. Edin., has been elected Parochial Medical Officer for Aberdeen, *vice* George Jaffray Nicol, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng.—William Podmore Jones, M.D., M.R.C.S. Eng., and L.M., has been elected Medical Officer to the South Dispensary, Liverpool, *vice* Thomas Skinner, M.D. Univ. St. And., L.R.C.S. Edin., and L.M., resigned.—David Mann, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer and Public Vaccinator for the Eastern District of the Township of Holbeck, *vice* Dr. Thomas Dobson.—Mr. John Martin has succeeded the late Robert Mason, L.S.A. Lond., as Medical Officer and Public Vaccinator for the Sherburn District of the Scarborough Union, Yorkshire.—Gerald Molloy, L.R.C.S. Irel., Assistant-Surgeon R.N. (seniority May 16, 1857), has been appointed to the 'Nile.'—John Nagle, M.D. Univ. St. And., M.R.C.S. Eng., L.M., Cork Lying-in Hospital, has been appointed a substitute for David Cremen, A.B. and M.B. Trin. Coll. Dub., M.R.C.S. Eng., L.M. Dublin, Lying-in Hospital Dispensary Physician, Cork Union.—Joseph Metcalf Nicholson, L.S.A. Lond., has been appointed Medical Officer and and Public Vaccinator for the Workhouse of the Township of Holbeck.—Walter Patrick Joseph Purcell, M.R.C.S. Eng., Assistant Surgeon R.N. (seniority February 7, 1857), has been appointed to the 'Dasher.'—Mr. John Roberts, of Tavistock, has been appointed Dispenser to the Sheffield Public Hospital and Dispensary.—William Scott, M.R.C.S. Eng., has been re-appointed Medical Officer and Public Vaccinator for the Western District of the Township of Holbeck. Thomas Weddell, F.R.C.S. Eng., L.S.A. Lond., has been re-appointed Consulting Medical Officer to the Royal Northern Sea-bathing Infirmary, Scarborough.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 15.

[illegible] 1 p.m.; St Mary's Hospital, 1 p.m.; [illegible] Metropolitan Association of [illegible]

Operations at St Thomas's Hospital, [illegible] 1½ p.m.; King's College Hospital, 1½ p.m.; [illegible] 2 p.m.

Monday, October 20.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.—[illegible] Society of London, 8½ p.m.

Tuesday, October 21.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On Chronic Alcoholic Intoxication, with an Enquiry into the Influence of the Abuse of Alcohol, as a Predisposing Cause of Disease. By W. Marcet, M.D., F.R.S., &c. Second Edition. London: John Churchill.

Church of England Temperance Magazine. London: Weeks and Co. 44 Paternoster row.

Thorley's Illustrated Farmers' Almanack. London: J. Thorley, 145 Fleet street.

British Journal of Homœopathy. No. 82. London: Turner and Co., 77 Fleet street.

Monthly Homœopathic Review (October). London: Turner and Co.

NOTICES TO CORRESPONDENTS.

J. H.—1st. We think Dr. Harley's opinion questionable, as to the extent to which secret poisoning is carried. Yet we can hardly believe that medical men in full practice, have not had their suspicions strongly roused on some occasions. When such a suspicion arises in the mind, it is always easy for a practitioner to avert the possible catastrophe without positively imputing crime, if he have ordinary tact and firmness.—2nd. No.

Mr. H. S.—Note received. The point is obscure; but we think not.

L.S.A.—1st. No.—2nd. No.

M.D. St. Andrew's.—We do not know the price of a gown. You should write to the person named.

Mr. CARTER.—Received with thanks.

Dr. JOHNSON.—Forwarded.

Dr. M'CULLOCH.—Attended to.

Mr. WATSON.—1st. Yes.—2nd. The newly-born child decreases in weight for the first few days, owing to various causes; first, perhaps, the rapid waste of tissues caused by the establishment of the respiratory process; next, the small quantity of food it receives; and, thirdly, the purgation excited naturally or artificially. The dropping of the funis has nothing to do with it. This is merely a datum not a cause.

A STUDENT.—The work is a good one.

A SURGEON.—1st. The iodide of ammonium is said to be preferable to the iodide of potassium in rheumatic affections. We have no personal experience of its use.—2nd. Codeia exists in opium in small quantities only as compared with morphia. It is said not to excite nausea and headache.

Dr. W. T.—Communication received, and shall have our consideration.

ALPHA.—Letter with newspapers received. Our correspondent is thanked.

PHILO-CIRCULAR on "Apprenticeships" received; but we have not room for the article, in consequence of the occupation of our pages with the Introductory Lectures.

QUÆSITOR.—As a supplement to the 'Lancet's "Report on the Influence of Railway Travelling on Public Health," which it is announced Mr. Hardwicke intends to publish in a separate form. It is rumoured that the discreet publisher will also reproduce the MEDICAL CIRCULAR's comments thereon.

Mr. GRIFFIN's account of monies received on account of the "Puckett" Fund has come to hand. We are glad to see that so large a sum as 1,016*l.* 19*s.* 0*d.* was received. The result is highly creditable to Mr. Griffin.

JOURNAL

OF

Practical Medicine and Surgery.

PRESCRIPTIONS AND FORMULAS.

ART. 6301. FISSURA IN ANO.—Although in this disease internal remedies are less expeditious than surgical procedures, the Medical treatment of fissura in ano is becoming daily more popular; and as it often proves successful, many of our most eminent surgeons have recourse to forcible dilatation, or to the use of the knife, only when the injections of rhatany have failed in effecting a cure.

Although the formula of these injections is, doubtless, well known to our readers, their unquestionable utility induces us to reproduce it. Mr. Nélaton prescribes the following enema to be taken night and morning:

℞ Extracti krameriæ, ℈iv.;
Aquæ, ℥iv.

Mr. Trousseau adds to this solution one drachm of the tincture of krameria, an ingredient which, from the facts we have observed, does not seem an indispensable adjunct. In the case of a lady whom we visited with Professor Nélaton, and who suffered from a fissure of some standing, consequent on copious leucorrhœa, a complete cure was effected in ten days with twenty enemas, containing altogether about 3½ oz. of extract of rhatany. Mr. Trousseau treated with success at the Hôtel-Dieu, during the year 1861, ten cases of uncomplicated fissure, and in all the pain was entirely removed in the course of ten days, and cicatrisation was effected on the average in a fortnight.

It is necessary that the enema should be retained at least a quarter of an hour in the intestine, and it should be repeated night and morning as long as any pain is experienced when the injection is returned. After the suffering has subsided, one enema a-day is sufficient, and subsequently, one every second day only is required. If the practice were suddenly discontinued, the epithelium of the cicatrix would give way.

This remedy is, therefore, very efficacious, and its power cannot be called into question, but other modes of treatment may likewise be resorted to; and if, as Mr. Trousseau believes, the primary and principal feature of the disease is not the spasmodic contraction of the sphincter, but an irritation of the mucous lining of the intestinal orifice, analogous to that which causes chaps of the lips, nipple, or vagina, the proper treatment is obvious in an affection often resulting from intertrigo, inflamed hæmorrhoids, or lochial, gonorrhœal, or leucorrhœal discharges.

The first prescription must be extreme attention to cleanliness. Mr. Trousseau recommends lotions with very warm water three times a-day, during moderate bearing-down efforts.

As a useful local remedy, we may mention the tris-nitrate of bismuth, mixed into a thin paste with three times its weight of glycerine or thick linseed tea, and applied to the seat of the fissure. This plan we have frequently found successful in cases consequent on labour, or inflammation of hæmorrhoidal tumours.

Mr. Trousseau prescribes the following preparations for external use, when the presence of a herpetic or syphilitic taint is suspected:

℞ Hydrargyri bichloridi, gr. iij.;
Liquoris calcis, ℥j.;
Aquæ ferventis, ℥iij.;
Or
℞ Hydrargyri bichloridi, ℥iiss.;
Alcohol rectif., ℥vij.

A tea-spoonful of one or the other of these solutions added to two pints of water, to be used in lotions three times a-day.

These compounds may be replaced by the pomades of Desault, Régent, of Janin, (*a*) mixed with lard or cerate. Nitrate of silver, tincture of iodine, are sometimes useful. Chloroform has been used with benefit by Mr. Chapel, but this latter appliance is very painful, and has disappointed the expectation of the practitioners who have resorted to it in the Paris hospitals in every instance, except in those superficial fissures which yield to almost any remedy, such as basilicon ointment, and may sometimes be cured by mere attention to cleanliness.

ART. 6302. DYSPEPSIA. MR. PETREQUIN'S PRESCRIPTIONS.—Mr. Pétrequin considers it a demonstrated fact that the alkaline lactates exist naturally in the digestive organs, and that dyspepsia in its various forms is referable to an insufficiency of these compounds in the gastric juices. Hence he prescribes in functional disturbances of that viscus, the lactates of magnesia and soda in combination with pepsine.

When the saliva is deficient or acid, a symptom which, in combination with sour breath, decayed teeth, and laborious digestion points, in Mr. Pétrequin's opinion, to gastro-intestinal disease, the Professor exhibits, before and after meals, two or three of the following lozenges, which should be allowed to melt slowly in the mouth, in order to promote and regulate the salivary secretion.

℞ Magnesia lactatis (pulv.), ℥ss.;
Sodæ Saccharo-lactatis,
(containing one quarter of its weight of lactate,) ℥ij.
Sacchari, ℥xviij;
Mucilaginis Tragacanthæ, q.s.

Divide into lozenges of 15 grains weight containing each one grain of lactate of soda and magnesia.

In acid dyspepsia attended with flatuleney, gastralgia, or gastrodynia, a few of the same pastilles before or after meals, will be found serviceable, but the patient should at the same time take the half or the whole of the following powder:

℞ Magnesia lactatis, gr. v;
Sodæ saccharo lactatis, gr. iij.

When these medicines have failed, Mr. Pétrequin combines the use of pepsine, with the exhibition of the alkaline lactates, as follows:

℞ Sodæ saccharo-lactatis, ℥ij;
Magnesiæ lactatis, ℥ss;
Pepsinæ c. amylo, ℥ij;
Sacchari pulv. ℥ij.;
Mucilag. Tragacanthæ, q. s.

Divide into lozenges of 15 grains weight, which should be rapidly dried, and carefully protected from damp. Each will contain two grains of pepsine, and one grain of lactate of soda and magnesia.

We need scarcely say that Mr. Corvisart has been but moderately pleased at the liberty taken with his pet remedy, pepsine; he does not agree with Mr. Pétrequin as to the importance of the alkaline lactates, and the *Gazette Hebdomadaire* publishes a somewhat sharp correspondence on the subject, between the two learned gentlemen; this purely theoretical discussion has not, however, removed any of the clouds which obscure the pathology of dyspepsia, and practitioners are still doomed to feel their way, and to substitute without any apparent reason, alkalies for pepsine, or poplar charcoal for either remedy.

ART. 6303.—HOOPING-COUGH; INHALATION OF A PULVERISED FLUID CONTAINING HENBANE.—The *Revue Medicale* informs us that Dr. Fieber of Vienna (Austria), has resorted with success to inhalation of the following medicated fluid:

℞ Ext. spirit. seminum Hyosicami, gr. iv.;
Ol. olivæ, ℥ss.;
Gum: acaciæ, ℥ij:
Aquæ fontis, f℥xx.

The disease had resisted all treatment for nine weeks; the patient was a little girl, aged four, and Mr. Fieber, reflecting on the share of the *par vagum* in the production of the symptoms, selected a drug calculated to act specially on the pneu-

(*a*) Red precipitate is the chief ingredient of these pomades.

mogastric nerve, and administered with a portable pulveriser the above solution of the extract of hyosciamus; the operation was accomplished with perfect facility, and was continued every evening with short intervals of rest for eight minutes, and as the child breathed 48 times a minute, each *séance* consisted of 384 inspirations. The first inhalation took place on the 23rd, and the second on the 24th of April; during the night that followed the first attempt, the patient had four paroxysms of cough, a number equal to those observed before the treatment was instituted; on the second night, two fits of convulsive cough occurred; on the 25th, the pulverised fluid was again inhaled, and only one spasmodic attack followed in the night, the same method was persevered in on the 26th and 27th, and the nocturnal paroxysms entirely ceased; the expectoration acquired a mucous character, and the other symptoms also gradually yielded.

The method of inhalation, says Mr. Fieber, is rapidly becoming popular in Austria, and the exhibition of the pulverised oleaginous solution of henbane, being milk-white, children consent without reluctance to the introduction into the respiratory organs of what seems to be merely milk reduced to spray.

Art. 6304. Hæmoptysis.—The *Gazette Médicale de Lyon* publishes the following formula for the preparation of a syrup, which Mr. Cazenave, a dispensing chemist of that city, recommends as extremely useful in pulmonary consumption and hæmoptysis:

℞ Succi urticæ spissati,
„ Achilleæ,
„ Plantaginis,
„ Nasturtii,
„ Veronicæ beccabungæ,
„ Scabiosæ,
Succi Cichorii intybi.,
„ Taraxaci,
„ Bellis,
„ Tussilaginis,
„ Herbæ acetosellæ,
„ Chærophylli,
„ Glechomæ, ā ʒiijss.;
„ Mellis depurati, f. ʒxl.
For a syrup.

This preparation may be taken alone, or used as a sweetener of a teacupful of water, or of some tisane.

The usual dose is three tablespoonsful daily; one in the morning before breakfast, one at noon, and another at night, an hour or two before or after a meal. This dose may, if necessary, be exceeded, without apprehension of injury.

Art. 6305.

LEARNED SOCIETIES.

Academy of Sciences.—Mr. Flourens exhibited before the Academy the brains of several dogs and rabbits in which wounds, inflicted during life, had speedily became protected by a solid cicatrix. In other instances, leaden bullets, weighing from one to five drachms, were deposited on the surface of the encephalon, and although they were borne down by their own weight into the cerebral substance, very unimportant disturbances ensued, except in one case, in which the foreign body placed at the back of the cerebellum of a rabbit, perpendicularly over the *pons varolii*, induced sudden death from pressure of this vital part of the structure.

— Mr. Jobert (de Lamballe) read some clinical remarks on the expediency of lithotrity in children. The learned Professor has already, for several years, expressed his partiality for the application of the procedure in infancy, because it is then safe from the complications frequently met with in adults and in the aged, such as strictures of the urethra, affections of the prostate gland, diseases of the bladder, &c. Mr. Jobert does not, however, close his eyes to the serious difficulties of the operation at so tender an age: the greater irritability of children, the difficulty of mastering the voluntary or involuntary movements of the little patients, and the impossibility of making them understand the necessity of submitting to painful manipulations, are objections which the Professor is fully aware of. They are not, however, insuperable, and Mr. Vinci, in pointing out the advantages derivable from the exhibition of chloroform in such cases, has conferred a lasting benefit on surgical science.

When the procedure is instituted without the assistance of the anæsthetic, this irritability of the subject is generally distressing; but as soon as the inhalation begins to take effect, calm is restored, the contracted muscular textures relax, and the countenance loses all expression of pain. The attempts at crushing the calculus must be repeated at short intervals, and each operation be protracted, in order to secure the pulverisation of the stone, and avert the evil consequences of the sojourn of foreign bodies in the urethra. Under these urgent circumstances, when a large fragment obstructs the duct, it must be crushed.

Mr. Jobert illustrated these remarks by a case which derives additional interest from the fact that the subject was in some instances placed under the influence of chloroform, and in others was operated on without any recourse to the anæsthetic.

— We mentioned among the papers forwarded to the Academy on the subject of consanguineous intercourse in man and in animals, those communicated by Messrs. Sanson and Beaudouin. We have not yet noticed a more recent memoir by Mr. Gourdon.

The author's object is to show that the doctrine which establishes between man and the brute species an analogy from which conclusions are derived for or against consanguineous intercourse, is erroneous.

"The term *amelioration*," says Mr. Gourdon, "has a very different meaning when applied to man or to animals. In the human race we intend to convey, by that expression, the increase of the organic powers which concur in the maintenance of health and life; but we imply by the same term, in the brute species, the highest degree of development of the forms and aptitudes best calculated to increase the market-value of the animals, or their capacity for labour, even if the result be attainable but by injury to their health, or abbreviation of their life.

"These new faculties, which our necessities induce us to create, vary in the different species. In saleable animals, we endeavour to develop precocity, predominance of the muscular system, or of the adipose structures; a copious yield of milk or the production of fine and silky wool; in the race horse, extreme fleetness is the object; these various ends are doubtless useful in some respects, but in a physiological point of view, are, nevertheless, deviations from the laws of Nature. The Durham ox, the Dishley sheep, the New Leicester hog, triumphs of human industry, are viewed with admiration by the entire world, and are a legitimate source of fortune to their proprietors, but are after all unnatural productions, constituted in opposition to every rule of hygiene, in the strict sense of the word. Thus, in these animals, the natural form is destroyed, the adipose system is developed beyond measure, the growth is so rapid as proportionately to shorten the duration of life, fecundity is decreased, and the tendency to cachectic disease is augmented. If these are the results of in-and-in breeding, they only confirm the opinion of the pernicious influence which has been attributed to this mode of reproduction."

Mr. Gourdon concludes with the remark that consanguineous intercourse cannot be viewed in the light of a favourable or even an innocuous practice; the interpretation of the facts observed in animals has been strained, and for all races on the contrary, the system is a manifest cause of degeneracy. It is sometimes advantageous to have recourse to this mode of breeding, as a necessary evil which important interests oblige us to endure; but this in no wise diminishes its inherent disadvantages, which can be remedied by discontinuing the practice when no absolute necessity compels its adoption.

This communication was, with all those hitherto forwarded on the same subject, referred to a Committee (Messrs. Andral,

Rayer, and Bienaymé), to whom the elucidation of this much disputed question has been intrusted.

Academy of Medicine. — Mr. Mattei read a paper on Impracticable Labour, caused by Occlusion of the Os Uteri.

After a few historical remarks, the author related the cases which have fallen under his personal observation, and laid on the table, the particulars of forty instances which have been published by various obstetricians. From these data, he drew a general description of the disease, and concluded his memoir as follows :

The complete occlusion of the orifices, or cavity of the os uteri, may result from the effects of local inflammation, but in most instances (nineteen out of thirty-one), it is the consequence of the organisation of the plastic deposits which occupy the neck of the womb during gestation.

This obstruction seldom prevents pregnancy from reaching its natural term ; it may even sometimes delay parturition, and manifest its presence only at the beginning of labour. It can be detected by examination *per vaginam* only, and if the insertion of one or two fingers is insufficient for the purposes of diagnosis, the entire hand must gradually be introduced.

The obstruction is sometimes of so compact a character as to resist all the efforts of Nature to overcome it during labour; this was observed in thirty-six out of forty-two cases, and three women out of the same number died undelivered. When some delay in the necessary interference occurred, the death of the child was often the result; seven children thus died out of twenty-eight, and twice in twenty-nine instances, the mother also perished.

The methods hitherto resorted to for the removal of the impediment to parturition, consist in laceration with the nail, or female catheter when the density of the obstruction is moderate, and in the contrary case the knife or scissors are used.

The bistoury is the instrument most commonly employed, but as the surgeon has seldom the advantage of being aided in his proceedings by ocular inspection, and as the tissues to be divided are highly vascular, hæmorrhage is to be apprehended, and the angles of the wound may, moreover, during the efforts of labour give way, and thus dangerously increase the extent of the laceration ; it must further be remembered that the head of the fœtus rests upon the very parts acted upon by the knife, and are more or less exposed to injury ; for these various reasons, the bistoury must be used with the utmost caution.

It will, therefore, often be preferable to discard the sharp instrument for the common conductor, the point of which should be firmly applied, during uterine contraction, to the most dependent part of the tumour, or to the os uteri if its exact situation can be ascertained. Mr. Mattei who believes he is the first who has advocated this plan, conceives that an aperture may thus be drilled through the uterine textures, and that the dangers inseparable from the use of the bistoury may thus be averted.

— We stated in our introductory article, that Mr. Trousseau read a report on the subject of that morbid condition which has been termed *exophthalmic goître, exophthalmic cachexy, Basedow's disease, &c.* Graves was the first who published a distinct account of the malady, and Mr. Trousseau proposes that the name of the Dublin professor be attached to the designation of the disease, a suggestion so far acceptable that it does not prejudge the nature of the affection. In former numbers of the present Journal, we intimated the opinions entertained by Mr. Trousseau as to its pathology and treatment. He assumes the proximate cause to reside in an alteration of the nervous structures of the vasculo-motor system. "This theory," says he, "allows us to trace the connection between the morbid manifestations in the heart, the thyroid and the eye-ball, which all point to vascular excitement, and are followed or preceded by other symptoms arising from the sympathetic system, and supplied by the stomach, the intestines, or the organic nervous tissues engaged in the formation of the ingredients of the blood."

With regard to treatment, Mr. Trousseau expressed himself as follows :

"The pathologists who view Graves' disease as a form of chlorosis or anæmia, have resorted to the exhibition of chalybeates, but further experience has demonstrated the utter inefficacy of these remedial agents. Not only are ferruginous compounds and bitter tonics unavailing, but they often distinctly accelerate the action of the heart, and the practitioner is compelled to discontinue their administration. Observers, whose attention was more especially attracted by the enlargement of the thyroid, fancied they might find a valuable resource in iodine, but were soon deterred from its use by the aggravation of the symptoms, and more frequent return of the paroxysms. On the contrary, when digitalis or colchicum are resorted to as sedatives of the extreme irritability of the heart, the morbid energy and quickness of the pulse are found to subside, the vascular murmurs in the neck and thyroid decrease in intensity, the enlarged thyroid shrinks, and the eye-ball recedes into the orbit. If this method of treatment is persevered in, distinct amendment of the secondary symptoms speedily follows. These results are therefore favourable to the use of digitalis ; the heart and large blood-vessels are not, however, the only organs which claim the attention of the therapeutist. In this disease, the menstrual function is habitually suppressed, and experience teaches that the spontaneous return of the catamenia is always promptly succeeded by marked and permanent progress in the health of the patients, whereas so long as that function has not recovered its regularity, the amelioration is only temporary.

"The present remarks illustrate the importance of the two leading indications of treatment, viz. : To allay with digitalis the excitement of the vascular system, and to resort, for the re-establishment of the uterine functions, to the various means of treatment suggested by the age, constitution, habits, and hygienic circumstances of each patient.

"When the above indications have been satisfied, the secondary symptoms require but little attention ; the gastric and intestinal disturbances, headache, alteration of temper, and even fever, in general spontaneously yield after the removal of the principal manifestations of the disease."

Before concluding, Mr. Trousseau referred to the good effects which Mr. Aran and others have derived from the application of ice over the heart and thyroid. This remedy promptly allays palpitation, and checks the throbbing of the tumour in the neck ; but it must be uninterruptedly persevered in, otherwise these distressing symptoms return with increased violence. Of all the methods hitherto recommended for exophthalmic goître, hydropathy is that to which the learned reporter is most partial.

This report gave rise to a debate, in which Messrs. Piorry, Bouillaud, and Beau took part.

Mr. Piorry cannot recognise in exophthalmic goitre, a separate morbid entity, and does not therefore conceive that it needs a peculiar denomination or calls for any special treatment. If goître, exophthalmos, or palpitations are present, they should be treated according to the usual rules of practice.

We elsewhere mentioned that Mr. Bouillaud considers the disease as a form of chloro-anæmia, in the production of which onanism is directly concerned, an opinion it is unnecessary to revert to.

Mr. Bouillaud contends as far as possible with the cause, and endeavours to remove its disastrous results by the exhibition of chalybeates, and by hydropathy, which he deems the most invigorating of all methods of treatment ; in this estimation the learned reporter fully concurs.

Mr. Beau refers Grave's disease to a general cachectic or chloro-anæmic condition of the system, exceptionally characterised by two predominant symptoms,—viz., bronchocele and exophthalmos. This theory agrees with Mr. Hiffelsheim's views, and Mr. Beau adduced in illustration several cases from which we select the following :

A lady, who had no private fortune, and was married to a gentleman holding an important post under King Louis-Philippe's government, was reduced by the Revolution of 1848 to the utmost distress ; the exophthalmic cachexia soon made its appearance.

A lady deprived of the greater part of her income by a series of vexatious law-suits, became affected in a similar manner.

A Russian lady passionately attached to her husband, of whom she was extremely jealous, was much grieved at a temporary separation from him, and presented symptoms of exophthalmos; the disease resisted every measure of treatment until the return of her husband to Paris, when chalybeates were exhibited and marked improvement followed; but circumstances having rendered another separation necessary, ferruginous preparations ceased to produce any good effects, and a relapse took place.

The daughter of a Paris tradesman, disappointed in her hopes of marrying a young man to whom she had long been engaged, was also attacked with the disease.

Mr. Beau opines that these instances distinctly point to the co-operation of mental causes in the production of the malady it would, however, be rash to assert that the affection can be induced by grief alone. With regard to treatment, the learned member conceives that the measures likely to be serviceable, must merely consist in strictattention to the rules of hygiene, and that the various remedial agents hitherto recommended must prove utterly unavailing, unless the causes of mental distress which have given rise to the symptoms, are discovered and removed.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

By JABEZ HOGG, Esq.,

Assistant-Surgeon to the Hospital, &c., &c.

OPTICAL PRINCIPLES INVOLVED IN THE USE OF THE OPHTHALMOSCOPE.

(Continued from page 238.)

Considerations Connected with the Mutual Accommodation and Adjustment of the Eyes.

Before, however, we proceed further with the examination of the internal eye, it is necessary to call your attention to a not unimportant question—namely, that relating to the theory of accommodation and power of focal adjustment.

The theory of the accommodation of the eye in adapting itself to meet all contingencies of situation and size in visible objects so necessary to perfect vision, has been, and may continue to be, a very unsatisfactory arena of learned discussion. However, I shall endeavour to avoid all useless and laboured disquisition upon points which our knowledge of facts is, at present, too limited to admit of plain and sensible explanation. One thing is evident enough, that the eye does possess this power of accommodation, and whether it be effected by influences acting upon the movement of the iris, or by alterations produced in the curved surfaces of the cornea and crystalline lens, or whether, by altering the relative position of the lens and retina by muscular action exerted upon the former, or by shortening and elongating the axis of the eye by pressure affecting the contained humors, or, lastly, whether it be by the concurrent operation of all these assignable causes, every one must feel assured that the old doctrine entertained by such men as Haller, Magendie, and others equally eminent, that the eye does not possess any power of accommodating itself to different distances, is utterly untenable.

How this is done, and so far as this important function of the eye is to be considered in relation to the proper use of the opthalmoscope, I shall endeavour to explain according to my own views, being, in a measure, compelled to this course; for, as a recent writer justly remarks, "no investigation has given rise to so much speculation, to more experiments, or to a greater number of learned calculations, with less satisfactory result for the labour bestowed, than this enquiry."

In the first place, it is necessary to observe that the position of the eye in the orbit is sustained by an equilibrium of common action in the direct muscles of the eye-ball, and which, for all purposes of attentive observation—that is, for fixing and steadying the eye in direct vision—act as one. This function of combined effort is apt to be overlooked, though it really constitutes the great difference of condition between the eye-ball out of action, asleep, reposing on its soft cushion of adipose tissue, and its waking, watchful duty, to let no knowledge escape that comes within its province and power to communicate to the brain. This does not preclude an independent specific action in each separate muscle, which is indeed predicated by their several directions and distinct points of origin from around the optic foramen, and surrounding the entrance of the optic nerve. The twofold object to be secured is, the freest mobility, with the steadiest and surest aim at will; and, in my opinion, this is more easily reconciled with an arrangement of motor power, such as I have described, than by referring it to an inactive state of the muscles at all times, except when impulses of will communicate the motion desired; illustrating the circumstances thus sought to be explained, by the case of a ball suspended in a fluid, and susceptible of motion in any and every direction, a most unfortunate analogy, inasmuch as it suggests nothing of that admirable steadiness of object attention, to insure which, is the chief function, I believe, of the *recti*-muscles of the eye-ball. It is more to the purpose to refer for illustration rather, to the nicely sustained equilibrium which keeps the body in an erect position by a counterpoising effort of the mutually antagonising intra- and supra-pelvic muscles of the lower extremity, and which, suddenly suspended—as for example, where a momentary death occurs on the battlefield—so sufficiently demonstrates by a prostrate form the effect of inactivity.

Another most important consideration also leads to the conclusion of continuous action, being the normal state of these muscles. To prevent two impressions being conveyed to the brain, by separate images upon the retinas of the two eyes, looking at the same object, a perfectly consentaneous action is necessary in the muscles of both. An effort of the will, however, operating in different directions—for instance, in moving the *abductors* and *adductors* of the opposite eyes, under ordinary circumstances—implies a contradiction; but the anomally is obviated, and reason satisfied, by supposing that the required result is obtained by a simultaneous relaxing of all the other muscles, excepting those required to direct the eyes on the object desired.

But this adjustment of the eyes, so that the two retinas should convey a true impression of single objects to the brain, does not concern the opthalmoscopist so much as the further provision for altering the focal length between the field of the retina and the dioptric media of the eye, and to explain which, and the particular organism employed to effect it, have led to the particular study of the accommodation of the sight for distant objects, and, in some degree, to the size also of objects looked at.

Parallel rays falling upon a lens from a distant object, and divergent rays from a near one, vary considerably in their distances of focal length upon optical principles sufficiently well known. Some means are, therefore, proved *à priori* to be necessary, to adapt the refractive media of the eye, according to circumstances, so that the focal images of objects, far or near, shall fall exactly upon the retina. And it follows, also necessarily, that a different conformation of the eye takes place in every adjustment for distinct vision at different distances.

In the normal eye it is evident that this accommodation is, in great part, an involuntary act, capable, however, of an impulsive increase of energy, as observed in the difference between ordinary watchful attention to all and everything around, and the effort of more complete vision when required to examine a point, as it were. The aid even of other parts is sometimes called upon to assist in this latter purpose—as, for example, when for a distant object the hand is used as a shade—nor is it at all unusual for short-sighted people habitually to bring their eye-lids close together, so that by flattening the surface of the cornea, and by excluding useless rays of light, they may thus obviate some of the inconveniences of this abnormal sight.

If we examine the structure of the eye for the purpose of discovering the organic agency by which ordinary accommodation is effected, it is most essential to bear in mind the great difference that exists between certain special deviations from the normal standard of a healthy eye, and such as are occasioned by organic lesions and disorganisation, or are caused by mere functional disturbance. The former may be perfectly natural in an individual sense, as in the presbyopic and congenital myopic—the one being the necessary consequence of a gradual decline in the powers of life, the other an obvious structural defect with which pathology has nothing to do, save in a negative way to infer the condition in some true diseases of the eye, the symptoms of which correspond with the defective appearances in myopia. At the same time, where so much doubt and obscurity exists as to the actual uses of each of the several adjusting accessories of the eye, it cannot be sound philosophy which would seek to establish a theory upon the subject by evidence derived from abnormal phenomena, which evidently accompany some change of structure, especially when so many illustrations exist in the history of medicine of the extraordinary adaptations of neighbouring parts to other than their own proper functions, which nature has resorted to, to compensate for deficiences the result of accident or disease. The too frequent neglect of this great distinction in the circumstances of the two conditions of the eye has led to much unsatisfactory discussions and contradictory conclusions, and at which I cannot but express some surprise, as there are sufficient evidences of the means

employed to adjust the eye in perfect vision to be found in the vital mechanism developed in the anatomical structure of the organ.

Dr. Pilz, in connection with the subject of accommodation, makes the following practical remarks, which, without assenting to altogether, I reproduce as an expression of an opinion worthy of every consideration and respect:

"Every eye has, in accordance with the structure of its optic media, a certain refractive power. Consequently, the spot on which the image of any object is produced on the retina can only remain the same when the object is a certain distance from the eye; with a change of the latter the image assumes a different position, falling in front of the retina when the object is removed further from the eye, or behind it when the object is placed nearer to the eye. In such cases, instead of a distinct image of the object viewed, diffused rays would strike the retina, and vision would be extremely imperfect did the eye not possess the power of bringing rays from objects at different distances to a focus at one particular point, which power chiefly depends on the refracting apparatus."

The following are the facts regarding this power of the eye, which is termed the power of accommodation, that have as yet been demonstrated:—

"1. The eye possesses beyond doubt the power of accommodation. The view of those who denied the necessity and the existence of any such accommodation are, at the present day, considered to have been completely refuted.

"2. This power is only required to aid to enable the eye to perceive near objects.

"3. For the perception of distant objects no accommodation is required."

As regards the seat of this power of accommodation, Pilz adopts the view most generally held at the present time, and places it in the ciliary muscle, which, in a state of contraction, causes increased curvature of the lens, thus enabling rays from near objects to be brought to a focus on the retina; and, in a state of relaxation, enables rays from different objects to be brought to a focus. This view is very much strengthened by the results of a series of experiments with the ophthalmometer, instituted by Helmholtz, which serve to prove that, during the accommodation of the eye for near objects, the curvature of the anterior surface of the lens is greatly, and that of the posterior surface slightly, increased. Pilz denies that the curvature of the cornea is sensibly affected; but how sufficient contraction of the ciliary muscle to occasion a decided effect on the curvature of the lens can occur, without sensibly influencing the curvature of the cornea, appears somewhat of a paradox.

(To be continued.)

ON NATURAL AND ARTIFICIAL STIMULANTS IN HEALTHY AND MORBID STATES OF THE SYSTEM.

By GEORGE K. H. PATERSON, L.R.C.P. Ed. (Exam.)

There is a considerable amount of faith, now-a-days, in the good to be derived from those natural stimulants—viz., temperature, pure air, water, and diet, which undoubtedly are far better understood, and more combinedly employed, as prophylactic and curative agencies in healthy and morbid states of the system, than, perhaps, ever before in this country. These, doubtless, always had, and still have, when rightly made available by proper precautions, a large share in the lessening of suffering, and in the restoration as well as in the retaining of the health of mankind. Many patients, after they are skilfully placed under the curative powers of such remedies, soon get well, and keep for years afterwards in the enjoyment of their health. Nevertheless, it is well known that these natural stimulants do not benefit always to the same extent and alike all individuals with impaired or feeble constitutions, without the necessity and aid of artificial (alcoholic) stimulants.

Whether or not it is owing to the tear and wear of the constitutions of many in the times in which we live, which remains yet to be decided, there has been, and is at present, a considerable desire for artificial stimulants by large numbers of the people.

It may naturally enough be asked, how is this to be accounted for? Society may be divided into two classes, bodily workers and mental workers; and it is found that a large number of each of those classes use alcoholic drink betimes, and also that the former can far more easily do without artificial stimulants, and to their profit too, than the latter, whose mental faculties are much more exercised, and oftener, from the pressure of competition, overtasked likewise; and certainly they have a better plea for the need of artificial stimulants occasionally than the former. Still there is a limit in each person to be constantly observed, within which there is safety, as to the proper quantity to be taken at a time. An individual who has self-respect, will not go beyond what is really necessary and beneficial to himself; if he does exceed this limit, he acts, then, unwisely, and has not resisted his pressing surroundings, and must bear the brunt as best he may.

But wide is the difference between the two classes just referred to, and those persons who are morbidly debilitated; and when such are properly and seasonably advised by their medical attendants how much to take, while they actually require the use of alcohol to sustain their strength, and to aid the recovery of their health, can such advice be objected to, on the score of leading patients to become addicted to the liking of artificial drink afterwards? As well might the objectors bring forward the numerous followers of Cornaro to their bar, for endeavouring to keep up their feeble strength at an advanced age by the timeous and proper use of alcoholic stimulants, when they are unable to take a sufficient quantity of food to support themselves. Not a few of the homeless, poorer classes in large towns arrived at "age and want," alas! and having scarcely any desire for food at all, would prematurely "shuffle off their mortal coil," but for the allowance (pity it is that they should have to depend on it) daily obtained and drank; and I humbly believe that a strong argument that alcohol, when a portion of it is acting in the factories of the system, is food, is to be found amongst a section of the poor that go from door to door in our large towns and cities. However, as regards the action of alcohol in the animal economy, may it not, when taken freely and in moderate quantities, play an important part in furnishing and increasing a fat sedative food in the system.

Be this as it may, many, spare in person both before and after the prime of life, begin to grow *fat*, some to an unusual extent, who along with their flesh diet accustom themselves to alcoholic drink at the same time; and the less exercise they take seems only to increase the more the deposition and development of fat in the system. A question here arises, if water were put in the place of the alcoholic stimulants, and taken instead, with the flesh diet, would the same excess of fat in a given time result? As medical practitioners, are we not called on at present and bound to speak frankly and fearlessly out upon this alcoholic question and settle it.

"Hope springs eternal from the human breast,
Man never is, but always to be blest."

As is well known, truly great and grievous by the way are the sad effects oftentimes arising from the abuse of artificial stimulants, as the two following cases of alcoholic poisoning which I beheld with others at no very distant period of time past, will painfully show. The first was that of a young promising lad about eighteen or twenty years of age, who had rashly laid a wager with his comrade (both being lodgers for the night in a City public house,) that he would drink off in a specified time nearly a beer bottleful of raw whisky in cupfulls, which he soon did, and then went into the kitchen of the house, and after remaining a short time in it, fell on the floor. Medical aid was speedily obtained, and the usual remedies were promptly administered, but did not succeed. He died in about two hours after the ill-fated occurrence. The second, a smart and kind-hearted unmarried woman, who had been for some time previously uneasy, and at times low-spirited in mind, implored beseechingly one forenoon a friend for a little drop, that she was now and then accustomed to, which not being granted, she quickly devised a scheme, and succeeded in getting hold of an ale bottleful of ordinary strong whisky, the greater part of which she instantly drank, unknown to any in the house till too late, and then went up stairs into one of the upper rooms, and after staying there a very short time, returned to one of the lower rooms, and laid herself down on a sofa, when soon afterwards a relation went to speak to her, but to his utter dismay, instead of an early nap, as it was at first only supposed, she spoke when aroused only once, and then became rapidly and continued insensible till the last. All was done speedily for her that the medical skill procured could do, which alas! was of no avail. She died in six hours, or little more, from the time she unwittingly took the above large quantity of raw spirits. Both persons were treated by the old method, viz., in endeavouring to remove the alcohol out of the stomach by the mouth; the second in addition had applied sinapisms of mustard or counter-irritation to the nape of the neck and calves of the legs, with the free access of fresh air. But in each at the outset the brain, and more so afterwards, was primarily affected; and next the respiratory organs, the heart remaining to beat last of all. No stimulus that was tried externally seemed to have any effect in producing the faintest signs of sensibility or consciousness from first to last. The deep stupor and absence of voluntary motion prevailed, with pupils dilated. Death by coma ensued. There was no post-mortem examination of either.

Balbeggie, Perthshire, Sept. 30, 1862.

REVIEW OF BOOKS.

On Chronic Alcoholic Intoxication. By W. Marcet, M.D.

This is the second edition of Dr. Marcet's valuable work. The great attention that has been given in recent years to the effects of alcohol, both in health and disease, has caused this little treatise to be received with a lively interest. The author first considers the effects of alcohol upon the healthy organisation. He says of the local action of alcohol:

"Supposing the animal is placed in such a position as will be most convenient for the experiment;—one or two of the largest capillaries, with its ramifications, are brought into the field of the

microscope; there the blood will be seen circulating at a uniform rate. If alcohol, diluted with ten or fifteen times its bulk of water, be dropped on the frog's foot, the blood will be immediately observed to flow quicker; the corpuscles succeed each other more rapidly in the largest vessels; smaller branches, which could not previously be seen, becoming full of blood, apparently spring into existence, and gradnally a beautiful network of the finest capillaries is distinctly visible. In the course of a few minutes the rapidity of the circulation is so far increased that the globules can no longer be distinguished.

"The result of the inquiry will be very different if, instead of dilnted spirits, strong commercial alcohol (56 o. p.) be dropped on the frog's foot. In this case the reverse takes place; the capillary vessels appear to contract, the blood-corpuscles cluster together, and the circulation quickly becomes sluggish; gradually the smallest capillaries disappear, and shortly afterwards the circulation stops in the largest streams, with a slight oscillatory movement. By washing the web with water this state of things is not altered, and the circulation cannot possibly be restored. After a few days, ulceration of the web takes place, and in the course of some weeks it entirely disappears."

It follows from this that the imbibition of weak alcoholic beverages, including malt liquors, is attended with increased rapidity of the local circulation, and an increased secretion of the salivary and gastric juices; on the contrary, raw spirit depresses the capillary circulation, and lowers vital actions. We can thus clearly comprehend the mischief that results from the continued use of strong alcoholic beverages.

What becomes of the alcohol that has been taken into the system, has long been an interesting question. It was formerly thought that it was decomposed, and extricated by the lungs, but this idea has not been confirmed by the recent experiments of Lallemand, Perrin, and Duroy; and Dr. Marcet, commenting upon those experiments, says:

"This shows that it is an error to conceive that the whole of the alcohol drunk, or even the greater part of it, passes off by the lungs; although it is highly probable that the whole of the alcohol which has been absorbed into the blood is, after a certain time, nearly entirely expired. I cannot help believing that by far the greatest proportion of the alcohol taken by habitual drinkers is not at all absorbed into the blood, but, after undergoing certain chemical changes, is eliminated through the intestines with the other excreta.

"The alcohol remaining in the blood, after circulating through the lungs, is now conveyed to the brain and spinal cord, and the other parts of the body. There exists in the substance of the brain a well-known power of attraction for alcohol, causing this fluid to be taken up by the cerebral matter and accumulated therein, each portion of blood circulating through the brain and other nervous centres yielding to them an additional quantity of alcohol. This fact has been discovered by Dr. Percy, and confirmed by Messrs. Lallemand, Perrin, and Duroy.

"The attraction of nervous matter for alcohol would lead us to believe that alcohol acts on the cerebro-spinal centres from its being absorbed into the circulation at the stomach, and carried to the brain and spinal cord by the blood. This I consider having proved by the researches embodied in my paper to the British Association. I have shown, moreover, that alcohol exerts also an influence on the brain, which is transmitted exclusively through the nervous tracts, and that this action may be of two kinds,—producing a shock with a temporary suspension of sensibility, or merely giving rise to a weakening process, which hastens the fatal termination."

We shall now pass from this part of the snbject to that which forms the special subject of the book. Dr. Marcet thus distinguishes between *delirium tremens and chronic alcoholic intoxication:*

"The difference between *delirium tremens* and *chronic alcoholism* is distinctly marked: the former consists of an acute and violent disturbance of the functions of the nervous system, bearing a strong resemblance to that most formidable disease, inflammation of the brain and its membranes; it is not a chronic or vague complaint (Watson). The hallucinations are of a most frightful character, keeping the patient in a state of excessive terror and excitement. According to Macnish, delirium tremens lasts from four to ten days. Chronic alcoholism, although resembling the other affection in a mitigated condition, assumes the form of a protracted illness, with none of the paroxysms of violent delirium so peculiar to delirium tremens. Chronic alcoholic intoxication, again, is a state of long and and uninterrupted suffering, allowing the patient no rest day or night. He may have given up the habit of drinking before the outbreak of the disease; or if attacked during a period of excessive indulgence, he may endeavour by a great effort to shake off his old and pernicious habit; but, even if successful, he will not unfrequently be disappointed in the hope of regaining his lost health. Week after week, month after month, year after year, he patiently waits for the termination of his sufferings, and endeavours to apply the remains of his strength to such occupations as will tear him away for the time from his miseries, although usually he finds himself so weak that he is denied even this poor source of relief."

For a further analysis of this condition we must refer the reader to the book itself. The treatment of this affection consists, as Dr. Marcet thinks, in the exhibition of the oxide of zinc. Its physiological action is thus described:

"1. That after taking this substance in doses of from two grains and upwards in the cases of adults, a feeling of nausea is sometimes perceived, but seldom to the extent of producing vomiting. This effect is diminished if, according to Dr. Herpin's practice, the medicine be given about an hour after a meal.

"2. That after persevering with the treatment for some days, the medicine is in most cases tolerated, and the nausea and uneasiness produced at first diminish, and even disappear.

"3. That a slight giddiness, attended with the appearance of black specks before the eyes, and rumbling noises in the ears, may accompany the nausea occasioned by oxide of zinc; this is an indication of the doses being too high, and on diminishing them these symptoms disappear.

"4. A very important and remarkable effect of oxide of zinc is the power it frequently possesses of producing sleep.

"5. I have not noticed the long-continued use of oxide of zinc to produce evidently deleterious effects, even after it has been taken for a considerable length of time.

"The feeling of nausea and sickness occasioned by preparations of zinc appears to vary, to a certain extent, according to the form of the compound, for we are informed by Dr. Herpin that *lactate* of zinc is not so likely to be liable to this inconvenience as the *oxyde.* The fact of oxide of zinc producing less uneasiness when taken after food is obviously owing to its state of dilution in a full stomach. Dr. Herpin has also observed that oxide of zinc is better tolerated when taken under the form of a pill, which may be accounted for by assuming that the substance is dissolved in the stomach, under that shape, less rapidly than under that of powder. It must be remembered, however, that oxide of zinc made up into pills may altogether escape absorption, and for that reason I prescribe it frequently as a powder. Some years ago, a female outpatient of the Westminister Hospital, who was taking pills of oxide of zinc and confection of roses, brought me a hard concretion she had removed from her motions. I found it, on examination, to be one of the pills taken, which had consequently escaped absorption. It is very questionable whether the whole of the medicine is absorbed when given in large quantities, for it is remarkable to what extent the doses may be increased with impunity; I have frequently prescribed as much as twenty grains of the substance to be taken twice a day, and in two cases of epilepsy the dose was raised to thirty-five grains twice a day. With respect to the mechanism of its absorption, it is dissolved principally by the gastric juice, and also by the free acid of the juice of the meat contained in the stomach; and this is an additional reason for giving this medicine shortly after meals, when the gastric juice is secreted in large quantity. The fats of the meat taken also very probably combine with it, especially the fatty acids derived from the neutral fats of food, the conversion of more or less fat into fatty acids being a phenomenon I have shown to take place invariably during digestion, and both M. Chevreuil and MM. Jeannel and Moncel have observed that fats enter into combination with metallic oxides, forming a peculiar kind of soap."

Chronic alcoholic intoxication is unfortunately a very common disease in our large towns, and our readers may be thankful for the information respecting it which Dr. Marcet gives in this little work.

The Winter Climate of Mentone by P. C. Price, F.R.C.S.E.

Mr. Price having been obliged to relinquish the active duties of his profession on account of ill health, repaired to Mentone where he wintered last year and finding the climate favourable to his own state, he has produced a neat little *brochure* pointing out its numerous advantages for the benefit of other invalids. We may be excused for noticing this *brochure* at greater length, having on numerous other occasions adverted to the attractions and advantages of this fashionable watering place.

On the Theory of Vital Force, or True Basis of Medical Science, by E. Haughton, M.D.

Dr. Haughton's theory is that there is only one force, the will of God, acting according to fixed laws. And as to Life he says:

"Life, then, is not a property of matter, but is a distinct creation; its amount may be increased by generation through organised structures, and by means of the various forces of nature, but certain conditions are essential to its continuance, although in themselves incapable of originating it."

The various forces of Nature alluded to in the previous paragraph are not very clearly explained as subordinate to, or equivalent of, the one force, the Will of God. However, we quote from the author his fundamental propositions:—

"1. That life is a *condition* and not a *power*, and that its presence or absence determines the manner in which external forces shall operate.

"2. That the body derives all its working power from without,

and neither brings force into the world at its conception, nor carries any out of it at its dissolution.

"3. That the materials of which living things are made either lie in the ground or float in the air, and are absolutely indestructible.

"4. That every living thing requires the constant renewal of the matter of which it is composed, and the forces on which it is dependent for all *evidence* of life.

"5. That, in the begining, God made life, and the laws of generation, but does not now make individual organisms. Any other hypothesis would make him the *direct author* of moral evil and physical deformity.

"6. That physical evil results from want of obedience to natural law, and really represents a minor degree of life.

"7. That the *natural* body is corruptible, *because the manifestation of its life depends on perpetual change.*

"8. That it is (in its material relations) nothing but a machine, whose proper condition is denoted by sufficiency of working-power, and regularity of periodic action.

"9. That disease consists in diminished life, accompanied by loss of nervous equilibrium, and irregularity in its intervals of action and repose.

"10. That nervous equilibrium may be restored by regulation of personal habits, by the aid of physical influences, or by the adminstration of medicines; but that the *direct* tendency of the latter is always to diminish vital force.

"11. That vitality may be increased directly by natural agencies, or indirectly by regulation of function; and finally,

"12. *That disease can be removed only by increasing vitality, by restoring nervous equilibrium, and by regulating periodic action.*"

Doubtless anybody might have found out this rule of action *if it had only occurred to him*; nevertheless, it appears to me to be so simple, just because it is so very great in its universality of application, and in the results which may be expected from its general adoption. I do not pretend to be an Archimedes, but it is allowable to compare small things with great; and I can fully enter into the feelings which we may suppose that philosopher entertained, when, after making his great discovery, he rushed delighted through the streets shouting out,

"'ευρηκα, 'ευρηκα 'ευρηκα."

We have no doubt that our readers will sympathise with Dr. Haughton's satisfaction at the "great discovery" he has set forth in the foregoing propositions.

UNIVERSITY OF ST. ANDREWS.

MEDICAL EXAMINATION PAPERS.—SEPTEMBER, 1862.

First Examination. (First Part.)

TO BE TRANSLATED INTO ENGLISH.

"Sanus homo, qui et bene valet, et suae spontis est, nullis obligare se legibus debet; ac neque medico, neque iatralipta egere. Hunc oportet varium habere vitae genus: modo ruri esse, modo in urbe, saepiusque in agro; navigare, venari, quiescere interdum, sed frequentius se exercere: siquidem ignavia corpus hebetat, labor firmat; illa maturam senectutem, hic longam adolescentiam reddit. Prodest etiam interdum balneo, interdum aquis frigidis uti; modo ungi, modo id ipsum negligere; nullum cibi genus fugere, quo populus utatur; interdum in convictu esse, interdum ab eo se retrahere; modo plus justo, modo non amplius assumere; bis die potius, quam semel cibum capere, et semper quam plurimum, dummodo hunc concoquat. Sed ut hujus generis exercitationes cibique necessarii sunt; sic athletici supervacui. Nam et intermissus, propter civiles aliquas necessitates, ordo exercitationis corpus affligit; et ea corpora, quae more eorum repleta sunt, celerrime et senescunt, et aegrotant."

Give the derivations or primary meanings of the following words:—Achromatism, Barometer, Cephalopoda, Dimorphism, Eremacausis, Hæmadynamometer, Isomerism, Microscope, Selenium, Xanthine.

First Examination. (Second Part.)

CHEMISTRY.

1. What is the composition of Ammonia? How is it prepared? What are its properties and tests?

2. Mention some of the poisonous Gases, specifiying the class of poisons to which each belongs.

3. What is the composition of Bone, of Milk, and of Blood?

First Examination. (Third Part.)

MATERIA MEDICA.

1. Describe the different modes of operation of Purgatives, and arrange the most important Purgatives according to their respective modes of action.

2. What preparations of Arsenic occur in the Pharmacopœa, and what are their respective average doses? Describe the principal therapeutic uses of these preparations. What are the symptoms that would lead you to suspect that a patient was suffering from chronic arsenical poisoning, and how would you proceed in your search for traces of Arsenic in the matters he had vomited, or in his urine?

3. What are the principal uses of Valerian, Belladonna, Ergot of Rye, Digitalis, and Colchicum? Mention the average doses in which you would prescribe their different preparations.

4. Write Latin prescriptions, without using symbols or abbreviations (1) for a diaphoretic draught; (2) for a cough-mixture suitable to a case of chronic Bronchitis; and (3) for an anti-spasmodic draught or mixture suitable to a case of Hysteria.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the muscles which elevate and depress the Larynx.

2. Describe the course and relations of the Subclavian Artery on the right and on the left side. At what point can compression be applied to this artery? In what cases may you be required to tie this vessel, and at what part of its course can a ligature be most readily applied?

3. What veins combine to form the Portal System, and from what parts do they respectively convey the blood? Describe the course of the Portal Vein, and the mode in which it terminates.

4. Describe the sounds which accompany the heart's action. What are the causes of these sounds? What do you mean by a bellows sound, and in what morbid conditions may this sound accompany or replace either of the normal sounds?

5. What is the ordinary temperature of the interior of the human body, and to what extent is it modified by climate? Can a person bear a high temperature best in a dry or in a moist atmosphere? Explain the grounds on which your opinion is formed.

Third Examination.

N.B.—In answering the practical questions, the Examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.

PRACTICE OF MEDICINE.

1. What are the characters of the urinary sediments containing Uric Acid, Urates, Phosphates, and Oxalate of Lime? Select any one of these for more particular remarks in respect to pathology and treatment.

2. Contrast Chorea with the following nervous disorders—viz., Infantile Convulsions, Epilepsy, Tetanus, Shaking Palsy, Muscular Cramps. Mention what you know of Chorea in its relations to age and sex, and describe very briefly and generally its prognosis and treatment.

3. Describe a typical case of Typhus Fever ending in the third week, with reference to the order and time of occurrence of the principal phenomena.

4. Give a brief account of the causes and treatment of Hæmoptysis.

5. A man, æt. 25, affected with signs of tubercle in the lungs, is seized with pain in the left ear, followed by a discharge of pus and deafness. These symptons are partially relieved by blistering behind the affected ear, with constitutional tonic treatment. After a time, however, the left eyelid suddenly becomes incapable of closing, the features are distorted in speaking, the mouth and nostril are motionless on the left side, the tongue is protruded exactly in the middle line, sensation is unimpaired, consciousness is unaffected, and there is no paralysis of the limbs. Explain more fully these phenomena, which continued in this case unchanged till the death of the patient from Phthisis.

Fourth Examination. (First Part.)

SURGERY.

1. Describe how Tissues are destroyed by the processes of Sloughing and Ulceration respectively.

2. What are the different forms of Dislocation of the Elbow Joint, and how would you treat each variety?

3. What is Ranula, and how do you treat it?

4. A patient has a fluctuating non-pulsating tumour at the upper third of the thigh, in front. It was first noticed two or three months ago, and has gradually attained its present size—that of an orange. For some time patient has complained of weakness at the lower part of the back, where there is a slight projection of the spine. What is the disease? Explain its origin and progress. What treatment would you adopt?

Fourth Examination. (Second Part.)

MIDWIFERY.

1. What are the signs of Pregnancy available after it has continued six months? Give particularly the application of Auscultation in such circumstances.

2. Describe the treatment of a case of Placenta Previa near the full time, the bleeding being considerable, and the mouth of the womb well dilated.

3. What are the ordinary causes of Vesico-vaginal Fistula, and what is its treatment?

4. A woman, æt. 40, has had for more than a year a large swelling in the Hypogastrium, gradually increasing. It is elastic, everywhere dull on percussion, has distinct fluctuation in parts, but not from side to side of the belly; and its shape is not globular but nearly so. Menstruation is regular as usual. What is probably her disease, and how would you manage the case?

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 22, 1862.

THE PRIZE SYSTEM.

For three or four years past, the Prize System has been under reconsideration. Introduced about thirty years ago, when it was looked upon coldly by the higher order of students, and favourably by the younger and vainer, it has been extended and developed, until it has embraced every department of medical teaching, and won the approbation or claimed the sufferance of all classes of students. Abuses crept into the system almost imperceptibly. Teachers either afraid of giving offence, or eager to show their interest in their respective schools, established gold medals, silver medals, and honorary certificates, in such abundance, that we have been assured that in certain classes in some schools there were not pupils enough of the prescribed standing to carry off all the prizes. The Prize System under such circumstances was an imposture. It held forth to the world the pretence that a student had, by his superior diligence, knowledge, and ability, carried off a prize against numerous competitors; the fact being, that he was so placed in the school, that the prize must become inevitably his, and that the highest praise he deserved was this, that he was a little less ignorant than one or two fresher and more youthful students, to whom it was no shame that they were not successful candidates.

The Prize System, as thus developed, we have, on suitable occasions, energetically opposed. We do not deny that a well-regulated system of prize-giving may afford a healthy stimulus to young men with aims and dispositions of a certain order, and induce them rather to devote their time to labour for a frivolous object, than to waste it upon purposes yet more frivolous or pernicious. The highest class of mind could never be seriously influenced by such a pitiful ambition; and although it is true that certain prize-takers have subsequently attained eminent positions in the profession, yet it is equally true that very many others have remained undistinguished in the throng of work-a-day practitioners. A man who is determined to rise in his profession will show a love of it for its own sake, and not for the sake of any number of gold and silver medals which his industry might secure. That love will inspire his diligence in after life as much as in the days of his pupilage.

In dealing with young men we are always afraid lest we should supplant an honourable notion by a base one, and lower the dignity of character and the sense of duty by perverting the ambition to inferior ends. The standard of aspiration can never be too high nor too pure.

We know, however, practically, that the human mind is influenced by various incitements and temptations, and that personal emulation is among the mass of people a more powerful motive force than any other. Personal emulation must be gratified with rewards. A reward is an encouragement to industry: it cheers, flatters, and inspires with new zeal; yet, rewards should not be too liberally bestowed. If a father give half-a-crown to his son for learning a hard lesson well, the child will probably give additional pains to his next lesson, with the hope of earning another half-crown; and if he do not get it, may be disappointed. A sensible father would not, on that account, be perpetually giving largesses, for he would feel that, by so doing, he would be corrupting the conscience of his child. There must be some limitation in these matters. What good there is in the practice should be retained with the least possible alloy of evil.

Prizes, to be worth anything as evidences of attainment, should be few, and, as stimulants to study, should be carefully apportioned. The teachers in our metropolitan schools—where this system has degenerated into so mercenary a routine that nothing equal to it has ever been known in any other educational establishments—have at length begun to consider whether something cannot be done to ameliorate the evils of the practice. The address delivered by Dr. Martin, at the opening of the session at St. Bartholomew's was chiefly on this topic. We think, on the whole, he placed too much faith in prizes. He spoke too much as one who believed all merit lay in acquisition rather than training; but this scholastic temper and technical view might be expected in one who is personally engaged in the business of instruction. He wished that prizes should be given rather for general acquirement than for proficiency in special branches of study, so that students might not be tempted to cultivate one favourite department of science in preference to the rest; and he recommended that there should be a compulsory examination at the end of each session, the results of which, as regarded the qualification of the individual pupils, would be made known by a list, in which the names were inscribed in the order of merit.

There can be little doubt that this plan would tend in some degree to secure the advantages expected from it; but it is imperfect even for its intended purpose. If the compulsory examinations were *weekly*, instead of *sessional*, and the tutorial instead of the preceptorial method of instruction brought into operation, we maintain that the end aimed at by Dr. Martin would be attained without any resort whatever to the stimulus of a prize system. This system is useful mainly to supply the deficiencies of a radically bad method of instruction; and looking at the large sums now paid for medical teaching, we think that both pupils and their fathers have a right to demand the institution of a more effective and scholastic mode of professional instruction. We do not suppose that we can abolish the prize system, even if to do so were desirable; but we are of opinion that its necessity would be superseded if the teachers themselves gave more time and personal attention to the instruction of their pupils.

SUMMARY OF THE WEEK.

DEATH FROM ARSENIC.

An inquest has been held before Mr. Humphreys, on the body of a child who died from sucking the bright green colouring matter on a single artificial grape, one of a bunch that had been presented to it by another little girl. Dr. Letheby, who gave evidence, proved that a trace of arsenic was found in the bile and liver, though none was detected in the stomach, or elsewhere. Perforation had taken place, apparently in consequence of an old ulcer about one-third of an inch in diameter, at the fundus of the stomach. Dr. Letheby thought that the giving way of the ulcer might be due to the irritation of the poison during life, or that it might be a post-mortem result; but he believed death was caused by the arsenic. Ten of the grapes yielded three grains of the poisonous pigment! There is obviously much room for doubt as to the cause of death; nevertheless, it is well that the public should be strongly impressed with a sense of the danger accompanying the use of arsenical pigments. Dr. Letheby also presented a report in which he pointed out the danger of using

arsenic for colouring purposes, and cited the various modes already alluded to several times in this Journal, in which arsenic is used in arts and manufactures, to the great peril of workpeople and of the community at large. A wreath of fifty green leaves might contain arsenic enough to kill ten persons, and a green tarlatan dress of twenty yards, would contain about 900 grains of white arsenic, which was so loosely attached that the movements of a ball-room would cause it to be shaken off, and to envelope the company in clouds of a poisonous dust. The Coroner stated, that within his experience, two sisters were seized with illness after working upon a green dress for a lady, who also was herself taken ill after wearing it for a single night in a ball-room. Dr. Letheby pointed out that the presence of arsenic might be easily detected by dropping upon the suspected material a drop of strong solution of ammonia, when a deep blue colour would be produced, owing to the presence of copper, which ordinarily accompanies the arsenic.

A WORD IN SEASON.

We append an extract from the editorial columns of the 'British Medical Journal,' in which the Editor sets forth the various payments that have been made by the British Association in aid of Science. With singular forgetfulness or blindness to the duties of his own Association, the Editor complains that the British Association has "done *little* by its grants towards the advancement of physiology." And pray, Mr. Editor, what in this way has the British Medical Association done? Do you not think that you should take the mote out of your own eye before you take the beam out of your brother's? Upon which Association has the science of Physiology the most permanent claim? Do you not think that the members of the British Association would have a right to reply to you, "This is the especial duty of your own Association, and the most consistent thing you can do is to allot 500*l.* per annum out of your large income for the promotion of Physiology, as we do for the Observatory at Kew?"

"Between the years 1831 and 1860," says the Editor, "Professor Willis of Cambridge says, 20,000*l.* has been expended by the British Association in grants for scientific purposes. Two-thirds of this sum—the lion's share—have gone to the section of mathematics and physics; the other third has been bestowed on geology and mechanical science, botany and geology, and chemistry, geography, and statistics. The conclusion from this is plain, that the British Association has hitherto done little by its grants towards the advancement of physiology. Now, however, that it possesses a section in physiology, we have no doubt that the wants of the section, in this way, will be liberally supplied. Professor Willis, in his late address to the Association, gives an interesting account of the disposition of the money expended during the years above named for scientific purposes. 1,800*l.* was expended upon three catalogues of the stars. 2,000*l.* has been allotted to meteorology and magnetism. The maintenance of an observatory at Kew has absorbed between 5,000*l.* and 6,000*l.*, and 500*l.* is annually allotted to it. Mr. Scott Russell's investigations into the motions of waves were aided by 274*l.* Geology has taken 2,600*l.*, of which 1,500*l.* went to the completion of the fossil ichthyology of Agassiz and Owen's reports on fossil mammalia. 900*l.*, again, were given on experiments by Scott Russell as to the best form of vessels. The section of botany, zoology, and physiology has taken about 14,000*l.* of which 900*l.* has gone to zoology, dredging committees, &c. Professor Daubeny and a committee reported for sixteen years respecting the preservation and vegetative power in seeds. Forty years was the greatest age at which seeds experimented with were found to germinate. 200*l.* went to this committee."

We are glad to notice that our contemporary knows what ought to be done by a professedly scientific association in aid of science; and we hope that he will never in future permit a number of his journal to be issued unless it contain an emphatic recommendation to diminish the expenses disbursed upon the editorial staff, in order that funds may be spared in behalf of the science of Physiology.

ST. ANDREW'S UNIVERSITY.

A Notice in our Advertising Columns announces that in consequence of the large number of gentlemen who have expressed their intention to take the Degree of that University in December, an additional examination will be held on the 10th November, provided thirty gentlemen should intimate to Dr. Day their desire to be examined at that period. At the end of this year the open examinations at St. Andrew's will cease; so that no future opportunities will be afforded to established practitioners to obtain the Doctor's Degree at that University, as heretofore.

THE MEDICAL DIRECTORIES.

We understand that the Second and Final Application has been made to the Profession by the Publisher of the Directories. As it is very desirable that these publications should contain the most exact and recent information, we hope that there will be no delay in making the necessary returns. These valuable works can be made perfect only by the general co-operation of the Profession.

INFANTICIDE.

Mr. Tubbs, the Assistant Relieving-officer of Marylebone, who, by his position, is made well acquainted with the condition of the unhappy class of women whose offspring swell the rolls of infanticide, has recently made some sensible suggestions for the correction of this crime. He thinks that the putative father should be made more responsible in law than he now is, a suggestion of which we entirely approve, and he adds:

"Another precaution which appears to be necessary is to enact that every unmarried woman who shall find herself pregnant shall, before the end of the sixth month of her pregnancy, register herself at an office to be appointed for that purpose in each parish, and her neglecting to do so should subject her to a penalty as for a misdemeanour. My experience, arising from numerous applications, shows me the want of some institution where the 'first child' only of a young unmarried woman could be received, so as to give the unfortunate mother an opportunity of regaining her position in society; the cost of the child's maintenance in such institution to be enforced as above-mentioned against the putative father. It is a remarkable fact that in this mighty city of London there is only one so-called 'Foundling' Hospital, and there the first and principal rule is, 'that the mother shall make the application for the child's admission.'"

Mr. Humphreys has recently also made some remarks upon this crime, and he points out that, whilst in the central district the cases of inquests on infants amount to about 300 annually, in his, the poorest district, they are not one-sixth of that number. The explanation seems to us easy, and to denote a great immorality in the central district. Mr. Humphreys thinks that the punishments for infanticide and the concealment of birth are much too severe, and have the effect of preventing juries from discharging their duty.

DEATH OF MRS. LIVINGSTONE.

At the recent meeting of the British Association, a touching letter was read from Dr. Livingstone, announcing the death of his wife, at Shupanga, from fever. She was ill only seven days. It appears that the lower districts on the Zambesi are very unhealthy.

THE HARTLEY INSTITUTION AT SOUTHAMPTON.

We announced a few weeks ago that Dr. Bond had been elected Principal of this Institution. Last week it was formally opened by Lord Palmerston, amid a concourse of local and scientific celebrities, among others Professor Owen, who made an interesting speech. This institution is likely to prove a scientific centre to the southern counties. It is a handsome structure, and has a splendid and commodious theatre; if anything, perhaps, a little too orchestral for its purpose.

SIR BENJAMIN BRODIE.

We regret to state that Sir Benjamin Brodie's health is reported to be in a precarious state. He suffers from a serious malady, and is now much exhausted, although not in severe pain. His friends express much alarm about the result.

LEPROSY IN ENGLISH COLONIES.

The frequent occurrence of Leprosy in English Colonies, especially in the East and West Indies, has made the Government desirous of obtaining information respecting its cause, phenomena, and pathological relations. The Duke of Newcastle has, therefore, communicated with the College of Physicians on the subject, and the College has drawn up a series of queries which it is proposed to distribute for the purpose of eliciting answers from practitioners who have had opportunities of observing the disease. We append the Interrogatories. *

"Royal College of Physicians.

"The committee appointed by the College on June 14th, 'to frame Interrogatories, with a view to obtain Reports from the West India Colonies on the subject of Leprosy,' have prepared the following series.

"As the disease is known to exist not only in many foreign countries, but also in various British Colonies in the East, and elsewhere, the committee are of opinion that it is very desirable that the interrogatories should be sent to all the colonies of the empire.

"Int. 1.—Is leprosy known in the colony of ? If so, be pleased briefly to describe it as it occurs there.

"*a.* Are there several different forms or outward manifestations of leprosy? If so, by what names are they respectively known?

"*b.* Are these several forms, in your opinion, only varieties of one common morbid state, or are they specifically distinct diseases, having no affinity with each other?

"*c.* Please to enumerate succinctly the more obvious and distinguishing characters of each form of leprosy which you have seen.

"Int. 2.—At what age does the disease generally manifest itself, and what are usually the earliest symptoms observable?

"Int. 3.—At what period of life, and within what time, does the disease usually attain its full development? And at what period of life, and after what time, does it usually prove fatal?

"Int. 4.—Is the disease more frequent in one sex than in the other? If so, in what proportion?

"Int. 5.—Is it more frequent among certain races?—among the white, the coloured, or the black population?—and in what relative proportions?

"Int. 6.—In what condition of society is the disease of most frequent occurrence, and what are the circumstances which seem to favour its development in individuals, or in groups of individuals?

"Please to enumerate these circumstances under the following heads:—

"*a.* The characters of the place or district where the disease most frequently occurs, in respect of its being urban or rural—on the sea-coast, or inland, low, damp, and malarial, or hilly and dry.

"*b.* The sanitary condition of the dwellings, and of their immediate neighbourhood.

"*c.* The habits of life, as to personal cleanliness or otherwise.

"*d.* The ordinary diet and general way of living.

"*e.* The occupation or employment.

"Int. 7.—What conditions or circumstances of life seem to accelerate or aggravate the disease when it has once manifested itself in an individual?

"Int. 8.—Does the disease appear often to be hereditary?

"Have you known instances where one member only of a family has been affected while all the other members remained free from any trace of it?

"Int. 9.—Have you reason to believe that leprosy is in any way dependent on or connected with syphilis, yaws, or any other disease?

"Int. 10.—Have you met with instances of the disease appearing to be contagious in the ordinary sense of the term—*i. e.*, communicated to healthy persons by direct contact with, or close proximity to, diseased persons?

"*a.* If so, in what stage was the malady in the diseased person? Were there ulcerations with a discharge?

"*b.* Please to describe briefly the case or cases of contagious communication which you have seen yourself?

"*c.* Does the disease seem to be transmissible by sexual intercourse.

"Int. 11.—Are persons affected with leprosy permitted in the colony of to communicate freely with the rest of the community?—or is there any restriction imposed, or segregation enforced, in respect of them?

"Int. 12.—What public provision is made for the reception and treatment of the leprous poor?

"Are they admitted into the general hospitals?—or are there separate infirmaries or asylums provided for them?

"Please to describe the structural and sanitary condition of such buildings and the arrangements made for the medical and hygienic treatment of the sick in them.

"Int. 13.—Can you state the number of leprous persons maintained at the public expense in the colony of ?

"Int. 14.—Have you reason, from personal knowledge, to believe that the disease has been of late years—say during the last fifteen or twenty years—on the increase in the colony of ? or otherwise?

"And if so, please to state what in your opinion may have contributed to its increase or its diminution.

"Int. 15.—What results have you observed from the hygienic, the dietetic, or the medicinal treatment of the disease? Does leprosy ever undergo a spontaneous cure? and if so, at what stage of the disease?

"Are you aware what proportion of the leprous poor treated at the public expense in the colony of recover wholly or partially?

"Int. 16.—What is the estimated population of the colony of ? and when was the last census taken?

"Is there a general and uniform registration of births and deaths, including the causes of death?—and if so, how long has such a registration existed?

"Int. 17.—Can you state the name of the townships or districts in which leprosy prevails most, and give the number of lepers and population in each of such townships or districts?

"Please to add any other observations which you believe may serve to throw light upon the predisponent or exciting causes of the disease, or which may bear on its prevention, mitigation, or cure.

"Any documents, printed or not, descriptive of the disease, as it has been observed at any time in the colony of , with any reports of post-mortem examinations, or any pictorial illustrations, will be acceptable; also copies of the Annual Registration Returns, and of other works bearing on the vital statistics of the colony."

* The following letter is appended to these interrogations:—

Dr. PITMAN to Sir F. ROGERS.

Royal College of Physicians, London,
Aug. 9th, 1862.

SIR,—I have the honour to forward a series of interrogations, framed with a view to collect information concerning the disease of Leprosy, by a committe appointed by the College for that purpose, in compliance with a request of his Grace the Duke of Newcastle, conveyed in your letter of July 1st.

I am instructed to request that copies of the interrogations, when printed, be forwarded to the College to be sent to those members of the Profession in this country, or elsewhere, who may be able to furnish information to the committee of the College upon the subject in question.

I am, &c.,

(Signed) HENRY A. PITMAN, M.D., Registrar.

REVIEW OF THE PERIODICALS.

The 'American Medical Times.' Dr. PERCY contributes to this periodical a lecture on *New Remedies and their Therapeutical Applications.* The author treats particularly of croton oil, which is now an old remedy rather than a new one. We quote the following description of the composition of croton oil:—

"Many chemical investigations have been made to ascertain to what particular principle in the oil the cathartic property is due, and these investigations have been chiefly made in Europe with oil freshly expressed from the seeds. Dr. Schlippe (Annalen d. Chem. un Pharm CV.) ascertained that the peculiar acid principle of the oil, crotonic acid, possessed neither purgative nor caustic properties, but that the peculiar odour of the oil was due to the decomposition of this acid. The caustic or pustulating property he found to reside in a resinous body, which is called *crotonole*, but this crotonole had no purgative action. He could not isolate the purgative principle.

"He obtained the crotonole or pustulating principle in the following manner:—Croton oil is agitated with a sufficient quantity of an alcoholic solution of soda, to form a milky fluid; this is gently heated for some hours, and then, by the addition of water, or of solution of chloride of sodium, the milky oil particles are driven to the surface, where they unite to form a continuous oily stratum.

This fatty oil is entirely got rid of by repeated filtration through a moist filter. From the filtrate, water and muriatic acid separate another oil, which is dissolved in cold alcohol, and mixed with fresh hydrated oxide of lead; by this means a flocculent precipitate is formed, which, towards the end, often coheres to form a slimy mass. When the acid reaction has entirely disappeared, a little soda and a large quantity of water are added, by which the fluid is first rendered milky, but afterwards divides into a clear fluid and a clear oil, which sinks to the bottom. To attain this, an addition of large quantities of chloride of calcium to the alcoholic solution was frequently indispensable. The oil then separated is washed with water for some time upon a moist filter, and then dissolved in ether; the etherial solution is agitated with water in a cylindrical glass, the clear etherial solution is drawn off and freed from ether in a capsule in vacuo. The *crotonole* remains as a tenacious mass, resembling turpentine. It is colourless, or of a slight yellow colour. The odour is weak and peculiar. In its properties it most closely approaches the alcohols. Croton oil obtained by pressure contained 4 per cent of this crotonole.

"That croton oil is not homogeneous in its composition is proved by the experiments of M. Dublanc. He sought to extract the acid principle from the oil, and with this view he agitated one part of oil with ten of alcohol, and allowed it to stand for some time. The alcohol dissolved six per cent. of the oil, and with it the acid, the colouring matter, and a part of the pustulating principle. The undissolved oil had taken up a considerable portion of the alcohol. On separating the oil dissolved in the alcohol, it was more viscid, pungent, and acid than the original oil. On the other hand, when the portion of oil not dissolved by the alcohol is treated three times with alcohol, its volume is diminished, and it becomes entirely free from acrimony, and it may be taken in the mouth without producing any unpleasant local symptoms. It is soluble in all proportions in ether, and has a sp. gr. of 92.

"That portion of oil soluble in alcohol, when applied to the skin, causes almost instantaneous pain, and is soon followed by a blister."

The 'British Medical Journal.' Mr. BOWMAN expatiates on *Glaucomatus Affections, and their Treatment by Iridectomy.* He highly eulogises Helmholz the inventor of the ophthalmoscope,—an instrument that may be said to have revolutionised ophthalmic science. With respect to *glaucoma*, he remarks:

"Whatever the essential nature of the glaucomatous state, we as practitioners are chiefly concerned with the *augmented tension of the eyeball* which attends it. This we have to distinguish at the earliest stage, and towards the mitigation of this our treatment is to be directed. As a practitioner having to relieve disease, I call *all undue tension* of the eye *glaucomatous tension.* The object of treatment is to reduce this within natural limits; for, if it continue, the result is inevitable, however delayed.

"A person unused to close and accurate examination of the physical condition of the eyeball, even though he be seeing eye-diseases frequently, may readily fall into error on this important matter of *the state of the globe as regards tension.* He may suppose that the increased tension may depend simply on the degree of fulness of vessels, or on the amount of effused fluids within the eye. No mistake could be greater. It cannot be too strongly impressed on all who may have to discriminate between glaucomatous and other diseases, that the depth of redness of the eye, or the presence of more or less of effused blood, or serum, or lymph, or pus within it, has no connection whatever with the question of tension, since all or any of these may be present in a high degree without any glaucomatous disease, any increase of tension, and therefore without the indication such tension gives for its relief by iridectomy.

"In various congestive or inflammatory states, whether of cornea, sclerotica, chorid, iris, or retina, or of some or all of these, the disease may be of more or less intensity, may run its course more or less rapidly, and may do permanent damage to the structures involved, without our detecting any augmented tension of the coats at any period. Intraocular hæmorrhages, as a rule, even when considerable, are not attended by a higher tension; often, indeed, by a diminished size of the globe-contents, and an unnatural softness of the eye. Subretinal effusions of blood or serum are, in the great majority of cases, unmarked by any increase of tension.

"On the other hand, exalted (or glaucomatous) tension may occur, intermittently or persistently, in eyes which afford no indication whatever of inflammation, where there has never been any pain or vascular excitement, and where this is still an absence of inflammatory effusions. Such augmented tension, though slight in degree, may effect by long continuance, and without any intercurrent inflammatory complication, what a pressure more intense will effect in a much shorter time, especially if, as then usually occurs, it becomes complicated with subacute or acute inflammatory action.

"I must add, however, to avoid the risk of misconception, that various affections of the eyes, not glaucomatous in their origin, may present in their course glaucomatous complications—*i. e.,* become combined with an augmented tension of the eye, and with the secondary results of pressure; and hence that it is of the highest importance, in practice, to distinguish accurately whether, and when, such complication has arisen, since, under several contingencies, it may need the application of iridectomy.

"Thus the idea of inflammation must be dissociated from that of glaucoma and glaucomatous tension. Though often combined, and the combination then of the greatest importance, yet their co-existence is not essential to the presence of either; and, as a matter of fact, they occur independently of each other every day."

Mr. Bowman then proceeds to explain his method of ascertaining the degree of tension, observing:

"It is easy enough to estimate the tension of an eye, though there is a right and a wrong way of doing even so simple a thing. I may, therefore, explain that *both forefingers* should be used together through the upper lid, which is to be gently closed. One finger steadies the eye by pressing against it with a suitable degree of force, while the other estimates the tension; or rather both together estimate it, when thus used in concert. I tell the patient to *close the eyes gently, as if asleep;* and the fingers are then applied to the upper part of the globe, behind the corneal region. If the patient *forcibly* compress the lids, the mere action of his muscles may cause a momentary tension of the eyeball as well as interrupt the examination. If the eyeballs are deep-set or small, the determination of the tension is less easy. With medical men, the touch is already an educated sense, and a very little practice will suffice to apply it successfully to the eye."

An operation should be resorted to, Mr. Bowman appears to think, in all cases of glaucoma, even in the very advanced cases. He says:

"During the last five years I have had the responsibility of advising in very many such cases. In the more advanced stages, I have not felt able to urge the operation strongly; and yet I have recommended it as the only means of saving the little sight remaining. Where there is more sight left to be preserved, the operation is to be more insisted on; but, unfortunately, the patients, not being so blind, are often less disposed to submit to it. The progress of structural changes in the eye, marked by narrowing of the visual field, should induce us to urge iridectomy; and the earlier we perform it, the better chance there will be of deriving improvement; for we cannot recall the activity of the nerve-fibres that have undergone complete atrophy."

In the sub-acute and the acute forms, iridectomy is all the more urgent. In acute cases particularly, "iridectomy should be performed, *without the slightest hesitation or the smallest delay.*" He makes the following depreciatory observations on Hancock's operation:

"It may be expected of me, however, not to pass over altogether in silence Mr. Hancock's operation, called by him division of the ciliary muscle; and applied by him, as he informs us in the 'Lancet' of last week, 'with most success in keratitis, sloughing of the cornea, staphyloma, dense opacity of the cornea (in some cases of several years' duration), and in conical cornea; also, in certain forms of amaurosis, in acute and chronic glaucoma, and in posterior staphyloma and myopia'—a list comprising diseases so widely different from one another as to suggest a doubt whether a common principle can govern their treatment by the same surgical proceeding.

"The incision through the coats of the eye, thus styled division of the ciliary muscle, involves, I believe, the sclerotic coat, a very small portion of the whole ciliary muscle, the ciliary body of the choroid, with the vitreous humour. In many instances it appears to have evacuated the aqueous humour, while the vitreous humour must always either escape at the moment, or have liberty to drain away for some time afterwards. If it be of the essence of the operation to divide the inner or circular fibres of the ciliary muscle (Heinrich Müller's), then a consideration of the anatomy of the parts would show, I think, that the aqueous chambers are likely to be opened. If the humours of the eye escape, tension is, of course, relieved, and if much vitreous humour be lost, it is conceivable that even permanent reduction of tension may result. Experience only can determine whether such an operation may suit certain forms of disease; the proceeding may possibly have advantages in certain cases, although the hypothesis on which it is grounded prove untenable. Meanwhile, it seems desirable that the cases in which it is said to have effected so much, and on the strength of which the profession is urged to adopt it, should be published in greater detail, and with that regard to scientific accuracy which recent advances in knowledge demand. Particularly is this to be wished for, when we are asked to abandon, in favour of this incision in glaucomy, the operation of iridectomy, the admirable results of which have now been tested by a wide experience, and guaranteed by many men fully capable of arriving at a sound conclusion."

We conclude with the following

"*Note on the Operation of Iridectomy for Glaucoma.*"

"The operation is best done when the patient lies on a sofa on his back, with the surgeon standing at his head. I prefer to use chloroform, though I have often [illegible] without it. It should be given so as [illegible] though often combined with [illegible] for the great delic[illegible] friends express m[illegible]stance, yet their co-exis- [illegible] of the eye, lest

LEPROSY IN ENGLAND.

[illegible]ther; and, as a matter of [illegible]ost perfect way. [illegible]er every day."

ch[illegible]quent occurrence of [illegible]ny person to whom subject[illegible] the F[illegible] [illegible]hough, it is true, some [illegible] exhibition than others. The sickness may usually be avoided by taking care that no food be in the stomach at the time; and if it occur during the operation, the steps must be simply delayed while it lasts, not varied in any way. If the sickness is very straining, so as to distend the vessels of the head and face, I usually close the eye, and gently compress it by the fingers on the lid, during the efforts at vomiting. I have not seen any harm happen from such vomiting, when the incision has been properly made—not too extensive, and not too far back from the corneal margin.

"I always keep open the lids by the wire speculum, which an assistant holds a little forwards if it tends to exert pressure on the globe. It is well for the surgeon to be able to use the right or left hand indifferently in making the incision, as he can then select the most convenient spot. I have always prefered to make the iridectomy nearly or quite upwards; because I believe this direction to be as good as a lateral one in reference to the visual field, and the upper lid then covers the gap in a way useful both optically and for appearance sake. It is, however, rather more easy on the whole, to make the iridectomy to one side than upwards.

"I make the incision in one of the two methods, according to the size of the anterior chamber. When there is space enough, it is best to use the triangular lancet-shaped blade, inclined at an angle on the flat, and which I believe is used generally abroad, as well as by Von Graefe. Having selected a place for the incision, I seize the conjunctiva with proper forceps immediately opposite, and thus fix the globe without making any pressure upon it, or pulling it from its bed. The lancet is then thrust in so as to enter the anterior chamber at its rim immediately in front of the attached border of the iris, and is carefully advanced towards the opposite side so as to form an opening of the required size; and if the opening cannot thus be made as large as is desired, it is enlarged at one angle on withdrawing the blade. When, however, the chamber is shallow, I prefer what I at first always used; namely, a narrow extraction knife, running its point along the rim of the chamber for the requisite extent, and making the counter-puncture much as in ordinary extraction. Thus the instrument avoids the pupillary region and the lens. The operation is more difficult where the chamber is shallow. Whichever instrument be employed, it enters a little behind the apparent junction of the sclerotica and cornea, in the sclerotica, and in entering the rim of the anterior chamber, it usually passes across that junction and through a very little of the corneal tissue just in front of the pillars of the iris.

"As the instrument used in making the incision is withdrawn, the aqueous escapes; and it is well to let it do so gradually, and to keep the point of the instrument towards the cornea rather than towards the lens. The iris may now be found either to remain in the chamber or to prolapse. If the former, the small slightly curved iris forceps are to be introduced (closed) into the chamber, and made to seize the iris opposite the middle of the incision, about midway between its pupillary and outer border. The iris is then brought outside the chamber and divided with small scissors, on one side of the forceps, from the pupillary to the ciliary border, the forceps pulling it gently at the same time, so as to ensure this complete division of it. The end held by the forceps is then torn from the ciliary attachment as far as the angle of the incision, and even dragged upon a little, so as to detach it beyond the angle, and then divided with the scissors quite close to the angle. The cut end then retreats within the chamber. The opposite side of the prolapsed part is then seized and dealt with exactly in the same manner. No iris should be left in the angle of the incision, lest the healing process be imperfect, and subsequent irritation occur.

"If the iris at once prolapse on the completion of the incision (it is often bulged by aqueous humour of the posterior chamber), the forceeps need not be introduced within the incision, but may seize it outside. The less any instrument enters the anterior chamber the better, for fear of damage to the lens.

"If any blood flow into the anterior chamber during the operation, it is as well to allow it to escape before it coagulates. This is best done by inserting a fine scoop within the lips of the incision (not into the chamber), and at the same time by making, if requisite, slight pressure on the eye by the forceps which holds it. The cornea should not be pressed on, lest the lens receive injury; and, rather than run the slightest risk, the blood may be allowed to remain, as it is very soon dissolved by the aqueous humour, and flows out or is absorbed.

"The operation just described ensures the excision of a complete segment of the iris, from pupillary to ciliary margin, of a width determined by the size of the incision, and which may be usually about a sixth or a seventh of the whole circle.

"After the operation, little is usually required beyond seclusion of the eye from light while it remains sensitive, keeping it cool by a wet rag as long as may be agreeable to the patient, together with ordinary attention to the general functions.

"In all but a few cases, the globe-tension remains permanently lessened afterwards. In some, it returns more or less during a few days, but again subsides as the wound fully heals. In some, where it has long existed, or been extreme, it is not entirely relieved, but only much lessened; and here an additional iridectomy may or may not be required, according to the indications afforded by the state of vision. If this seems to be recovering, no further interference will be necessary; and, indeed, if the iridectomy have been properly performed in the first instance, it will very rarely have to be repeated. In at least three instances, I have known such a supplementary operation completely efficacious in reducing tension to the natural standard, when, from one cause or another, the effect of the original iridectomy had proved insufficient."

The 'Medical Times and Gazette' (Oct. 11). We reproduce the case of *Quadruple External Aneurism* reported by Mr. GEORGE LOWE, to which we referred last week :—

"The left popliteal aneurism was of the size of a hen's egg, and pulsated strongly. A tumour of rounded form, of the size of a bagatelle ball, firm but not pulsating, was felt behind the aneurism.

"The femoral aneurism was as large as a turkey's egg, and was situated in the lower end of the middle third of the thigh. It pulsated vehemently. By pressure it could be emptied of its contents. Its walls appeared to be thin, as it gave, when pressed, the sensation conveyed by pressure on a hollow india-rubber ball. The inguineal aneurism was situate in the very beginning of the femoral artery, and extended downwards from the femoral ring for an inch and a-half. It was of tubular form and larger than a filbert. It pulsated strongly. By pressure over the external iliac, its pulsations ceased, and all trace of the tumour disappeared.

"The right popliteal aneurism was of the size of a large walnut, being a little longer than it was broad.

"There was no aneurism of the upper extremities, or of other external artery, and a careful examination failed to detect any sign of internal aneurism: facts favourable to the conclusion, that the aneurismal disease was owing more to external than to constitutional causes. It was hoped that, when the patient was in better health, the three left aneurisms might be cured by tying the external iliac, as in the case of femoral and popliteal aneurism of the same limb successfully treated by Mr. Newbiggin, and as in the cases of similar duplex aneurism mentioned by Mr. Erichsen.

"He was therefore kept in bed, and every pains taken to improve his general health. At the end of a week he was no better, and complained much of the pain in his left leg.

"During the night of the 22nd the pain in the left thigh became suddenly most severe. On the following day the character of the femoral aneurism was completely changed. Instead of presenting a circumscribed, well-defined outline, the limits of the tumour were lost in a diffused swelling of the thigh, and a thrill or tremor only was to be felt instead of the previously forcible pulsation. In a few days more the whole limb became œdematous, and, especially in the lower part of the thigh, tense. The superficial veins were greatly distended. The heat of the limb was increased. Pressure on the artery above, or on the swelling itself, did not reduce its size. There was no distending impulse. The pain was excessive. It was evident that the aneurism had given way, and that there was great effusion of blood under the deep fascia, and that it pressed injuriously upon the surrounding tissues and impeded the circulation.

"Under these circumstances, ligature of the external iliac offered little prospect of success, even if the patient's health had afforded a reasonable hope of his escaping the danger of secondary hæmorrhage. Amputation of the limb mid-way between the femoral and inguinal aneurisms was therefore decided upon; and this operation, having the sanction of Mr. Birch, of Barton-under-Needwood, the most eminent and experienced Surgeon in the neighbourhood, was performed on April 30. A large quantity of dark blood escaped from the limb on dividing the deep tissues. The femoral artery was found to be healthy, and was secured with four other vessels.

"On the fourth day no union of the wound had taken place, and the flaps were flabby and wanting in action. A grain of opium was given every night, quinine three times a-day, and as much nourishment with brandy as the stomach would bear. Under this treatment the health gradually improved, and the stump slowly healed. Three ligatures came away on the nineteenth day, and that on the femoral on the twenty-fourth day.

"As it is stated that there is considerable constitutional disturbance when, in the treatment of aneurism by compression, consolidation takes place, it was thought better to defer the treatment of the right popliteal aneurism until the ligatures had been cast off. On

their coming away an abscess formed in the stump, and caused further delay. In the meanwhile the patient's health had greatly improved. He had now a comparatively clean tongue and good appetite, and the excited, throbbing action of the heart and arteries had in great degree subsided. It having been ascertained that the pressure of a weight of five pounds upon the right femoral artery, as it passed over the upper edge of the os pubis, completely arrested the circulation through it, a cube of lead of that weight was procured.

"On the 8th of June the patient was laid on a well-stuffed hair mattress. A compress was placed over the tumour in the ham, and the leg bandaged from the toes upwards. The upper part of the thigh and the groin were shaved and well dusted with powder. An ordinary tourniquet pad was then placed over the artery, and upon the pad, the cube of lead, suspended by a string, and so adjusted that its whole weight should rest upon the pad. This plan was improved upon by the patient. He attached the weight to one end of a common wooden screw hat-stretcher, and fastened the suspending string to the other end of it.

"By this contrivance the degree of compression could be adjusted with ease and exactness. It was in fact a fine adjustment; and the patient's attention was usefully employed in regulating it.

"The principle of suspension allowed, too, of no little change in the direction in which compression was made. By inclining the string forward or backward, or to either side, making the weight as it were rock upon the pad, the pressnre could be thrown on a fresh point, and yet without arresting for a moment the compression of the vessel. The compression was employed only during the day.

"On the 11th the tumour was observed to be harder, and the pulsation less strong at its lower end. On the following day, the 12th, the fourth day of treatment, the pulsation had ceased altogether, and the tumour had become perfectly solid. The pulsation was described as stopping suddenly. The foot and leg soon after wards became cold. This coldness of the extremity lasted for several weeks. No constitutional disturbance ensued on the consolidation of the tumour. A small artery running along the middle of the tumour could be distinctly felt.

"Three of the four aneurisms were now disposed of, and the question of the best means of treating the fourth was considered.

"From the difficulty of applying compression above Poupart's ligament, and from the tubular form of the aneurism, it had been determined to tie the external iliac; but as the treatment by compression of the left popliteal had succeeded in so short a time, it was resolved to try the same method in the case of the inguinal aneurism.

"The tourniquet pad was placed above Poupart's ligament, over the external iliac, and compression made by means of suspended weights placed upon it. The weight required in this situation was, however so great as to cause much pain, and the plan was abandoned. Immediate pressure upon the aneurism was then tried. A hollow india-rubber ball was placed upon the tumour, and the weight suspended so as to rest upon it.

"A weight of five pounds was sufficient to stod the circulation through the right femoral, but a weight of twelve pounds applied over this aneurism failed even to reduce the strength of its pulsations, and yet caused so much pain that it could not be borne. There was fear, too, that, as the compression could not be applied equally to the whole surface of the tumour, its coats might yield in the direction not supported in the same degree.

"Immediate compression was therefore given up, and ligature of the external iliac again decided upon. The ingenuity of the patient was again successfully employed. He made a very effective pad by wrapping with flannel list one end of his hat-stretcher, and effectually stopped the circulation through the external iliac by pressing it firmly above Poupart's ligament in a direction downwards and forwards, the stump being at the same time partially flexed upon the body. One end of a belt made of strong course web, having a buckle in the middle, was fastened to one side of the iron bedstead, and, carried over the top of the hat-stretcher and obliquely across the bed, was attached to the other side of it. Two short metal pins were fixed into the upper end of the hat-stretcher, which, readily piercing the belt, maintained in its position. A string from the middle of the belt to the foot of the bed completed the apparatus.

"The use of these simple means was begun on Juue 22. In a week or 10 days the tumour had acquired a degree of hardness, and which remained when the artery above was effectually compressed.

"The tumour gradually became more and more firm, and its pulsations less and less strong, until the end of six weeks from the beginning of the treatment, when it became perfectly solid and without pulsation.

"The compression was discontinued at night and when the patient had his meals.

"By unbuckling the belt the patient was at liberty in a moment. There was no constitutional disturbance during the progress of the case. The part exposed to pressure was kept shaved and constantly dusted with powder, and there was not the slightest chafing or soreness of the skin; at first the compression could be borne only for a few hours a day, but by degrees so much tolerance of pressure was acquired, that at the last it was kept up for nine hours a day.

"The general health of the man is now re-established. The action of the heart is quiet and natural. He has gained much in flesh, and is free from any sign or symptom of aneurism internal or external.

"On examining the limb (which was very œdematous) after amputation, the femoral aneurism was found to be of a quadrangular form, measuring two inches and a-half from above downwards, and from side to side. On endeavouring to dissect off a portion of the adductor magnus muscle, adherent to the upper and outer surface of the tumour, the interior of the aneurism was laid open. It contained a few thin layers of fibrine. It communicated by an opening under the tendon of the adductor magnus with a large cavity containing fluid blood, in the upper part of the popliteal space. The bone forming the anterior boundary of this cavity was denuded of periosteum and very rough and sharp. Blood was extravasated into the cellular tissue, between the deeper muscles of the inside of the thigh. The femoral anuerism was connected with the popliteal by a portion of healthy artery, not more than half an inch in length. The popliteal aneurism was pear-shaped, and $3\frac{3}{10}$in. in length $2\frac{3}{10}$in. in its widest part, and tapered down to $\frac{7}{10}$ of an inch, when it became continuous with the healthy artery.

"It was lined by numerous laminæ of fibrine. It was convex towards the knee, and concave on its posterior surface; a form apparently determined by the pressure of the round tumour behind the aneurism, and which was found to be a bursal one.

"The coats of the arteries were unusually thin, but no calcareous or atheromatous deposit, nor fatty degeneration, could be detected."

The 'Lancet.' Mr. HILTON'S Lectures on *Pain* are continued in this journal. Three cases are reported showing the curative effects of rest. We quote the first:—

"On the 28th of January, 1860, by a physician's request, a little child was brought to me, supposed to be suffering from diseased hip-joint. The physician sent this note with the patient:—'The little child I send to you came before me for supposed disease ot the back, but it seems to me to be an affection of the hip-joint. I have, therefore, advised the friends to take your opinion.' The patient, a delicate child, had had a most severe pain in the left hip for a week before I saw her. She could not sleep, nor bear any weight upon the left limb. She had pain in the hip, knee, and thigh, was very lame, and suffered intensely upon making any attempt to walk. Considerable constitutional disturbance prevailed. On examination I found the hip-joint free from pain; that is, on movement of the hip-joint—isolated movement—the patient experienced no pain, nor was there, by any manipulative experiment, the slightest evidence of any local heat at the hip-joint. Although there was no pain in the left hip-joint, she presented all the 'outlying symptoms' of disease in that joint—lameness, pain in the knee and hip, thigh a little advanced, intense pain in the hip on striking the sole of the foot with the hand, and flattening of the nates on the left side. On placing her recumbent, and manipulating the hip-joint alone, she expressed no feeling of pain. There was no increase of heat (the pathognomonic sign of local inflammation) in the neighbourhood of the hip-joint, and no unusual tenderness on pressing over the joint below Poupart's ligament. But on pressing the os innominatum towards the sacrum she complained bitterly. The same thing occurred on making pressure upon the last lumbar vertebra and upper part of the sacrum. There was also pain on deep pressure towards the posterior and superior part of the sacro-iliac articulation. Some increase of heat was to be felt in this neighbourhood by placing the palm of the hand upon it, and by comparing the temperature of the corresponding parts on the opposite side. Thus the case was made out to be disease between the lower lumber vertebra, sacrum, and ilium. On seeking for a cause of this local disease (it only came out upon subsequent inquiry), it was remembered that about six weeks before her lameness she had fallen upon the ice, but the fall produced no urgent symptom beyond the temporary lameness. Spine disease seldom manifests itself only on one side in children, so I was disposed to attribute the mischief to the upper part of the sacro-iliac symphysis. The case was to be treated simply by mechanical rest, and the only way of securing rest to these parts is by the patient lying down uninterruptedly. This plan was carried out perfectly. The constitutional disturbance subsided in a fortnight. In two months, in direct opposition to my previous strongly-expressed wishes (as she appeared to be in every respect so well), she was allowed by her parents to get up and walk about, and soon afterwards unmeasured exercise was taken.

"In a few weeks the lameness and all the other untoward symptoms were again apparent, with occasional shivering. These symptoms continued uncontrolled, and she was allowed to be moving about the house until she was brought to me in the early part of June, 1860. She was then accompanied by the family surgeon, who said he was excesssively sorry to see these nice quiet people, good patients, and so on, so distressed about their poor scrofulous little child, with a diseased spine, and a large abscess forming; adding

confidentially to myself, that although the case was utterly hopeless as regards the treatment, still he thought it right to bring the case for me to see, as I had seen it before. An abscess could now be distinctly felt, deeply seated upon the inner and posterior part of the ilium, on its pelvic aspect, near the sacrum and the last lumbar vertebra; and there was increase of heat and abnormal firmness of the surrounding soft parts. A hemlock poultice with bread was ordered to be applied over the abscess, and the recumbent supine position to be again resumed, and continued without intermission. The mother was now willing to carry out this plan of 'rest' carefully, and for any extenf of time. The child was to take the air daily, weather permitting, in a little four-wheel carriage. The diet was to be good, but not stimulating. It was intended that the patient should go to the seaside for the remainder of the summer, but some domestic circumstances interfered with this arrangement, and she was kept at home in the country. The abscess opened of itself in September, near the posterior part of the crest of the ilium. It broke in the night, and nearly a quart of matter came away, soaking through the blankets and mattress; and abundant pus, serum, shreds of lymph, and more solid scrofulous-looking material were discharged. The health remained good. The abscess gradually ceased to secrete, and I saw the patient in January, 1861, well.

Now observe, this patient is the subject of a second injury. She lies in bed for several months continuously, and her health is actually improved by it. Here is a case strongly supporting the opinion I advanced the other day, that when you have a serious disease disturbing the health, it is not true that rest in bed is uncompensated; for here is a child suffering severely as regards health, kept lying in bed, securing the parts from disturbance, and after seven months' persistent rest in the recumbent position, her health has gradually improved; so that the expression that her health remains perfectly good is not exaggerated. The abscess by degrees ceased to secrete, and when I saw her in January, 1861 (up to which time she had been lying down), she could stand up and walk without pain. She was fat, plump, and in every respect well, except that there was a little weeping of thin fluid from the mouth of the sinus of the abscess; there was no pain anywhere. The fourth and fifth lumbar vertebræ seem firmly consolidated, and do not yield like the other vertebræ on bending the spine. The discharge ceased in February, 1861, when she was brought to me at my request; and I thought I might detail her case last year. She is now, and has been since January, 1861, perfectly well in health. The lower lumbar vertebra projects backwards a little, but not abruptly. She runs about with the other children, up and down stairs, and stoops to pick up anything off the floor. She is now six years and nine months old. Here is a case, then, of diseased spine putting on the symptoms of hip-joint disease, with extensive suppuration. The child was thought to be scrofulous by both parents and by the surgeon in attendance; but, in spite of that, the child is now, I believe, perfectly well, without a drawback. This is a case which I think shows conclusively the value of mechanical rest in the treatment of cases of this kind."

Mr. Ernest Hart describes some *cases in Operative Surgery*, and Dr. Gason contributes a paper on *Intermittent Fever*.

The 'Medical Times and Gazette' of the present week contains a lecture by Dr. Soelberg Wells on *Strabismus*. Dr. Ramsbotham contributes cases in Clinical Midwifery. They are all breech cases. A case of *Poisoning by Chloride of Zinc* is reported by Dr. John Ward Cousins, which ended in death seven hours and a-half after taking the poison. About two ounces had been swallowed. Mr. Noble, of Kendal, reports a case of *Large Nasal Polypoid Growth*, resulting from a fall upon the nose:—

"In the course of a week or two he observed that the right side of his nose began to bulge outwards, and this continued increasing very rapidly for two months, by which time the front and left side of the nose, as well as the forehead, manifested signs of protrusion; both nostrils also became blocked up by the growth of the substance within. From this time the enlargement of the forehead and nose continued, but less rapidly than before, and at the early part of the year 1858 he was sent to the Royal Infirmary at Liverpool, where he was under Mr. Long's care for a fortnight. No operative procedure was attempted or thought advisable, on account of the immense size to which the growth had by that time attained. In August of the same year, a swelling, the size of a pigeon's egg, formed on the inner angle of the right eye, which burst, and discharged thick, bloody matter; the flow of tears down the nasal ducts became interfered with, and the growth increased in all directions, causing greater expansion of the nose and forehead. After this, small gatherings frequently formed on the inner angle of the right eye, which discharged pus and a jelly-like fluid.

"When first seen by me, the whole of the nose, both anteriorly and laterally, as well as the centre of the brow, were enlarged, and protruded to an extraordinary extent. The right eye was considerably pushed outwards in consequence of the polyp having encroached upon the inner wall of the orbit; the left eye also was similarly affected, but to a less degree. The tears flowed down the cheeks on account of the nasal ducts being obstructed; and there were two or three small openings in the situation of the inner angle of the right eye, which discharged nearly an ounce of gelatinous matter, streaked with blood, daily; there was also bloody discharge from the nostrils. On examining the interior of the nostrils, they were found to be completely blocked up with a substance of a firm, gristly nature.

"For two years the expansion gradually increased in magnitude, there being daily bloody discharge from the nostrils, and gelatinous discharge from the openings on the inner angle of the eye. About eighteen months ago the gelatinous discharge began to diminish in quantity, and in six months quite ceased, the openings becoming closed, and covered by expansion of bone. Since this the growth has continued making progress, until, at the present time, the measurements are as follows—viz.:

"1st. In a transverse direction:—Across the protrusion on frontal bone, 4½ inches; from inner angle of right eye to inner angle of left eye, 5 inches; from protrusion below right eye to left side of nose, 6½ inches; across lower end of nose, 3½ inches.

"2nd. In a vertical direction:—From the protrusion on frontal bone to the end of the nose, 6½ inches.

"The vision of the right eye is rather obscured; when desirous of looking at any object, he can see it more distinctly by keeping one eye closed. His general health has always been, and still is, very good, and his spirits are high; he works daily in a paper-mill. He experiences no pain except about once a year, when he suffers for a week or ten days from continued pain in the frontal and occipital regions. This is generally relieved by saline aperients. Epistaxis, which occurs about once a week, affords him relief; only on one occasion has the bleeding been to excess, and it was then arrested by his using pressure with his fingers on the polyp within the nostrils.

"The case is remarkable as showing the size to which a polypoid growth may attain. Hitherto there has been an absence of cerebral symptoms, probably on account of the pressure exercised by the polyp being upon the outer plate of the bones forming the air-cells; as, however, the disease progresses, and the inner plates become expanded, pressure on the brain may follow, ending in death."

Mr. Alexander Mackay reports a *Case of Rupture of the Left Pulmonary Artery within the Pericardium*. The following is the description of the post-mortem appearances:—

"On opening the thorax, the lungs, heart, and pleuræ were found in their normal position. The pericardium, which, previous to being opened, appeared very tense, when opened, contained about six ounces of serum. On closer examination, the heart was found to be surrounded by a bloody clot, which, when removed, weighed about eleven ounces. The auricles and ventricles of the heart were healthy. On an incision being made along the course of the aorta, it was found covered throughout the entire of its inner surface with a thin, fatty deposit. The left pulmonary artery, on being examined, a small transverse rent was discovered, on its posterior aspect to the extent of a quarter of an inch, and situated between the peri cardium and the bifurcation of the trunk of the pulmonary artery. When the interior of the artery was exposed, the rent was found to be encircled by a small chronic ulcer about the size of a sixpence. The right pulmonary artery was healthy on its internal and external surfaces. The brain, lungs, liver, kidneys, and intestines were also healthy."

GENERAL CORRESPONDENCE.

Dr. FOWLER'S "MEDICAL VOCABULARY."—IMPUTED PLAGIARISM.

To the Editor of the Medical Circular.

Sir,—There has just issued from the press a work by Dr. R. G. Mayne, of Leeds, entitled 'A Medical Vocabulary.' We learn from one of his prefaces thereto, that it is the second edition of a similarly titled book, "published in 1836." "The first edition (he tells us) formed the nucleus of a much more comprehensive work, the 'Expository Lexicon of Scientific Terms,' issued periodically, in ten parts, the last on 17th September, 1860. Two months subsequently to the latter date (he continues) I was startled by observing in the 'Medical Journals' (Nov. 1860) an advertisement, that 'next week will be published the 'Medical Vocabulary,' by Robert Fowler, M.D. Edin.' It was not, however, till 5th January, 1861, or nearly *four months* after the concluding part of my 'Expository Lexicon' appeared, that Dr. Fowler's 'Medical Vocabulary' was published."

Now, before proceeding to notice the doctor's subsequent errors of assumption, I will first dispose of these, his egregious errors of facts.

My 'Medical Vocabulary' was first advertised in the 'Medical Press' on Saturday, 27th October 1860, just about one month pre-

vious to the period implied by Dr. Mayne in his preface. The first portion of my manuscript was in the hands of the printers about the beginning of August of the same year; and I received therefrom the first proof sheet on the 29th of the same month. The proofs followed in rapid succession. The first perfect copy of the work was delivered by the printers to the publisher on Nov. 7th following; and the 'Medical Vocabulary' was subscribed to the trade or published on 21st Nov., *just six days prior* to the subscription to the trade of Dr. Mayne's complete 'Expository Lexicon,' which occurred on Nov. 27th, 1860.

The assertion, therefore, that my work was not published "till 5th Jan., 1861, or nearly *four months after* the concluding part of" Dr. Mayne's 'Lexicon appeared,' *is simply the reverse of that which is true.*

After thus indebting himself "to his imagination for his facts," our Lexicographer next proceeds to the unwarrantable assumption that I have made "too free with *his* work;" usurped "the title of such;" assumed "its plan, peculiar arrangement, &c.," and imitated them,—"but imperfectly."

Having distinctly pointed out the singular perversion of dates, so conveniently relied upon by Dr. Mayne, as premises whence to deduce his equally perverted inferences, it would almost appear superfluous for me to further controvert his imputed plagiarism.

> "But he that filches from me my good name,
> Robs me of that, which not enriches him,
> And makes me poor indeed."

I therefore feel myself called upon to state, on my honour as a man, *that neither before, nor during the whole period of the compilation of my Medical Vocabulary, did I ever see, or in any way refer to, or copy from any part or parts of Dr. Mayne's 'Expository Lexicon.'* I purposely avoided the work, not only by reason of my own sense of *honour*, but in deference to the written instructions of my publisher, on his making the arrangements with me in 1858.

It was his opinion that such a work as my 'Medical Vocabulary' was a necessity of the day. And, inasmuch as no second edition of the little work, published in 1836, had ever appeared, or was then (1858) announced, he very naturally concluded that the book was abandoned. Such an inference could not indeed have been otherwise, particularly as the sale of the work had been by no means a successful one: the remainder of the edition having been sold off, *about twenty years ago*, upon the London book stalls, at a very reduced price.

The author of this little book was besides unknown. Consequently, no enquiry could be possibly made as to *his* future intentions.

To accuse one, therefore, of usurping the title of a work so conditionated, and which for about twenty years had not even been seen in the market, is purely ridiculous.

It is scarcely necessary for me to add that I have *never* seen a copy of the *first* edition of this smaller work of Dr. Mayne's. And we may very reasonably infer, that neither should I nor any one else have ever cast eyes upon a *second* one of it, had it not been for the very favourable reception, both in and out of the profession,—and the consequent very great success—of *my own* 'Medical Vocabulary.'

My work has now been before the world for the last two years; and had I "filched" but one word only from either of Dr. Mayne's productions, I feel tolerably certain that I should long ere this have had to make my first acquaintance with the interior of the Court of Chancery.

Your obedient servant,

ROBERT FOWLER, M.D. Edin.
Author of the 'Medical Vocabulary.'

145 Bishopsgate street, Without,
Oct. 13, 1862.

Births, Marriages, and Deaths.

DEATHS.

BECK.—On the 10th inst., Edward Beck, M.D. Cantab., Physician to the East Suffolk and Ipswich Hospital, of Northgate street, Ipswich.

CHALMERS.—On the 13th inst., William Chalmers, M.D. Univ. Aberd., M.R.C.S. Eng., L.F.P.S. Glasg., formerly Surgeon in the Hon. East India Co.'s Service, Bengal, and late Physcian to the Glasgow Royal Infirmary, of No. 13 Western cottages, Brighton, aged 76.

CHATTERTON.—On the 10th inst., James Thorpe Chatterton, M.R.C.S. Eng., L.S.A. Lond., of Kingston-on-Thames.

COOPER.—On the 3rd inst., William Cooper, of Ormesby St. Margaret, Norfolk, formerly of Martham, in practice prior to 1815 (retired), aged 76.

EVANS.—On the 4th inst., suddenly, at Crockherbtown, Cardiff, Edward Evans, aged 77.

JEMISON.—August 17, of yellow fever, at Nassau, Bahamas, Dunbar Alexander Jemison, L.R.C.S. Irel., Assistant-Surgeon R.N. December 16, 1861, Acting Assistant-Surgeon to the 'Petrel,' February 22, 1862, aged 25.

LEDGER.—On the 12th inst., at Hastings, Matthew Ledger, M.R.C.S. Eng., L.S.A. and M.S.A. Lond., of Kensall villa, Harrow road, aged 37.

LOWERY.—On the 6th inst., at Corbridge, George Lowery, aged 68.

MEDICAL NEWS.

UNIVERSITY OF ST. ANDREW'S.—List of gentlemen on whom the degree of Doctor of Medicine was conferred in October, 1862:—Edward Ablett, London; William H. Ackland, Bideford, North Devon; James Adams, Brechin; Fred. F. Andrews, London; Lewis C. Badcock, Camberwell Grove; Herbert Baillie, London; Thomas Ballard, London; John J. Barrett, London; Henry F. Bate, London; James V. Bell, Rochester; George Berwick, Sunderland; Thomas K. Bevan, Carmarthen, S. Wales; Thomas Birt, Leamington; Thomas Blanshard, London; John A. Bolton, Leicester; W. Bone, Bures, Suffolk; Thomas Bourne, Radstock, Bath; Charles H. Braddon, Upton-on-Severn, Worcestershire; John D. Bradley, Tullamore, Ireland; Robert S. Braine, Halifax, Nova Scotia; C. Brainsford, Haverhill, Suffolk; T. Britton, St. Thomas' Hospital; G. B. Brodie, London; C. Browning, London; G. M. Brumwell, Mossley, Lancashire; Fred. J. Butler, Winchester; John W. Carpenter, London; W. Chessall, London; W. F. Cleveland, London; T. H. Cockcroft, Heighley, Yorkshire; C. C. Cogan, Greenwich, Kent; William F. Coles, Cerne-Abbas, Dorset; Edmund H. Condon, Odiham, Hants; William Connolly, Royal Navy; Samuel K. Crawford, Lurgan, Co. Armagh; Frederick Davies, London; Thomas Dobson, Bowness, Windermere; Thomas Dry, London; James Edgcombe, London; James Edmunds, London; Morgan J. Edwards, Guy's Hospital, London; Edward Ellis, London; Duncan Farquharson, Tillicoultry; William H. Farrington, London Fever Hospital; Luke Fisher, Preston, Lancashire; John S. Fletcher, Manchester; Joseph Frain, South Shields; Stephen H. Games, Liverpool; Ashton Godwin, Brompton, London; James Golder, Pollokshaws; Thomas Green, Cambridge; Samuel Griffith, Portmadoc, N. Wales; Christopher Hall, Swadlincote, Derby; Charles H. Harvey, London; John Harvey, London; George I. Hearder, Edinburgh; James Hislop, Glasgow; William J. Hodgson, Snaith, Yorkshire; William C. Horgan, Drogheda; Thos. Horner, Stoke-Newington; Frs. Howard, Black Rock, Dublin; Theodore K. Hubert, Dunstable; Robert Hughes, Conway, N. Wales; Thomas Hughes, Anglesea; Robert E. Huntley, Yarrow, near Newcastle; Amos Ingham, Haworth, Yorkshire; Samuel T. Jephcott, Chester; Thos. Jones, Ross, Herefordshire; John R. Kealy, Gosport, Hants; Robert C. Kersey, Littleborn, Kent; Joseph Lancaster, Clifton, Gloucestershire; Herbert G. Lee, London; Bryan Lister, Littleborough, Lancashire; William Logan, Co. Antrim, Ireland; Wm. Lomas, London; Walter Mackern, London; George W. M'Nalty, Dublin; Wm. J. Mallet, Manchester; Maxwell T. Masters, London; Robert Meadows, King's College, London; William W. Morgan, Newport, Monmouthshire; George Moore, Hartlepool; Hugh Moss, Congleton, Cheshire; John B. Mulock, London; Stephen Nesfield, Manchester; Thomas Newby, Great Grimsby, Lincolnshire; Joseph M. Nicholson, Holbeck, near Leeds; Samuel Parsons, London; Marten Perry, Evesham; Thomas Pigg, Newcastle-on-Tyne; Charles Pratt, Appleton, Devon; James D. Rendle, London; Charles J. Renshaw, Ashton-upon-Mersey, Cheshire; Herbert S. Renshaw, Ashton-upon-Mersey, Cheshire; John W. Roe, Ellesmere, Salop; Braithwaite Rogers, London; Peter Royle, Manchester; William Sadleir, Dublin; George T. Saville, Beckford, near Hull; Thomas Scully, Tipperary; Henry G. Shea, London; Joseph Shillito, Newcastle-on-Tyne; Thomas Simpson, Liverpool; Charles H. Skae, Edinburgh; John T. Skrimshire, Holt, Norfolk; Bath C. Smart, Balsham; Peter W. Stark, Lancaster; Robert S. J. Stevens, Christchurch, Hants; Abraham C. Swayne, Carrick, Ireland; John Symons, London; John Tanner, Tetbury, Gloucestershire; Robert Tassell, Canterbury, Kent; Thomas R. Tatham, Huddersfield; John Thompson, Bideford; Frederick Turtle, London; Julian L. Vanderstraaten, Colombo, Ceylon; James Walker, North Fordingham, Yorkshire; John S. Walker, Hanley, Staffordshire; Thomas S. Walton, London; Edwin T. Watkins, London; Horace N. Watts, Norwich; Charles A. West, Cornwall; Charles J. White, Brighton; William M. Whitmarsh, Chippenham, Wilts; John Whitmore, London; John Whitworth, Heckmondwicke, near Leeds; George J. Willes, London; S. W. Duckworth Williams, Northampton; John Wills, Child-Okeford, Dorset; Henry J. Yeld, Sunderland.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen passed the First Part of the Professional Examination for the Licence of the College on October 10:—Messrs. Richard Carter, Charing Cross Hospital; Elijah Baxter Forman, Guy's Hospital; Walter Frost, Charing Cross Hospital; Adolphus Burnell Greatrex, St. Bartholomew's Hospital; John Warrington Haward, St. George's Hospital: Thomas Lyle, St. Mary's Hospital; Harry Gage Moore, Guy's Hospital; Walter Llewellyn Nash, St. Bartholomew's Hospital; and Septimus Terry, St. George's Hospital.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, October 9, 1862:—Messrs. Henry Horton, Wednesbury, Staffordshire; William Miller, Scotland-road, Liverpool; James Edward Bennett, Arlington street, Camden Town; and Jas. Waddel Jeffreys Oswald, Berwick-on-Tweed.

The "Black Vomit" is making great havoc in the French fleet."

Payment of Coroners.—According to an official document just issued, the payment to coroners in England and Wales for the year ending Michaelmas was 53,106*l.* 11s. 4d.

Malignant Fever in Philadelphia.—A malignant form of fever has broken out in Philadelphia. It is supposed to have been occasioned by some bags of fruit brought from the West Indies.

The West Coast of Africa has become much less fatal to Europeans since the advantage of sanitary precautions has been properly understood. Dr. Durrand states, that out of 200 Europeans only two died in two years.

Suicides in the Army.—The proportion of suicides in the army in 1860 was only 0·31 per thousand; the cases were only twenty-six in number, fourteen of them being by gunshot.

M.B. Examination of the University of London.—The examination for the degree of Bachelor of Medicine of the University of London will commence on Monday, the 3rd of November.

Diseases in Sheep and Cattle.—The necessity of an appeal to Government to adopt stringent measures to prevent the importation of foreign diseased sheep and cattle, the 'Devizes Gazette' strongly urges, as many instances have been known in which the introduction of diseases has been directly traceable to that source.

Garibaldi.—General Garibaldi's wound having, according to the 'Movimento' of Genoa, presented during the last few days a less promising aspect than usual, his medical advisers desired to hold a consultation with Professors Zannetti, of Florence; Tommasi, of Pisa; and Gherini, of Milan. This consultation took place on the 9th, and the result was published in a bulletin, from which we learn that the general state of the patient is good, save an extreme leanness, the consequence of his sufferings and his being so long confined to his bed; but that he now suffers from rheumatic pains in the joints. Nevertheless, the issue, according to the physicians, will be favourable, although anchylosis or stiffness will remain after the cure.

St. Thomas's Hospital.—The hospital at the Surrey Gardens was opened on Monday, the 15th of September, and the numbers admitted for the four weeks ending the 13th of October were 211, of which number 23 were accidents. At the old hospital, after being established for more than 300 years, the average weekly admissions were between seventy and eighty; and here, at the Surrey Gardens, after *twenty-eight* days, and very little publicity given to it, the weekly numbers are between *fifty* and *sixty*, which proclaims most unmistakeably that the Governors have fixed upon the proper spot for the accommodation of the suffering poor of South London. The out-patient department shows even more strikingly the benefit of the locality to the suffering poor. For the first week, ending the 23rd of September, the numbers were 284; 2nd week, ending 30th of September, 658; 3rd week, ending 7th of October, 880; 4th, ending 13th of October, 1,062; making 2,884 in four weeks who had received medical and surgical assistance. The number of tickets issued to out-patients is necessarily limited, and the numbers in excess each day are very great, sometimes as many as fifty or sixty.—'Lancet.'

Munificent Bequests.—The late Joseph Almond Cropper, Esq., Barrister of Gray's inn, has left, among other munificent bequests, the following legacies, duty free:—200*l.* to the Kent and Canterbury Hospital, 200*l.* to the Stafford Infirmary, and 100*l.* each to twenty charitable institutions in London. He has also devised extensive landed property, in the county of Kent, to Westminster Hospital.—University College Hospital has just received a bequest of 300*l.* by the late Mr. John Watson, 100*l.* by the late Mr. Charles Cope, and 500*l.* by the late Miss Charlotte Chitty.

The Small-Pox in Sheep has recently much abated in Wiltshire, no new cases having occurred. Precautionary measures, however, are maintained. It is said that another disease has made its appearance in North Wilts—viz., diphtheria among pigs, and that many animals have died from it in and about Lacock, near Chippenham.

University College Hospital—Comfort for the Sick.—An improved system of nursing has been adopted in this hospital, and at the same time a great addition made to the comfort of the patients, by means of a special sick fund, provided for purposes for which the ordinary funds are not available. The committee have rendered themselves liable to the amount of 1,000*l.* of which considerably more than 800*l.* has been already raised.

The number of sick and wounded at present in Frederick City, Maryland, exceeds 4,000. To accommodate this large number every exertion has been made by the Medical Director and his staff, who have been nobly assisted by the ladies of Frederick. Last Friday, 3,180 rations for the sick and wounded were served out, Saturday 4,200, and to-day about 4,100. As the badly wounded who can be removed are being brought in, the convalescent are being sent away, and now that the railroad communication is complete they are being sent North at the rate of 700 a day; but no sooner are they gone than others take their place, as those that lie at Middletown and Boonsborough are brought in here, where they can be made more comfortable. It takes an immense staff of surgeons, doctors, and nurses to attend to 4,000 patients. I have visited all the hospitals in the city, and I have not met one man to complain that he was not well attended to at all times. We have 20 hospitals in Frederick City. The largest is the one known by the name of the United States General Hospital. This building is situated on a hill just as you enter the city. It was used as a barrack by General Banks when he was quartered in this city last winter. It is capable of accommodating nearly 1,000 patients. There are 19 other buildings which have been converted into asylums for the sick and wounded, namely, the City Hotel, the United States Hotel, the Lutheran, Methodist, New and Old Episcopal, Presbyterian, and African churches, the three upper or high-schools of the city, Nos. 70, 71, and 72; also two German Reformed Churches; the Frederick Female Seminary; Bronson's Academy; A portion of the large building called the Jesuits' Novitiate; the left wing of the convent occupied by the sisters of the Visitation Convent; and a private house used as the Hospital for Confederates. Dr. H. S. Henertt presides over the Novitiate and Convent Hospitals. Dr. R. F. Weir, of New York, has charge of the General Hospital; he has also been acting as Assistant-Medical Director. Mr. M. J. Fitzgerald is the general steward for all the hospitals in town. At all hours of the day, and even at night, you can find the ladies of Frederick at the bed-sides of our poor sick and wounded soldiers. The men get well rapidly under their kind treatment. No words of mine could describe their kindness and attention. A train full of mattresses, beds, pillows, and hospital furniture generally arrived here to-day. They were much wanted, and will soon be in use.—'New York Tribune.'

Sir E. Bulwer Lytton, like Lord Derby and Mr. Gladstone, is speaking out on the sewage question. At a dinner at Hertford he said:—"When I held the Colonial seal it cost me trouble and toil to secure from some distant islands a scanty supply of guano, while all the time, close at hand, a few of the London sewers were every year casting away into the Thames more than half a million's worth of a manure considerably more valuable for the general purposes of agriculture than that guano which ships were fitted out to bring home, in order that it might be retailed at a price which rather fits it for the phials of an apothecary than the fields of a farmer. (A laugh.) I said half a million's worth of money was thus thrown away, but that is a very low estimate of the real waste. In Flanders, for instance, where I have been lately, the value of sewage is calculated according to the numerical population, especially in towns. It is there calculated at 1*l.* 7s. a head yearly. In Belgium it is calculated at a still higher rate. So that, if the population of London be taken at 2,000,000 a means of increasing the productive wealth of the country, which, according to the estimate of Flanders, would be worth about 2,700,000, is exclusively devoted to poison the waters of the Thames, and administer gratuitous disease to her Majesty's metropolitan subjects."

A Clever Maid Servant.—George Scannell, of no occupation, was charged at the Marylebone police-office, with a robbery of plate. Mirian Pitman said—I am housemaid to Dr. Joseph Skelding, of 16 Euston square. About eight o'clock the prisoner came to the door, and said that master was wanted to attend a lady in Chapman street, who had been taken suddenly ill. At the same time he gave a name and the number of the house. I left the prisoner in the hall while I went and communicated with my mistress, and she, not knowing either the name or the street, sent me to make further inquiries about the lady. As I went down stairs I looked over the banisters, and saw the prisoner coming out of the dining-room. When I came to the hall I did not tell him what I had seen, but walked straight to the street door, and placed my back against it. The prisoner then stood in front of me, and I questioned him about the lady from whom he said he had come. He then said, "What's the doctor's name here?" On being told, he expressed some surprise, and said he had no doubt come to the wrong place. I said, "You need not be surprised; I believe you have some improper purpose in coming here." I then asked him why he went into the dining-room. To this he said he had never been in there; and I said, "It won't do for you to tell me that, but just give me the plate you have taken from the dining-room table." He swore at me, and said he had not got any, when I turned round to ring the surgery-bell to get the cook to assist me. While I was so doing the prisoner threw down a bag, and, catching hold of me, tried to throw me down; but, as I struggled with him, he was only able to push me on one side. He then rushed out at the door, and I followed, about sixty yards in the rear, calling "Stop thief!" He was captured, and brought back to the house. A police constable took from his different pockets the silver plate that had been taken from the dining-room table. Mr. Mansfield remanded the prisoner for a week, and said "Miriam Pitman, you have acted with great courage and sense, and I certainly do hope that your master and mistress will reward you for saving their property in the way you did.

Philadelphia and New York.—The city of Philadelphia is larger than any in Europe, Paris and London alone excepted, numbering 600,000 inhabitants, and covers with its unbroken buildings

a larger space than New York, and having no dirty and internal dens called tenement-houses. Each man is lord of his own little castle; and it may be affirmed, beyond contradiction, that nowhere under heaven is the same amount of working humanity so condensed enjoying the same comforts, decencies, and prosperities, as in Philadelphia. The journeyman mechanic can rent, in a broad, well-ventilated street, his comfortable little house, with all the modern conveniences of gas, bath-room, kitchen-range, and so forth, for an expense within his means and economies. Compare this with the metropolitan treatment he receives in New York, where he seethes in back slums, families piled on families, and with the desperate filth of uncleansed streets assailing his nostrils, and creating a greater proportion of tubercular consumption than any other city is afflicted with, notwithstanding the magnificent advantages of the bay and rivers. Philadelphia, so far from being provincial, has all the requisites of a great city. In her great hospitals she was the pioneer of all the states and colonies; in her libraries she led the way; in her theatres she was first, and now has the finest in the country; in her halls of science, she rivals Europe; in her markets she stands almost unequalled for profusion; and her miscellaneous manufactures exceed those of any other city in the world.—'New York Tribune.'

An Inconvenience of Being too Popular.—Of all the French Medical Consulting Practitioners, M. Trousseau is by far the most popular, and is habitually sent for from all parts of France, and even abroad. It seemed, therefore, the most natural thing in the world to the penny-a-liner of the 'Constitutionnel,' without, indeed, much regard to the speciality of the case, to insert a paragraph, stating that this eminent physician had been sent for by General Garibaldi. The public believed the statement, and for several days his consultation-room remained empty. "This villanous paragraph," exclaimed the unfortunate Professor, "has cost me twenty pounds a-day." In fact, although Paris was never so healthy as at present, men in good practice having little or nothing to do, this is the time of year when the provincials and foreigners, well laden with fees, repair to the capital for the purpose of consultation.

A Naturalist Killed at Filey.—The watering place of Filey was the scene of a dreadful event on Tuesday afternoon. A young gentleman, named Mr. Tom H. Suggitt, a naturalist of promise and ability, resident at Filey, proceeded to the "Brigg" and cliffs, adjoining in search of sundry objects. He left about one o'clock, and about four was seen leaving the "Brigg" towards Scarborough. He would soon be among the wildest rocky confusion of this coast, the road from which, though frequented by adventurous explorers, is a most dangerous one, known as the "ridge," one part of which hardly affords foothold. Young Suggit had ascended to a considerable height, and appears to have lost his foothold in endeavouring to reach his collecting hampers forward. From ridge to ridge he rolled, and, unable to recover himself, eventually shot over the cliffs among the huge rocks below. A gentleman who was fishing found the body about five o'clock, when death had resulted some time. Death, in fact, must have been instantaneous, the head receiving the great force of the fall. The sad event has cast a gloom over the place.

The Supplementary Clinical Chairs at the Faculty of Medicine of Paris.—The following are the holders of the first appointments:—Hardy, Diseases of the Skin; Verneuil, Syphilitic Diseases; Follin, Ophthalmology; Roger, Diseases of Children; Voillemier, Diseases of the Urinary Organs; and Lassegne, Diseases of the Nervous System.

The University of St. Andrew's and Dr. Gairdner.—In consequence of the acceptance by Dr. Gairdner of the Chair of Medicine in the University of Glasgow, he has resigned the office of Examiner at the University of St. Andrew's.

Anatomical Lectures at Cambridge.—Dr. Humphry commenced his course of lectures on Human Anatomy and Physiology on Tuesday last, at one o'clock, to be continued every Tuesday, Thursday, and Saturday.

Appointments.—Assistant-Surgeon A. W. G. Adey, Civil Surgeon at Kaira, has been appointed a Municipal Commissioner for that town.—John W. Ashford, R.N., has been appointed Acting Assistant-Surgeon to the *Victory*, for Haslar Hospital.—Thomas Hiron Bartleet, M.B. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Birmingham and Midland Free Hospital for Sick Children, *vice* Mr. George Yates, resigned.—Thomas Waugh Belcher, M.B. and L.S. Univ. Trin. Coll. Dub., M.B. Oxon, L.K.Q.C.P. Irel., has been elected Secretary of the County and City of Cork Medical and Surgical Society, *vice* William Peterson Bernard, L.R.C.P. Edin., L.F.P.S. Glasg., deceased.—Charles Bennett, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Daventry Union, Northamptonshire, *vice* William Coghlan Tite Wagstaffe, M.R.C.S. Eng., L.S.A. Lond., resigned.—Dr. Thomas Brisbane, R.N., has been appointed Acting Assistant-Surgeon to the *Victory*, for Haslar Hospital.—Robert Thomas Elsam Barrington Cooke, L.R.C.P. Edin. (exam.), F.R.C.S. Edin., M.R.C.S. Eng., L.S.A. Lond., M.B. Univ. Lond., has been re-appointed one of the Acting Medical Officers to the Royal Northern Sea-bathing Infirmary, Scarborough.—Robert Cowan, L.F.P.S. Glasg., has been appointed Secretary of the Glasgow Faculty of Medicine, for 1862-3.—William H. Cox, Acting Assistant-Surgeon R.N., has been appointed to the *Nile*.—Henry Gray Croly, L.K.Q.C.P. Irel., L.R.C.S. Irel., and L.M. Rot. Lying-in Hosp. Dub., has been elected Medical Officer to the Louth City Dispensary District of the South Dublin Union, *vice* Thomas Deane Hargrave, M.D. Univ. Trin. Coll. Dub., L.R.C.S. Irel., L.M. Dub. Lying-in Hosp., L.S.A. Lond., L.A.H. Dub., resigned.—Deputy Inspector-General of Hospitals W. G. Davidson, A.M., Southern Division, Madras Presidency, has been appointed to act in the Pegu Division.—George Henry Davis, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon to the Royal Berkshire Hospital, Reading, *vice* Oliver Calley Maurice, M.D. Heid., M.R.C.S. Eng., M. and L.S.A. Lond., resigned.—Dr. Daniel Donovan, R.N., Acting Assistant-Surgeon, has been appointed to the *Victory*, for Haslar Hospital.—Arthur Houghton Dowson, F.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Orford District of the Plomesgate Union, Suffolk, *vice* Samuel Randall, Surgeon, R.N. deceased.—T. B. Eames, Barnfield, Stoneclough, near Manchester, has been appointed Certifying Surgeon, under the Factory Act, for the District of Farnworth, *vice* Henry Sharp, resigned.—Henry Grace, M.R.C.S. Eng. and L.M., L.S.A. Lond., has been elected Medical Officer to the Stapleton Workhouse, Bristol, *vice* Edward Hodges, M.D. Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., resigned.—H. G. Graham, Deputy Inspector-General of Hospitals, Pegu Division, Madras Presidency, has been appointed to act in the Mysore Division.—William James Kite, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer for the 3rd District of the West Bromwich Union, Staffordshire.—Edward William Lee, M.R.C.S. Eng., L.S.A. Lond., has been elected House-Surgeon to the Middlesex Hospital (of which he was a student).—James Lilburne, L.R.C.S. Edin., Surgeon R.N. June 5, 1857, has been appointed to the *Leopard*.—C. C. Linton, Deputy Inspector-General of Hospitals, Mysore Division, Madras Presidency, has been appointed to act in the Southern Division.—Henry Macdonnell, R.N. Acting Assistant-Surgeon, August 1, 1861, has been confirmed in the *Virago*.—Dr. M. M. Mackenzie, Civil Surgeon, has been appointed Member of the Municipal Commission of Ahmednugger, Bombay Presidency.—John McCarron, L.F.P.S. Glasg., has been appointed Treasurer to the Glasgow Faculty of Medicine for 1862-3.—John Barritt Melson, M.A. and M.D. Cantab., has been elected President of the Midland Medical Society, Birmingham.—Andrew Miller, M.D. Univ. Edin., L.R.C.S. Edin., has been re-appointed one of the Acting Medical Officers to the Royal Northern Sea-bathing Infirmary, Scarborough.—Dr. Robert More, R.N., has been appointed Acting Assistant-Surgeon to the *Victory*, for Haslar Hospital.—Dr. C. F. Ogilvie, Civil Surgeon, has been appointed one of the Municipal Commissioners for the town of Sholapoor, Bombay Presidency.—Langston Parker, F.R.C.S. Eng. (Hon.), L.S.A. Lond., has been elected one of the Vice-Presidents of the Midland Medical Society.—Frederic M. Rayner, Surgeon R.N. November 11, 1851, has been appointed to the *St. Vincent*.—Dr. Denis Augustine Riordan, R.N., has been appointed Acting Assistant-Surgeon to the *Royal Adelaide*. for Plymouth Hospital.—Dr. Adam Robertson, Assistant-Surgeon R.N., has been appointed Acting Assistant-Surgeon to the *Royal Adelaide*, for Plymouth Hospital.—Charles Robertson, L.R.C.P. Edin., L.F.P.S. Glasg., has been re-appointed one of the Acting Medical Officers to the Royal Northern Sea-bathing Infirmary, Scarborough.—James Russell, M.D. Univ. Lond., M.R.C.P. Lond., M.R.C.S. Eng., has been elected one of the Vice-Presidents of the Midland Medical Society.—James Scanlan, M.D. Univ. King's Coll. Aberd. L.F.P.S. Glasg., has been appointed Vice-President for 1862-3 of the Glasgow Faculty of Medicine.—Edward Julian Sharood, M.R.C.S. Eng., Assistant-Surgeon R. N., has been appointed Acting Assistant-Surgeon to the *Victory* for Haslar Hospital.—Dr. John Simpson, Assistant-Surgeon R.N., has been appointed Acting Assistant-Surgeon to the *Royal Adelaide*, for the Plymouth Hospital.—Assistant-Surgeon F. S. Stedman has been appointed Surgeon to His Excellency the Governor of Bombay.—Thomas Grainger Stewart, M.D. Univ. Edin., F.R.C.P. Edin., has been appointed Pathologist to the Royal Infirmary, Edinburgh, and Lecturer on Pathology, *vice* Daniel Rutherford Haldane, M.D. Univ. Edin., F.R.C.P. Edin., appointed Lecturer on the Practice of Medicine, and one of the Physicians to the Royal Infirmary.—William Taylor, M.R.C.S. Eng., has been re-appointed one of the Acting Medical Officers to the Royal Northern Sea-bathing Infirmary, Scarborough.—Mr. George Thompson has been appointed Dispenser to the Ripon Dispensary and House of Recovery, *vice* Mr. William Atkinson, whose term of office has expired.—John Hasledine Tutin, M.R.C.S. Eng., has been appointed Surgeon to the Ripon Dispensary and House of Recovery, *vice* Septimus Tutin, M.R.C.S. Eng., L.S.A. Lond., deceased.—Clement Winstanley, M.R.C.S. Eng., L.S.A. Lond., has been appointed House-Surgeon, Apothecary, and Secretary to the Stamford, Rutland, and General Infirmary, *vice* Charles Henry Drake, M.R.C.S. Eng., L.S.A. Lond, resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 22.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.—Hunterian Society, 8 p.m.

Thursday, October 22.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m. ; London Surgical Home, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

Friday, October 24.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.

Saturday, October 25.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

Monday, October 27.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.—Medical Society of London, 8½ p.m.

Tuesday, October 28.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Pathological Society of London, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

Air and Water ; their Impurities and Purification. By H. B. Condy, Esq. London : J. W. Davies, 54 Princes street.

Army Medical Department. Statistical, Sanitary, and Medical Report for the year 1860.

'British American Journal' (September).

'American Medical Monthly' (August).

Transactions of the Medical Society of London, Vol. II.

'Chemist and Druggist,' for October.

Infanticide. London : H. Turner & Co., 77 Fleet street.

An Introductory Address on the future of St. Thomas's Hospital. By Dr. J. S. Bristowe. London : J. W. Roche, 5 Kirby street.

On the Place of Medicine among the Sciences. By Dr. W. Roberts. Manchester : D. Kelly, 53 Market street.

NOTICES TO CORRESPONDENTS.

Pseudo-Medical Journalism.

To the Editor of the Medical Circular.

Sir,—Coinciding entirely in the views so eloquently expressed by yourself, and by the Editor of the 'Lancet,' on the impropriety of encouraging illegitimate and spurious medical journalism, I beg to call your attention to the conduct of Mr. Henry Thompson, who evidently does not think as I do, for he has sent his friend's papers for insertion in the obnoxious print, unmindful of your strictures, and forgetful of the obligation he is under to the legitimate journals, who have so lauded his contributions to the speciality he professes. It may be that the papers in question—for it is a dirty subject—have not been thought worthy of a place in the pages of the regulars, if so, it should be known. This is not the first mistake Mr. Thompson has made—the Stone Hospital to wit. You have the remedy in your own hands, and if it were my case he should keep his lucubrations for the future to the journal he thus patronises. I am of opinion the *soi-disant* Journal should be limited to the bare transactions of the Associates, and then its nakedness would soon be made manifest. Yours, &c., Fairplay.

Medicus.—1st. No.—2nd. The Medical Council does not possess any powers in relation to the question.—3rd. Yes.

Mr. John R.—Mr. Cooper Forster's book is a useful one, and contains the information you require,

Inquirer.—We shall take an opportunity of alluding to the dispute between Drs. Czermak and Turck, when the recently published work of the latter gentleman comes under review.

A Subscriber.—We are unable to answer your question satisfactorily. To what extent the production of heat in the system may depend upon the velocity of the circulation, apart from chemical action, it is not in our power to say, or even to suggest. We know that in mechanics the amount of heat generated is equal to the square of the velocity : so it may be in matters physiological. We agree with you in the opinion that mechanical forces have been too much overlooked in the study of animal or vital action. That heat is always the product either of chemical action or nervous agency, we do not believe. Even the heat produced by chemical action is now understood to be due to the rapid motion among the atoms undergoing combustion. The subject would well repay investigation.

L.S.A.—We adhere to our opinion.

"Death from Rupture of the Uterus."

To the Editor of the Medical Circular.

Sir,—In your "Summary," thus headed last Wednesday, it should have been stated that after death *a laceration of the posterior wall of the vagina* "was found near the cervix" of the womb. The midwife sent for me, in consequence of the patient, during an apparently natural labour, suddenly changing countenance, as if she were sinking. Simultaneously, all uterine action *suddenly* ceased. I ultimately effected delivery by version. Yours obediently,

145 Bishopsgate street Without. Robt. Fowler, M.D. Edin.

Dr. Scott.—Received with thanks.

Dr. Paterson.—1st. Yes.—2nd. No.

Palmam qui Meruit Ferat.—The Prize question forms the subject of a leading article in the present number of the Circular. Our correspondent will see our views stated in that article.

To the Editor of the Medical Circular.

Sir,—Would you kindly inform me : 1. Where I can find a good digest of what is known of the pathology and treatment of paralysis up to the present time ?—2. On what occasions, and under what circumstances, it is usual for university men to wear academical costume ? Yours obediently M.D.

Mr. Taylor is thanked.

Mr. Rogers.—The publisher will communicate with you.

Chirurgus.—1st. Yes.—2nd. Ambrose Paré first applied a ligature to the end of a divided vessel.—3rd. The late Mr. Guthrie ; but the practice is not generally followed.

The Apothecaries' Society.

To the Editor of the Medical Circular.

Sir,—It has been well defined in law by leading men, that the Apothecaries' Act qualifies fully in all the branches of a Medical education, and a licentiate of the Hall is to all intents and purposes a general practitioner. The examinations, ever since the year 1815, have been in Medicine, Surgery, and Midwifery, and the Apothecaries' Hall stands pre-eminent.—Yours, &c., Medicus.

M.D. (St. Andrew's).—We have no knowledge whatever of the state or prospects of the fund raised for a testimonial to Dr. Day. The time has arrived when active steps should be taken in the matter.

Alpha.—As a rule, medical books do not sell. He is a fortunate man, as well as a clever one, whose publisher can inform him that he has got through one edition. You must not expect to cover your expenses.

A Reader and Subscriber writes that, "as well as Dante, Locke, Sir Thomas Browne, Newton, Garth, Blackmore, Arbuthnot, Akenside, Smollett, Goldsmith, Darwin, Keats, Davy, Wolcot, and many more whose names I have forgotten, were all bred or practised as doctors."

The Puckett Subscription.

[Mr. Griffin has published the following statement respecting his collection, and administration of the "Puckett Fund."]

"As treasurer to the Fund raised for the benefit of the widow, 'and such members of the family of the late Mr. Adam Stapleton Puckett, as the trustees may deem it desirable to assist,' I beg to render to you an account of my stewardship. Since the melancholy death of the late Mr. Puckett, there have been subscribed 1,016*l.* 19s. 6d. which, minus expenses, I have handed over to the following gentlemen, who have kindly consented to act as trustees, viz. :—Col. Gilpin, M.P., Hockliffe Grange, Leighton Buzzard, who for many years has been a kind friend to the family of the deceased ; the Rev. Talbot Hastings Bendall Baker, Vicar of Preston-cum-Sutton Poyntz, in which parish the murder was committed ; and the Rev. Edward Headland, Rector of Broadway, in which village the deceased resided. A wish has been expressed that I should be one of the trustees, and as the guardians, who have subscribed 50*l.* from the Common Fund, and have individually contributed liberally, have expressed a desire that one of their body should also be a trustee, and have named Mr. Richard Luckham, of Broadway, as their representative, our names have been inserted in the trust-deed, but as the Bank directors will only allow the names of three trustees to appear on the bank books, the money has been vested in the names of the first three gentlemen, but in all other respects the powers of the five trustees will be equal.

"In order to obtain as large an annual income as possible, the trustees have invested 810*l.* 9s. 8d., in East India Stock, (a fund guaranteed by Parliament) which will bring in 37*l.* per annum, and on Nov. 24th, the anniversary of Mrs. Puckett's birth, they intend to sink with the Norwich Union Life Office, where the deceased had insured his own life, the sum of 161*l.* 7s. 8d., for which the widow will receive 15*l.* per annum, thus securing for her an annual income of 52*l.*

"The trustees deem it right to reserve the arrangement for the final distribution of the fund until after the death of the widow, fearing that if a vested interest were given in the money, the trustees would have no power to prevent its anticipation ; they however trust that no cause will arise to prevent its equal distribution amongst the four children of the deceased, or, in case of death, their representatives.

"The press—general, local, and medical—have most liberally thrown open their pages to this appeal. The bankers of this town, Messrs. Eliot and Co., Messrs. Williams, and the Wilts and Dorset Company, together with the proprietors of the Public Libraries, Archer, Tucker, and Sherren, have most generously rendered us their aid. My co-trustees have been most zealous in the cause, and through their influence a large amount of money has been subscribed. Many of my medical friends have canvassed most energetically for subscriptions, and have been well repaid for their labour by the large collections they have made, and others unsolicited have forwarded me donations. At the request of the widow and family, and in the words of one of its members, I beg to return 'their deep and heartfelt gratitude for the kind and munificent manner in which they have been supported by the public in their heavy bereavement and affliction ;' without this aid Mrs. Puckett would soon have been destitute, as, after the payment of the debts of the deceased out of the proceeds of the policy of insurance for 200*l.*, and the sale of the medical effects, his furniture being reserved for the widow, the only balance left is about 25*l.* ; and even this small surplus arises from the generosity of the creditors, some of whom gave up the whole amount due to them (Gale, Baker, and Ward about 10*l.*) and most of them made a reduction. As a brother medical officer of the deceased, I also beg to thank you all."

JOURNAL

OF

Practical Medicine and Surgery.

BIBLIOGRAPHY.

ART 6306. *Hygiène Alimentaire des Malades, des Convalescents et des Valétudinaires, ou du Régime envisagé comme, moyen Thérapeutique.* (The diet of the sick, convalescent and valetudinarians, or diet considered in its therapeutic aspects.) *By T. B. Fonssagrives, M.D., Physician-in-Chief of the Navy. (a)*

Six years have barely elapsed since Mr. Fonssagrives presented the public with his *Treatise on Naval Hygiene*, a work which was indebted for its popularity to the fact that it satisfied the requirements created by the radical changes introduced by modern science into the details of maritime life. The book was deemed by the Institute deserving of a prize; it has been translated into several languages, and has earned for its author numerous distinctions; we can, therefore, readily conceive that Mr. Fonssagrives, encouraged by this brilliant and legitimate success, should have been induced to venture on another publication. The exponents of prophylactic hygiene are, doubtless, numerous; but therapeutic hygiène still affords sufficient scope for useful and honourable exertion.

"My purpose in the present volume," says Mr. Fonssagrives in his introductory remarks, "is to draw up an analytical summary of the resources supplied to medical practice by diet, as a principal or an accessory remedial agent, as a means of satisfying the indications of convalescence, and as a preservative against the sufferings and perils of habitual bad health. . . . I shall have fully attained my object if, without detracting from the utility of the pharmacopœia, I succeed in demonstrating that, from hygiene, and more especially from diet, the therapeutist can derive instruments of unquestionable power, and, in this respect, borrow with much advantage from the old practice of medicine. Without servile assent to the doctrines handed down by tradition, it is well, in our attempts at progress, now and then to revert to them in order to gather strength, without which our efforts would be inefficient, and judgment, failing which they must end in deception. The future prospects of therapeutics are involved in the close union of the science of hygiene with the knowledge imparted by the *materia medica*."

The work is divided into four sections: the first is devoted to a description of the various elements of diet; the second to the different modes of administration; the third treats of the physiological and morbid circumstances which influence the practitioner's conduct; and in the fourth will be found an estimation of the different regimens separately considered.

It was difficult to display much originality in the chapters consecrated to the pharmaceutic preparation of food, although they occupy the greater part of the volume. The second section supplies us with interesting and hitherto unpublished details on the subject of hospital diet. The third division of the book presented difficulties of no common order; indeed, in a subject of this kind, so numerous are the exceptions that it is almost impossible to lay down rules. The author, however, lays stress on the administration of food in typhoid fever, and indulges in a pointed criticism of the systematic tendencies which, in this affection have led practitioners to the most opposite extremes, from entire abstinence from food to absolute and compulsory cramming.

We must acknowledge our partiality for the fourth division of the work, which fully displays the eminent practical turn of the author's mind. Variety in diet is conducive to health; the long-continued use of a single article of food induces lasting changes in the process of nutrition, modifies the chemical operations of secondary assimilation, and alters the plasma itself, or formative organic element in its nature and constitution. Mr. Fonssagrives distinctly points out the benefits which may, in this respect, be conferred on therapeutics by a judicious management of diet, in various discouragingly obstinate forms of organic disease, and his remarks will doubtless lead to a correct appreciation of measures which, so far from excluding medicinal intervention, lend it, on the contrary, the most powerful aid.

Thus, abstinence from food may be considered as the most active agent of depletive treatment. The author inquires into the principal applications of abstinence from fluids, whether resorted to for the purpose of checking natural or morbid secretions, of promoting the absorption of serous effusions, or of drugs, and finally as the chief remedy for syphilis amongst the Arabs. He then expatiates on vegetarian diet in its different aspects, and on its utility in gout and gravel; on animal diet and its importance in diabetes, chronic diarrhœa, rachitis, and cancer; on the efficacy of lacteal diet in dropsy and organic disease; on milk considered as an excipient of medicinal agents—for instance, goat's milk medicated with chlorine and administered in consumption. The researches of Mr. Labourdette on this subject, and the whey cure which we described in our notice of Mr. E. Carrière's work, are also alluded to in the fourth section of this volume, which teems with interesting and instructive matter, and alone would secure the success of Mr. Fonssagrive's new publication.

(a) One vol. 8vo. pp. 660, Bailière and Son, Paris.

ART. 6307. *Conférences sur l'Empirisme faites à la Faculté de Médecine de Paris* (Lectures on Empiricism, delivered at the School of Medicine of Paris) *by Professor Trousseau.*

An association was formed upwards of thirty years ago, by former pupils of the Polytechnic School, for the purpose of imparting gratuitous instruction to workmen. Lectures are delivered on Sundays at the School of Medicine, and the co-operation of the professors most eminent in science, literature, manufactures and fine arts, is solicited in furtherance of the objects of the Institution. Mr. Trousseau, on the 18th and 24th of May, lent his aid to this popular undertaking, and the two lectures which he delivered on the subject of *Empiricism*, carefully revised by himself, are now edited by Mr. A. Delahaye. (a)

Mr. Trousseau did not choose his text, but accepted that which was selected by the Directors as most suitable to the audience. The Professor defined Empiricism: *Experiment unconnected with theory*, and divided the subject into two sections: in the first, he described legitimate empiricism, and explained its origin, procedures, and purpose; he adverted, in the second, to mischievous empiricism and quackery, one of the most disgraceful of social evils.

When man originally became a prey to disease, the first remedies he resorted to were obviously suggested by hygiene. Fatigue pointed out the necessity of repose, thirst was assuaged with water, and the burning heat of the skin was cooled in baths. These curative measures were instinctively adopted, and accident soon multiplied their number and came to the assistance of hygiene. Accident—mere accident—revealed the medicinal virtues of the cinchona bark, of saffron, iron, iodine, and sulphur. On the portals of the temple of Esculapius were suspended tablets bearing the names of the medicines applicable in each disease, and useful receipts were thus communicated to the people. Such was the first rough and elementary form of empiricism!

"We must theorise," said Mr. Trousseau, "in spite of ourselves; such is the construction of the human mind, that its efforts to avoid mere speculation are fruitless. If, instead of two facts, I am in possession of four, of six, of ten, the mere instinctive working of my mind and faculties compels me to compare, separate, combine, in short, to judge. Now, analytical medicine is founded on facts, supplied by accident; hence empiricism rises in our estimation, because inductive reasoning leads to more extended knowledge.

"The Indian teaches that cinchona bark cures ague; the physician ascertains and accepts the fact, and cannot help

(a) A pamphlet, 8vo, p. 58. A. Delahaye, Paris.

inquiring whether this remedy, which is so active in one periodical affection, may not possibly be equally useful in other diseases in which a periodical tendency is observable, an inquiry which leads to the cure of excruciating neuralgia.

"Let us pursue this theme, which admits of many illustrations; the same principle enlightens us on other points.

"This new fact, neuralgia, consists of two elements periodicity and pain. The former cinchona removes, the latter subsequently abates. Hence, by a natural transition, arises the idea of testing the efficacy of the same medicine in an essentially painful, but not periodical disease. It is exhibited in acute rheumatism, in which pain is the predominant symptom, and a cure is effected.

"An immense interval, doubtless, separates the crude notion transmitted to us two hundred years ago by the Indian, from the exhibition of sulphate of quinine in rheumatic fever; and yet these ideas are distinctly generated by each other, by a process which may be termed inductive experiment. Empiricism thus arises from experiment, but in which accident has a far smaller share than the physicians' intellect.

"Sponge cures bronchocele. In 1821, Mr. Courtois discovers the presence of iodine in sponge: may not the cure of goître be referrible to this new substance? With prudent caution it is tried, and bronchocele is cured by the use of preparations of iodine.

"But goître is a tumour; may not other tumours likewise yield? The attempt is made, and glandular swellings disappear.

Here is syphilis, a dire affection, in which the bones suffer. The same experiment is repeated; the medicine which proved efficacious in bronchocele and glandular swelling is again exhibited with the best effects, and one of the noblest conquests of modern therapeutics is achieved."

It is difficult, without reproducing them *in extenso*, to give an idea of lectures of this description. We must confine ourselves to one more quotation from the second conference, in which mischievous empiricism was the text. The following anecdote derives a twofold interest from the name of Béranger, and from the quaint and racy style of Mr. Trousseau's familiar oratory:

"In 1848," said the Professor, "Béranger suffered from trifling ophthalmia, which was cured by Bretonneau; but Béranger read and laboured a great deal, and suffered a relapse. He then consulted a Polish priest, who was reported to possess a secret for the cure of diseases of the eyes. I was at that period president of the jury for the reception of *Officiers de Santé*. As the police had a crow to pluck with the reverend Pole for some eyes he had inadvertently destroyed, he was desirous of acquiring a legal right to practise, and called on our national poet to ascertain whether, through his influence, he might not be admitted as *Officier de Santé*, and thus continue to blind his confiding patients without impertinent interference. Béranger applied to me, and said, "Pray oblige me, and do your best for this poor fellow; he devotes his attention to diseases of the eyes only, and although I am aware that the examinations involve all the branches of the healing art, be merciful, for my sake. He is a political refugee, and has cured me; that, surely, is the strongest recommendation." I replied, "send me your friend." The Pole accordingly made his appearance. "You are recommended to me," said I, "by a man whom I am most anxious to oblige; he is the dearest of my friends—moreover, his name is Béranger, and that is far more. I have spoken to two of my colleagues, who have promised to do their best for you; but the examinations are public, and it is, perhaps, prudent to conceal as much as possible our long ears. That, surely, is not asking too much." I continued: "Come, I will be indulgent, and will question you myself on anatomy, and it will be an easy matter for you to know as much about the matter as myself. My theme shall be the eye."

At this, my friend appeared somewhat discomposed. I proceeded: "You are doubtless acquainted with the eye?"—"Perfectly." "You are aware of the existence of the lid?"—"Yes." "You have some notion of the cornea?" He stammered. "The pupil?"—Oh! yes, sir, the pupil, I know that."—"Can you describe the lens, the vitreous humour, the retina?"—"No, sir; what use would such knowledge be to me? I merely profess to treat diseases of the eyes." I said: "I assure you, my dear sir, that it might be of some use, and I further beg to inform you that it is almost necessary that you should have some vague idea of the existence of the lens, especially if, as I am told, you sometimes operate for cataract."—"I never operate for cataract." "But suppose it should occur to you to do so?" It was impossible to extract from his reverence anything like a rational answer. The wretch wished to practise ocular surgery without the most elementary notion of the structure of the eyes.

I called on Béranger, and told him my story. Béranger exclaimed, "But, the poor fellow!" I said: "My dear Béranger, I have for eight years attended you without a fee; I now claim one."—"What fee?" inquired the poet.—"You shall write a song dedicated to myself, and I will supply you with the burden."—"Indeed! Well, what shall be the burden?" "*Ah! que les gens d'esprit sont bêtes!*" The matter was thus settled between us, and he never again alluded to the Polish priest.

ART. 6308.

MISCELLANEA.

The Dean of the Faculty of Medicine has forwarded the following report to the Minister of Public Instruction and Worship:

"MR. LE MINISTRE,

"Since I have been placed, by a signal mark of the Emperor's confidence, at the head of the School of Medicine of Paris, I have reflected on the measures best calculated to extend and complete the tuition in that school.

"Students on whom the Faculty will one day confer the Degree of M.D., have a right to expect full instruction in all branches of science.

"The earnest desire of the Faculty is to attract and preserve its pupils. Faithful to its old reputation, it is animated by the noble ambition to be considered a centre of intellectual activity, attractive to students and physicians from all countries; the instruction imparted within our walls must therefore meet all requirements; it must be both brilliant and multiplied, and be at the same time *general and special*.

"General instruction is, it is true, liberally imparted by professors of unquestionable eminence, but with regard to lectures on special subjects, a desideratum exists, which it is at once desirable and easy, to satisfy without, in any respect, modifying the fundamental organisation of the Faculty.

"In confiding to the Fellows of the Faculty, attached to the hospitals of Paris as physicians or surgeons, the task of lecturing on the *special* branches of Medical Science, the University will avail itself of their learning, experience, and talents for tuition, and strengthen, by *complemental lectures*, the practical study of a long and difficult art.

"The number and nature of these *complemental courses*, which the minister can always transmute into common professorships, will vary with the requirements of the school, and the progress of science.

"I remain, Mr. le Ministre, &c.,

"RAYER."

In compliance with the above Report, and conformably to the opinion of the Vice-Rector of the Academy, the Minister of Public Instruction and Worship, has issued the following decree.

Art. 1.—*Complemental lectures*, on subjects connected with practical medicine, shall be delivered at the School of Medicine, of Paris.

Art. 2.—The auxiliary tuition shall consist of the following courses:

1. Clinical lectures on cutaneous diseases.
2. Clinical lectures on syphilitic diseases.
3. Clinical lectures on infantile diseases.
4. Clinical lectures on mental and nervous diseases.
5. Clinical lectures on ocular diseases.
6. Clinical lectures on diseases of the urinary passages.

Art. 3.—Fellows of the Faculty, being also physicians or surgeons of hospitals, shall be appointed to these professorships.

Art. 4.—They shall be appointed by the Minister for a period of three years, and chosen from a list of two candidates presented by the Faculty.

For the year 1862-3, the nomination shall be made directly by the Minister.

Art. 5.—Provision for the payment of the indemnities, to be awarded to the new professors, shall be subsequently made, without any fresh appeal to the budget of the Ministry of Public Instruction.

— By Ministerial Decree, dated August 16, the following gentlemen have been appointed to the supplemental professorships:

Diseases of the eyes, Mr. Follin.
Mental diseases, Mr. Lasègue.
Diseases of the urinary passages, Mr. Voillemier.
Syphilitic diseases, Mr. Verneuil.
Cutaneous diseases, Mr. Hardy.
Infantile diseases, Mr. Roger.

— At a recent meeting of the Academy of Sciences, an important paper, by Dr. Lefevre, was presented by Mr. Chevreul, who introduced it with some remarks from a report of his own, addressed in 1841, to the minister of Marine, on the distilled water produced in the apparatus of Messrs. Peyre and Rocher. In his paper, Dr. Lefevre shows, that distilled sea-water, which is often drunk by the sailors, occasionally gives rise to the symptoms of painter's colic, in consequence of the lead contained in the distilling apparatus. It would appear that the steam generated during distillation, absorbs leaden particles, in passing through the worm, which is soldered with an alloy of tin and lead. The liquid, before being served out to the crew, should therefore be tested with hydro-sulphuric acid, and if found to contain lead, be filtered through charcoal. The disease known in warm latitudes, under the denomination of *dry colic*, is, according to Dr. Lefevre, genuine painter's colic, resulting from the presence of lead in the cooking utensils, and also from the paint used on board French ships, while English vessels enjoy a perfect immunity from the disease. The author further remarks, that this affection is also due to the fact, that wine is allowed to the French sailors, and more commonly the acid wines of certain parts of France, which are more or less impregnated with lead.

— We published in a former number, (Art. 5820), an interesting letter from Dr. O. B. Knode, of St. Joseph, (Missouri), on the efficacy of *veratrum viride*, or American hellebore, in the treatment of inflammatory disease. Dr. E. Cutter, (Mass.) has recently published on the same subject a pamphlet, from which we gather the following facts, in every respect confirmative of Dr. Knode's assertions.

The tincture of the root of the American hellebore, is the most eligible preparation, and when administered in doses, varying according to the age of the subject, between 2 and 8 minims every two or three hours, causes the pulse to fall in health from 80 to 40 or 50 pulsations per minute, and from 140 or 150 to 60 or 70 in high arterial excitement. When the dose is large or frequently repeated, nausea and vomiting soon follow, and a sense of general refrigeration is induced, together with weakness in the muscles and inability to control their movements. These symptoms are promptly relieved by opiates and wine. The medicine should not be exhibited in gastric inflammation, or in asthenic states of the system, except in combination with alcoholic stimulant. Dr. Cutter adduces seven cases of pneumonia, peritonitis, pleuritis, traumatic fever, &c., in which the special action of the drug is fully illustrated. Samples of the medicine have been placed at the disposal of several physicians of the Paris hospital, who will test and report on its therapeutical powers.

— The Governor-General of Algeria has decided that six young natives of the tribes of the military territory shall be admitted to the school of Medicine at Algiers. On leaving the establishment, those young gentlemen will be employed as native doctors in the different provinces of the colony. The admissions are to take place after an examination before a special commission, presided over by the Director of the School of Medicine.

— The *Gazette des Hopitaux* published on the 21st August the particulars of a case of ovarian excision performed with entire success by Professor Nélaton. No untoward accident intervened on this occasion to mar the results of the eminent surgeon's praiseworthy perseverance. Mrs. T., aged forty-one, underwent the operation on the 9th of July in her own house at Montrouge. The ligatures were removed on the 16th, the secretion from the wound ceased on the 26th, and the next day she was permitted to rise. When Dr. d'Heuzle—Mrs. T.'s usual medical attendant—published the case, forty days had elapsed since the removal of the tumour, and the patient's health was excellent.

— The popularity acquired in England by Wood's subcutaneous injections, which Dr. Béhier introduced into practice in France, seems to have almost, if not altogether, waned. This transition from enthusiasm to indifference is not a new phenomenon on this side of the Channel, but it is much to be regretted; and we deem it a duty to recall the attention of the Profession to a procedure which has again proved beneficial in Germany, in a case of eclamptic convulsions, related by the *Gazette Hebdomadaire*.

"A woman who had safely been delivered of twins, was seized with eclampsia two days after labour, immediately before which the urine had been tested and was found to contain albumen. Evaporating applications to the head, leeches to the mastoids, and two enemas containing respectively thirty and forty drops of laudanum were prescribed, but without benefit. A third attack was followed by alarming coma. Three subcutaneous injections were then performed, containing a dose of bimeconate of morphia, equivalent to fifteen drops of laudanum. The symptoms gradually subsided, and at last disappeared altogether."

— Congenital club-foot can seldom, after the age of eighteen or twenty, be cured by mechanical appliances, or even by an operation. This proposition, though generally true, admits of exceptions; and Mr. Ferdinand Martin adduced a case in point at a recent meeting of the Society of Surgery:

In 1825, Antoine Dubois was preparing to amputate the leg in the case of a man aged thirty-three, affected with congenital *talipes equinus* of the most aggravated description. Mr. F. Martin had been requested by the illustrious operator to prepare a wooden leg for the patient, and on examination he ascertained that the great toe rested on the ground on its dorsal surface, that the other toes were forced back, excoriated, and suppurating, and even that the fifth toe had fallen away into the patient's shoe. Despite these unpromising appearances, Mr. Martin attempted the straightening of the foot, which he succeeded in effecting with an appropriate apparatus. The distorted extremity was restored to its natural form, and henceforth the patient was enabled to walk with perfect ease on the sole of his foot.

— The *France Médicale* states that the number of suicides which have taken place in France during the present century is not inferior to two hundred thousand. This estimate is even perhaps below the truth, as complete statistical returns have been supplied only since the year 1836. From 1836 to 1852, 52,126 instances of suicide are on record, being an annual average of 3,066. In 1858, 3,050 persons (853 women and 2,107 men) committed self-destruction; and in 1859, the last year of which the statistics have been published, 3,899 suicides were registered—viz., 842 women, and 3,507 men.

— The *Revue de Thérapeutique Medico-Chirurgicale* relates a case observed in London, in which the poisoning symptoms induced by mushrooms, and the subsequent comatose condition were relieved by the use of enemas of coffee, prescribed by Dr. O'Connor.

— We described in a recent number (Art. 6239), a new thod of linear cauterisation, invented by Dr. Amussat. A days ago, an opportunity was offered to us of judging by ection, together with Dr. Carteau, of the results of the ation referred to on that occasion. The tumour is now aced by a linear scar, and no trace whatever remains of the nal disease.

We are likewise informed of the demise of Messrs. ide, Lallemand, of Le Havre, and Dr. Thomas, Surgeon of tiah Regiment of Infantry.

The Medical Circular.

LECTURES ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE

"ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

By JABEZ HOGG, Esq.,

Assistant-Surgeon to the Hospital, &c., &c.

OPTICAL PRINCIPLES INVOLVED IN THE USE OF THE OPHTHALMOSCOPE.

(Continued from page 291.)

The Structural Accessories of Vision: their Mutual Relation and Apparent Functions.

The structural accessories of vision contained within the eye require particular consideration. A close anatomical discussion, however, is not necessary, as every member of our profession must be sufficiently well acquainted with this part of my subject. My present purpose is to direct attention to recent microscopic examinations of the cornea, the iris, the crystalline lens, the ciliary muscle, the retina, the choroid coat, and the humours of the eye, and which have been made with special reference to the discovery of the proper functions and the exact participation of each in the process of adjustment for the purposes of vision. A knowledge of the deviations from a normal condition, which are not uncommon, and sometimes very considerable, is absolutely necessary for the effective use of the ophthalmoscope; and this can only be obtained by first becoming acquainted with the natural and healthy relations of the several parts, their mutual influences upon each other, and collectively in the form of the eye. It may not, however, be altogether out of place to insert here, instead of a lengthened anatomical description, an enlarged diagram of a section of the eye, as it will not only assist memory, but will be convenient for reference in the further discussion I am about to proceed with.

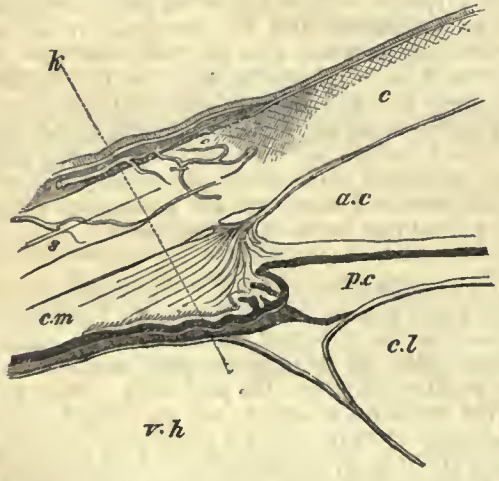

FIG. 2.—Vertical Section of the eye: *c*, the cornea; *s*, the sclerotic coat; *a.c*, the anterior chamber; between which and *p.c*, the posterior chamber, lies the iris and its pigmental coat; and to the left, *c.m*, the ciliary muscle; *c.l*, the crystalline lens; *v.h*, the vitreous humour. The dotted line *k* indicates the direction the knife takes in dividing the ciliary muscle.

The healthy cornea is one of the most transparent substances we know of, and it is so constructed as to allow many rays to penetrate the eye, which would otherwise be lost by reflection. The vascularity of the extension of the true skin over the cornea is not now disputed, nor is it difficult, with a good microscope, to make out the probable situation of the vessels in that organisation, distinctly traceable in a double layer of epithelial scales, the lowest series of which offer, in an erect position and denser texture, an appearance of greater contrasting vitality than do the loose and apparently flaccid condition of the more superficial scales. The extreme sensitiveness also of the conjunctival covering to the minutest extraneous bodies coming in contact with it, is clearly demonstative of an ample supply of nerves.

The internal structure of the cornea has attracted more attention than any other part, as being one of the chief seats of the more obvious diseases of the eye, and accordingly offering certain facilities for accurate diagnosis than more deeply-situated structures. It has been satisfactorily determined to be a continuation of the sclerotic coat, the fibres of which have here assumed a close laminated texture, the number of lamellæ in a vertical section exceeding one hundred. After considerable pains to determine the real nature of these fibres, and besides my own, following closely the detailed examinations of others, with the microscope, I have come to the conclusion "that the arrangement and connection of these lamina result from the mass of the fibres passing in the curve of the cornea, but none of them reaching throughout the whole extent of it, and not being continued in their whole course in precisely the same line, so that some fibres are constantly terminating and passing into the layer above or below, whilst others are constantly arising; that whilst the general mass pursues a longitudinal course (the cornea under examination, it must be observed, being laid flat, and not in the usual position in the living eye), from one margin of the cornea to another, and the fibres for the most part of their length lie side to side in parallel layers, or nearly so, their terminations pass into other layers, and thus connect them together. This mode of connection satisfactorily explains why the cornea should be stronger and more resistant in the direction of the lamellæ than between them." (*a*)

During my own examinations of the cornea, I confess to have been much interested in the question of the distribution of its nerves.

Schlemm was the first to demonstrate the presence of nerves, derived from the *nervuli ciliares*, and passing into the fibrous layer of the cornea. From twenty to thirty or more trunklets are distinguishable round its border, forming a numerous and wide-spreading network, and extending through the whole cornea. "Bifurcations of the primitive tubules present themselves, though rarely, in the trunks of these nerves, but never in the plexus formed by them, the condition of which, however, can scarcely be fully investigated on account of its paleness. This plexus lies in the proper cornea, but nearer to the anterior surface; and since no trace of free terminations of nerve-fibres is to be seen, it would appear to consist solely of anastomising twigs of the finest kind, so that, if not in the form of loops, still some connection of the nerve-tubes with one another may be assumed."

Virchow describes another structure—namely, lamellæ of fusiform and stellate, nucleated cells, which he regards as 'corpuscles of connective tissue, or cornea corpuscles,' and he considers that the nutrient fluid of the cornea is chiefly conducted and distributed throughout its substance by these stellate cells; this view receives confirmation, he remarks, as we find in diseases of the cornea these cells frequently contain fat corpuscles, and in exceptional cases, according to Donders, even pigment in their interior.

I have satisfied myself by repeated examinations under high powers, that yet another layer, a layer of nerve-cells, can be made out, which appear to be quite distinct from Virchow's stellate cells. I believe it will be found that these nerve-cells are connected with the nerves of Schlemm, although my sections do not quite show the regular-looking reticulated arrangement represented by the artist in Fig. 3 (unfortunately we are compelled to omit the introduction of the engraving), but this may arise from the great difficulty experienced in cutting fine sections of so delicate a structure; nevertheless, there is no difficulty in finding nerve-cells with well-defined nuclei, embedded in granular matter, as shown at *a*, and separate from the layer of stellate cells *b*. It is most interesting to compare the characteristic identity of the nerve-cells of the cornea, although so much smaller, with that of the similar appearances displayed in sections of the nerve-cells of the cerebral substance, and of the spinal column. The repetition of exactly the same formed bodies in an evidently organised system of distribution is too apparent and significant to admit of dispute, and doubtless have an important bearing upon the perfection of accommodation as well as that of either separating, admitting, or arresting only just these rays of light so necessary to good vision.

The elastic layer is the third portion, the cornea naturally divides itself into, and possesses specific characters which readily distinguishes it from the other parts. It is easily separated, and though very hard

(*a*) 'Nunneley on the Eye.'

and dense to the knife, may be torn with little effort. It is remarkable for its elasticity, and curls up always in a direction contrary to that in which it is laid down, a property no doubt very available in assisting to adopt the curvature of the cornea to the requirements of adjusted vision, as it seems to be of the nature of a compressible spring adjusted to its posterior surface.

Immediately behind the cornea which it supports is the aqueous humour, contained in a space divided by the iris into an anterior and posterior chamber, communicating through the pupil. By equitably distending the parts between the cornea and the crystalline lens with a fluid, the freest movement is ensured to the pupillary margin of the iris. As a liquid meniscus it also forms a corresponding concavo-convex lens, but of somewhat less density than the cornea ; such an arrangement would materially assist in rendering the eye the perfect achromatic instrument it practically is. In quantity the aqueous humour seldom exceeds six grains, of which the posterior chamber, which is much the smaller of the two, contains less than an eighth part.

The iris is the perforated curtain and stop which, besides regulating the amount of light admitted, prevents what is termed spherical aberration, by excluding all rays that strike the eye too obliquely to be brought to a proper focus upon the retina. It hangs in an exact plane in the aqueous humour, its posterior surface being in close proximity to the lens. The outer margin of the iris is attached to the corneal juncture with the sclerotic, along points corresponding with the border of the elastic lamina. The anterior surface reflects the light, and its colour as you are well aware, depends upon the pigmentum nigrum or uvea, being blue or grey where the posterior surface only is covered, and brown, where a considerable quantity is mixed among its fibres. Except in albinoes, the posterior surface always presents a thick layer of this dark colouring matter, which, in this situation, besides assisting the choroid to absorbing the rays of light, after striking the retina, also renders the iris perfectly opaque, and thus prevents the transmission of light through its delicate and intimately woven fibres.

The nature of this pigment, the purpose of which is self-evident, represents the colouring matter of dark veins determined with an economic object to a greater development over the whole of the internal surface of the choroid and iris, where it performs the office of the black coating on the inside of the tube of a telescope or microscope. Recent observations have, in fact, confirmed what had long been presumed, that the pigment membrane of the eye was analagous with the deep layer rete mucosum of the skin. As this exists in a colourless state in the albino, it was inferred that the pigment membrane would also be found, and a strongly corroborated fact, I consider, accompanied the discovery by Mr. Warton Jones, for instead of the usual hexagonal flat, transparent, central bodies connected by edges loaded with dark colouring matter, plates of a circular form were observed, and the pigment wanting; the difference in form being, no doubt, due to the absence of lateral pressure which when abundantly produced, would convert the choroidal pigment cells into an hexagonal shape.

The presence of the pigmentum nigrum on the whole of the internal surface of the choroid, the iris, and the ciliary processes serves, in a measure, to connect all these several accessories of vision into one general view of functional purpose, a supposition which is not weakened when their actual structure comes to be examined, being made up of blood vessels and a fibrous tissue common to all, and the proportionate development of which seems chiefly to distinguish their specific characters. To suppose that this extensive vascularity is alone intended for a due supply of the pigment is not borne out by facts, as this distinctly marked opinion is present in albinoes, and, although fully developed, that function is not performed. Considered as a whole, I am inclined to believe, from its situation, its structural character, and the probable nature of its office suggested by all the surrounding circumstances, that the vascular system, including the choroid, the iris, and the ciliary processes, belongs to that class of erectile tissue which nature has specially provided to meet very opposite contingencies of blood supply occuring under conditions of great uncertainty. The structure and presumed use of the spleen, as the supplemental blood reservoir, that preserves the equilibrium of circulation in the stomach, whether at rest or active indigestion after a full meal, offers an analogy for the purpose of illustrating this point. Now the waking eye sustained by ordinary means always in a state of watchful attention, resources of an extraordinary character are required to meet circumstances of particular and earnest gaze, most frequently called up by mental question, sometimes by instructive impulse, like a blush in the capillaries of the skin, and also for particular efforts, voluntary and involuntary, made to perfect sight by the necessary adjustments of the dioptric apparatus of the eye. This appears to me the great purpose of the choroidal vascular system, which, by a sudden and peculiar effort becomes distended with blood, and materially alters the relative position of the parts concerned, and which can only be relieved by a corresponding disgorgement upon an assurance of the necessity having disappeared.

The structure and functions of the iris favour this view of the character of the choroidal vascular system, as it exhibits an instructive combination of bloodvessels, and peculiar fibrous tissue, arranged with special reference to the special and distinct offices of its anterior and posterior surfaces. Reflected from the base of the ciliary processes, a continuation of the pigmentous membrane forms an internal coat lying upon the highly vascular texture of the iris, here consisting of a plexus of vessels, derived exclusively from the ciliary arteries: and taking a further arrangement from the great quantity of pigment deposited, the intimate relationship of this surface with the choroidal system alluded to must, I think, be allowed. In front of this vascular layer, and more or less mingled with it, is the anterior surface, which consists of numerous delicate fibres, some arranged concentrically, but the greater part radially, and which so closely resemble the tissue of the ciliary muscle, that they now are generally admitted to be identical. In fact, some very accurate observers do not hesitate to say, that the anterior surface of the iris is a prolongation of the ciliary muscle, extended as it were over a reflected portion of the choroid membrane, which, together with the pigmental coat, constitutes the whole structure of the iris. Moreover, this important adjusting accessory of sight, the iris, by its delicate sensitiveness and mobility, exhibits the chief characteristics of the two-fold structure of the choroid coat of the eye ; and we may, therefore, infer from the nature of its duties, which are to regulate the amount of light admitted into the eye, and to preclude all rays but such as pass through the crystalline lens, that the choroid coat and its ciliary accessories, including the muscle, to which in its structure it is so intimately allied, are also included in the means provided to ensure the accurate adjustment of the eye, by assuming a condition of action or repose, accordingly as a sensitive retina measures its need for the due focusing of the rays of light as coming from a new or distant object. This excitement of the choroidal and ciliary vessels, produced by a venous influence, is quite analogous to corresponding experience elsewhere, and in a very similar structure. The presence of food acts unconsciously to us upon the salivary glands, and there can be no little doubt that in some analogous manner, light affects the condition of the choroid and retina, so as to admit of being economised for the purposes of perfect vision.

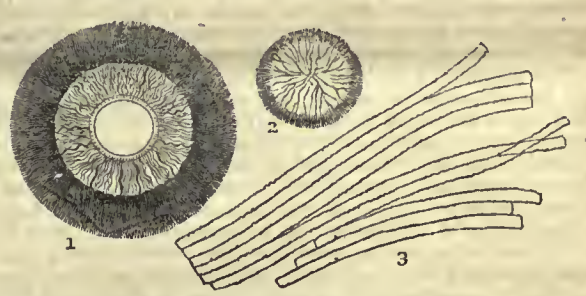

Fig. 4.—1, Iris and Ciliary Processes ; 2, Schlemm's Nerves of the Cornea ; 3, Fibres, or Tubules of Lens.

The ciliary processes, as part of the same system, will be found to afford corroborative evidence of the unity of design and purpose which connects all these variously situated yet evidently parts of the same erectile system. These bodies constitute a fringe of numerously anastomosing loops of the choroidal vessels, and as they also contain elastic fibrous tissue, it is difficult to consider it otherwise than a continuation of that membrane. They rest in a series of radiating folds upon the anterior surface of the vitreous humour forming the floor of the posterior aqueous chamber, upon the contents of which any alteration of condition from a relaxed to a turgid state must produce a corresponding effect upon the form of the eye by a kind of intraocular pressure, telling as usual, particularly, and primarily upon the curvature of the cornea. It has been seen how, in the structure of this latter, it has been supplied with highly elastic tissue, beautifully contrived for the contingency here pointed out, so that when the urgency ceased, without other effort all the parts concerned would resume again their ordinary quiescent position. Together with the aqueous humour, the cornea forms a compound lens, the surface character of which is evidently adapted for this easy attainment of form, and it would be strange if, in a natural contrivance for focal adjustment, a structure and means evidently sufficient for all purposes were found to be least concerned in the effect produced. A little instrument, formed for looking into the eye with light thrown as usual from a concave mirror, is based upon the actual principle of affecting the form of the cornea. A peculiar formed glass cup is filled with tepid water, and placed upon the eye; the effect produced is to flatten the cornea, and examined through which a beautifully distinct and magnified image of the fundus is seen. This contrivance has been called by its inventor, Czermak, The Orthoscope.

(To be continued.)

OVARIAN DROPSY.

The following cases of ovarian diseases are taken from a report of proceedings of the Edinburgh Obstetrical Society in the 'Edinburgh Medical Journal.'

OVARIAN DROPSY CURED BY IODINE INJECTION.

The Secretary then read the following communication from Dr. Bullen, of Cork:—"Last year, in a case of ovarian dropsy, after drawing off several gallons of glairy fluid, I threw two drachms of compound tincture of iodine in an ounce of water into the ovarian sac. The woman complained of great heat in the part, but the symptoms were not severe. She left the Mercy Hospital much relieved, with a hard tumour in the iliac fossa. At the end of six months this woman died of phthisis, and on dissection the ovary was found converted into a solid tubercular tumour about the size of a goose's egg. There was not more than half an ounce of muco-purulent fluid in the sac."

Dr. A. Simpson stated that he had, a few days ago, assisted his uncle in tapping a woman for ovarian dropsy, and, before injecting iodine, he washed the sac out twice with about twelve ounces of tepid water, for the purpose of removing the albuminous fluid which remained adherent to the walls, and would have prevented the iodine from acting so actively as it would otherwise do.

Dr. Andrew Inglis alluded to a woman at present in the Royal Infirmary affected with peritonitis, whom Dr. Simpson had tapped and injected some years ago for ovarian dropsy, and in whom the disease never recurred. The only vestige remaining was a small hard tumour, the size of an orange, on the lower part of the abdomen on the left side.

OVARIAN CYST DISCHARGING THROUGH VAGINA.

The Secretary read the following notes by Dr. Irvine of Pitlochry:—"Mrs. Sloan, aged forty-two, married for twenty-two years. Never pregnant. Has menstruated regularly all her life, and still continues to do so. First discovered a swelling in her right side fifteen years ago which was recognised as an ovarian tumour. For six years the abdomen has been enormously distended, much as at present, when it measures forty-six inches, she being a middle-sized and spare woman. She suffered much from the distension, such as inability to lie down, retention of urine, requiring the aid of the catheter, œdematous legs, &c., until a year ago, when a watery fluid began to escape from the vagina, and has continued, almost weekly, ever since, with obvious subsidence on each occasion of the abdominal distension and relief of her distress. The quantity discharged at any time she estimated at about a quart, sometimes more, sometimes less; but it is invariably most abundant just before the menstrual period; at this time she has always experienced an increase of her sufferings, but this monthly aggravation has been much less since the watery discharge began. The fluid escapes without previous warning or accompanying pain, often when sitting quietly in her chair, is perfectly limpid, and scarcely stiffens or discolours her linen. Her general health is good, she performs the work of her house often without a servant, can walk several miles at a time, and her chief complaint is of the weight and of the aching in her loins after any fatigue."

Dr. Moir mentioned that the late Dr. Hamilton had a similar case, the preparation of which was in the University. He (Dr. M.) thought that in cases where the ovary was adhesive to the Fallopian tube, that the fluid might find its way through the latter into the uterus and vagina.

Dr. A. Simpson stated that Frank had recorded a case of this kind, and had expressed the opinion that the periodical discharge of fluid took place through the Fallopian tube; but it was difficult to conceive of that narrow canal allowing of the passage of the large quantities of fluid that seemed at times in such cases to escape; and it might perhaps be found that in some of these cases an adhesion had taken place between the cyst and the body of the uterus or the roof of the vagina, where subsequently rupture of the walls occurred.

Dr. Keiller mentioned that he had had a woman, aged fifty, under his care, in whom a small quantity of a clear albuminous fluid came away per vaginam, periodically, from an ovarian cyst, which had never been tapped. No opening or sinus could be detected in the vagina leading to the cyst, and he (Dr. K.) thought it probable that some communication existed between it and the interior of the uterus. He (Dr. K.) had seen some years ago a girl, aged eighteen or nineteen, with an ovarian tumour, which he now thinks would have been a favourable case for operation. She was a strong and healthy-looking girl, but as at that time it was not thought advisable to operate until the patient became more reduced by the disease, she was sent home for a time. A week afterwards she died suddenly from rupture of the sac, so that it is probable that she would have been still alive had the cyst been extirpated.

Dr. W. Carmichael saw some years ago a girl, aged fourteen, with an ovarian dropsy of considerable size. A short time after he saw her for the first time, she was found lying on her belly, insensible. He (Dr. C.) tapped her, but she died owing to rupture of the sac into the abdomen.

PICKED OAKUM A SUBSTITUTE FOR LINT.

I have for many years past been in the habit of using picked oakum in all cases of suppurating wounds, particularly in connection with opened joints, where the suppuration is excessive. The great number of gunshot wounds now in Bellevue Hospital, where I use it entirely to the exclusion of lint, has furnished an opportunity for a number of army surgeons to examine its advantages, and they have requested me to make the subject more generally known to the profession through the medium of your valuable medical journal.

One of the objects of lint applied to a suppurating wound is to absorb the discharge. Now, as most of the lint is composed either entirely or in great part of cotton, it acts more like a tampon, or a retainer of the secretions, than as an absorber.

If you will take a bale of cotton, and immerse it in the river for one month, or even longer, and then remove it, you will find on opening it that the cotton in the centre of the bale is perfectly dry, thus proving that it cannot be soaked through any great thickness, or that it will not absorb moisture. So, when placed over a suppurating wound and left for some hours, it will be found perfectly dry, except at the point of contact: acting, in fact, like a bung in a barrel or a cork in a bottle to *prevent* the escape of the pus, which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when removed, the pus will gush out in large quantities. Now, if you placed picked oakum over these same wounds, you will find, after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself almost perfectly dry and clean—the oakum acting like a syphon, and discharging the contents of the abscess by capillary attraction.

It is necessary to place under the wound a piece of India-rubber cloth, or oiled muslin, for the sake of cleanliness; and in case of much inflammation, by simply wetting the oakum in cold water, and wrapping the oiled muslin around the limb, or wounded part, so as to exclude the air, you have at once the neatest and most comfortable poultice that can be applied to it. In gunshot wounds, which go through and through a limb, particularly if made with the "Minnié ball," the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself.

As the muscle and tegumentary tissues are more freely supplied with blood-vessels than the fat and cellular tissue, the consequence is that they begin to granulate much more readily than those other tissues, and will thus often close up the wound, and prevent the free escape of pus before those parts have perfectly healed, and thus lead to the formation of extensive secondary abscesses. I, therefore, in all cases where no blood-vessels prevent it, pass an eyed probe through the wound and draw through it a few fibres of the oakum or tarred rope, which keeps it perfectly free, and the tar is a very excellent antiseptic, and removes all unpleasant odour.

A few fresh fibres are twisted on the end of the seton at every dressing and drawn into the wound, and the soiled piece cut off and removed with the dressings.

Another great advantage which the oakum possesses over lint, which in these times of heavy taxation is not to be overlooked, is its cheapness. Lint at the present time costs from 1.25 to 1.35 dollars per pound, whereas the finest picked oakum can be obtained at the "Empire Oakum Works," No. 149 West 39th street, for ten cents per pound. And if it were universally adopted in the army it would save many thousands of dollars to Government, and I confidently believe the life of many a soldier. And no surgeon who has once used it will ever resort to lint again, particularly if the lint is made of cotton.—Dr. Sayre in the 'American Medical Journal.'

ARMY GENERAL HOSPITALS AND HOSPITAL SHIPS.—Dr. Rutherford, in his Sanitary Report of the Chinese Expedition in 1860, considers that the "general hospital" system has a great superiority over the (pure or modified) regimental system, and that it is of immense advantage to an army to be accompanied by hospital ships of the size and equipment of the 'Mauritius' and 'Melbourne;' that the use of such ships should be permanent in our army, and in times of peace serve as transport vessels for invalids.

HOSPITAL LANDED PROPERTY.—The rent of property devised to Westminster Hospital amounts to about 800*l.* per annum; to St. George's Hospital, 300*l.*; the Middlesex Hospital will receive in rents 1,000*l.* per annum, and in money about 4,000*l.* These hospitals are enabled by special Acts of Parliament to receive lands, notwithstanding the Statute of Mortmain.

SOME OF THE EFFECTS OF TOBACCO.

By P. J. Farnsworth, M.D., of Lyons, Iowa.

Mr. L——, aged thirty-five, a plasterer by trade, called at my office Dec. 12, 1861, complaining of sore throat, together with partial anæsthesia of his fingers, toes, and end of his tongue. According to the statement he made to me, he had always been regular and temperate in his habits. He had a wife and four children. He was rather thin, and the noticeable feature about him was a partial anæmic or cachectic look. His appetite was good. As the numbness was not troublesome, I thought it might be temporary, and did not at that time attempt any treatment. There was redness of the fauces, and a slight enlargement of the tonsils, for which I used a topical application of a weak solution of nitrate of silver. Dec. 20th he came again to the office for another application to the throat, complaining still more of the numbness. I was then led to make a more careful examination of his case, with a view to find some definite cause for these nervous phenomena. I could find no tenderness, either superficial or deep-seated. He had never been troubled with headache, and had no pain in the lumbar region. There was something in his look that suggested Bright's disease, and I accordingly examined the urine rigidly, but found nothing abnormal. I gave him some simple bitters, with a preparation of iron, and a blister to apply to the spine, between the shoulders, commencing the treatment with a dose of compound cathartic pills.

Jan. 1st, 1862, L—— was brought to the office, having previously been able to walk (the distance of five miles). Now the ride was too much for his strength. The numbness was increasing, his appetite was also somewhat inordinate, and the tendency to constipation, which previously existed, had increased; he had also lost flesh. I again examined the urine without detecting anything. Thinking it might be a miasmotic poisoning, ordered three grains of quinine three times a day, together with with a laxative pill to be taken every night. On the 12th of January I was sent for, as his strength had failed, and he was confined to the house. At this time I asked a neighbouring practitioner to visit him in consultation. The numbness now seemed pretty general; his eyesight was somewhat affected; the heart beat somewhat irregularly, with a slight anæmic murmur; the tongue was slightly coated; the generative organs were participating in the general weakness; had no erections or sexual desires. Gave him tinct. fer. mur. gutt. x. three times a day, and agreed to the reapplication of the blister to the spine.

I called Jan. 15th, and found the patient in bed, very much dejected, and *smoking*. Having heard us discuss the propriety of blistering, he had applied the blisters to the whole spine, and to the hips. He felt them but little, and was scarcely conscious of their presence; but they had produced an immense drain on the system, and he had failed very fast. I questioned him now about his smoking, and found that he had considered it so small a matter as not to mention it, but that for several years he had smoked the coarsest kind of tobacco in the coarsest kind of a pipe, during all his waking hours. On further examination into his case, I was convinced that it was one of poisoning by nicotine. The want of feeling was now general; the motor powers were active enough; he could hold his knife in his hand firmly when his eyes were directly on it, but if he looked away the knife dropped. He walked with difficulty, because he must needs look where his feet fell, as he could not feel them touch the ground. I advised him to stop his smoking at once, and ordered an ounce of brandy and potass. iod. gr. v. three times a-day, friction to the surface, and a Dover's powder at night, as he had become very wakeful.

On the third day after I found the patient somewhat improved, but now alarmed at the quantity and quality of his urine; it was very highly charged with a red sediment, which proved to be urea, urate of ammonia, and triple phosphates, with a distinct odour of nicotine. The Dover's powder acted as a diaphoretic, conjoined with the friction, and he complained of a fetid sweat. His wife said that now he had discarded the pipe, the fumes of it were exuding through his skin. Continued the brandy and the potass. sod., and gave him tinct. fer. mur. gutt. xx. three times a day. On the 22nd inst. I found the patient improving, the urine becoming more natural; but the perspiration was profuse at night, having the same nicotine odour. Sensibility did not return as fast as the strength; he was obliged to use his reason about cold and heat, and in regard to taking food. Cold was scarcely felt, and but little taste was left. Even his exercise had to be regulated by his judgment, and not by his feelings. I continued the tinct. fer. mur. and the potass. iod., giving an occasional dose of sulph. magnesia, to move the bowels.

Jan. 29.—The patient still improving, the numbness going off in the same manner that it had come on—passing downwards towards the extremities. I continued the iron, ordered a nourishing diet, the bathing every evening with friction, and an occasional Dover powder.

From that time until March he continued to improve, the numbness having passed to the ends of the fingers and toes, and the end of the tongue. He was then able to walk five miles to see me; the waxy look had passed off; and the look of health returned. At this time, for experiment sake, he tried to smoke a cigar. It produced nausea and all the feelings that tobacco does to a novice; together with a return of the numbness of the fingers, and a smarting of the fauces.

I consider this as an illustration of the effects of the slow introduction of tobacco poison into the system. I have been unable to find any such effect ascribed to it in any work I have at hand. Dr. Prout, quoted by Pereira, says, "It disorders the assimilating functions in general; but particularly, as I believe, the assimilation of the saccharine principle. I have never indeed been able to trace the development of oxalic acid to the use of tobacco; but that some analogous and equally poisonous principle (probably of an acid nature) is generated in certain individuals by its abuse, is evident from the cachectic looks, and from the darkened, often greenish-yellow tint of their blood."

Pereira says, "I am not acquainted with any well ascertained ill effects resulting from the habitual use of smoking."

He is probably a lover of the "weed" himself, or had not made close observation ot the smokers around him, for it is my opinion that scarcely one in five but that is injured by tobacco. It acts as a nervous sedative or depressent, causing an exhausted feeling at the stomach, and I have good reason to suppose that smoking is the great cause of the universal dyspepsia with which we are troubled.

It sometimes produces tremor of the nerves, and in many cases, instead of being a temporary sedative, destroys the tone of the nerves and produces languor and fretfulness, and often effects like those above described, though not in every case in so marked a degree. In a majority of smokers and chewers of tobacco, it acts like a violent poison, which it is, introduced slowly.—'American Medical Times.'

GENERAL CORRESPONDENCE.

DR. FOWLER v. DR. MAYNE.

To the Editor of the Medical Circular.

Sir,—I was much pleased to read in your journal, of this day, the honest and straightforward reply of Dr. Fowler to the statements of Dr. R. G. Mayne which appear in a reprint of a work of the latter, which has long since sunk into merited oblivion.

Being one of the unfortunate purchasers of Dr. Mayne's (miscalled) '*Expository Lexicon of Scientific Terms*,' I feel much interested in the matter. This work is so loaded with errors and inconsistencies, wrong vowels, quantities, wrong accentuations, wrong pronunciation, wrong definitions, wrong synonymes, besides being swelled out with a multitude of words which have been obsolete for centuries; whilst upwards of 12,000 useful every-day terms connected with medicine and the collateral sciences are omitted—as to be utterly worthless as an authority, and deceptive even as a "book of reference" for the student.

It may gratify Dr. Mayne to hear that, notwithstanding all the puffing of paragraph advertisements, and the strenuous efforts of his publisher to force its sale, his "big book," like his former one of 1836, is rapidly finding its true level in the market of scientific literature; as any one may satisfy himself by visiting the different medical booksellers, or attending the trade auction sales. It was only a few days since that I saw a perfectly new bound copy which, after great exertions of the auctioneer, only fetched about *one-third* its publishing price; although many other works of the *same* publisher, and at the *same* sale, were "knocked down" at within 5 or 6 per cent. of their *full* wholesale price.

Any one acquainted with the subject who will take the trouble to examine the '*Expos. Lex.*' page by page, and read the introduction so pompously styled a '*Dissertation*,' may satisfy himself, to borrow the language of a late review, *first*, that Dr. R. G. Mayne '*could*' have learnt Latin and Greek; *secondly*, that he '*has not*.'

The extent of Dr. Mayne's reading, and his utter innocence of any acquaintance with the labours of the great German lexicologists during the last half century, and even with the works of his own countrymen during the same period, are manifested by the authorities he attempts so violently to press into his service, to support the opinions advanced in his "dissertation." Dr. Hooper's 'Medical Dictionary,' and Edward's, Valpy's, and Hickies', *School* 'Latin Grammars,' are the only direct authorities on which he relies, as *he thinks*, to support his views.

Among other matters, the introduction of the *pre*-antipenultimate and *ultimate* accents into Latin, and Latinised Greek words, is a novelty which alone ought to confer immortality on its author. It would, no doubt, have greatly amused the ancient Greeks and Romans to have heard their beautiful languages distorted with these and other equally flagrant innovations of a modern lexicographer. It is true that in the ancient Greek certain words were accented on the final syllable; but in the modern pronunciation of scientific terms, the analogy of the Latin is *always* followed; and in the Latin, the accent *invariably* falls on either the penult, or the sepenult, of all words.

Again, expressing my regret that an amiable man, and an accomplished scholar, like Dr. R. Fowler, should have been so unfairly aspersed at the hands of a brother author.

I am, &c., Ἀροτης.

London, Oct. 22, 1862.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 29, 1862.

NEW METROPOLIS LOCAL MANAGEMENT ACT.

We take an early opportunity of calling the attention of our readers and the public to this new act for the local management of the metropolis, the most important clauses of which to the Medical Profession are those relating to underground dwellings, and the additional helps to the Nuisances Removal Act.

By the sixty-second section, every District Surveyor is now required to report to the several Vestries and Local Boards, at least twice in every year, all underground rooms or cellars occupied as sleeping rooms, that are not constructed in the manner prescribed by the law. In the parish of St. Giles the last return made by the Officer of Health shows that there are not fewer than 508 underground rooms so occupied.

By the seventy-seventh section, Boards of Works have additional powers given them to compel a supply of water to be laid on. If an owner or occupier fail to comply with the requisition of the Board or Vestry, then they may compel any water company to lay on the proper supply, and order proceedings to be taken against the owner or occupier for the payment of the expenses. Other important powers are also granted under this clause in the event of a house being occupied by more than one family.

By the seventieth section, Vestries and Boards are empowered to provide and maintain drinking fountains, and a penalty is laid upon persons wilfully damaging their structure, or fouling the water. This clause should be made known, as the drinking fountains already show much wilful damaging. The attention of the police should be enlisted here.

The eighty-fifth and ninety-eighth sections relate to the width and ventilation of streets.

The ninety-third section of this act is the most important one, as by it all cow-houses are required to be licensed in the same way as slaughter-houses, and all cowkeepers are required to give fourteen days' notice to the vestry of their intention to apply for a licence, to the intent that the Vestry may oppose its being granted should it think fit.

The London piggeries and slaughter-houses were a disgraceful nuisance to the metropolis before the passing of the Nuisances Removal Act; but although this act contemplated the removal from among us of all animals so kept as to be a nuisance or injurious to health, yet the cowkeepers, whose cow-sheds have always been a much greater nuisance than even the slaughter-houses were in our over-crowded neighbourhoods, have up to this time succeeded in evading the representations of the Officers of Health and the rules laid down by the Boards for their improvement. No sooner had this Amendment Act become law, than the St. Giles's Board of Works, in a most praiseworthy manner ordered, upon the representation of their Officer of Health, Dr. Buchanan, a careful inspection of all the cow-houses in the united parishes. The Sanitary Committee being summoned at an early day to consider the matter, requested their then chairman, Mr. Jabez Hogg, to accompany their Officer of Health in his inspection. The Board, acting upon their report, came to a unanimous resolution to oppose the granting of all licences. Their resolution, however, is not enough to abolish the nuisance; for the ultimate decision rests with the magistrates, who have the power to grant or withhold licences. As we are informed that the proprietors of the vested rights in nuisances are preparing a strong opposition, it behoves all Vestries and Boards of Works to be up and stirring in their endeavours to carry out this very salutary act of Parliament.

We may mention some of the objections taken to the cow-house nuisance, by the two gentlemen above referred to. First, and most important, is that of the over-crowded neighbourhoods in which these cow-houses are mostly located. All unmistakably show a large increase in average mortality, as will be seen by the subjoined Table—

	Inhabitants to an Acre.	Average Annual Mortality, 1857-1861 inclusive.	Number of Cowhouses.	Number of Cows.
1862. Parts about				
A. Bedford square .	158	15·9	...	...
B. Russell square .	121	13·4	...	...
C. Coram street .	217	21·2	(1) Rowe	2
D. Bloomsbury sq .	195	19·7	...	...
E. Church lane .	373	27·6	(1) Delano	42
F. Dudley street .	695	34·3	(1) Cummings	10
G. Short's gardens .	450	33·3	(2) Lewis, Gibson	41
H. Drury lane, *North*	367	32·3	(3) Ellis, Evans, Mills	69
K. Drury lane., *South*	361	28·0	(1) Milsom	6
L. Lincoln's inn fields	98	17·4	...	...
		Average of last 5 years.		

These figures appear to establish a very direct connection between the disease of each neighbourhood and the density of its population.

Although some of the largest of these cow-sheds give, upon the test of measurement, the average cubic breathing space to each cow, yet, from the very defective state of ventilation and admission of light, a most offensive state of the lower strata of air was readily perceived. Then, the other defects—drainage, removal of dung, and sour grains—were other causes more or less objectionable in all of them. This combination of evils, although disgustingly apparent to one unaccustomed to the foul air generated in cow-sheds, is quite unheeded by those constantly about the places and animals. It was, therefore, common to find owners and work-people ready to declare the air of their cow-sheds to be pure and wholesome.

Dr. Buchanan and Mr. Hogg were struck by one or two other facts, such as the remarkable quantity of flies in most of the houses. This phenomenon, we need hardly point out, is indicative of the presence of dead or decaying vegetable matter, every particle of which is more or less injurious to the health of the inhabitants. The attention of these gentlemen was then drawn to the utter helplessness of some of the poor animals to keep off their tormentors, especially in one of the largest of these sheds, where there were no fewer than fifty cows. Upon remarking to one of the men the absence of *tails* in some of these poor animals, and the peculiar *docked* or short appearance of the tails of others, the man explained that this arose from the owner having tried to arrest the spread of *lung-disease* among his cows, by the horrible process of *inoculating* the tails with matter taken from a diseased lung as soon as possible after removal from the dead carcase. In all cases the inoculation appears to produce ulceration, and loss of the tuft of hair at the end of the tail, and in some the ulceration runs rapidly up until the spine is affected, and death ensues. To prevent a fatal termination, the tails are often

docked close up, and thus the poor animal is left without her natural *fly-brush*. Not the least objectionable part of this practice is, that during the progress of the disease the cows are milked, and the milk from them, of course, mixed with the rest, to be sold to the public. This milk is diseased, and it is impossible to imagine that a more reprehensible and shameful cheat can exist in a civilised community.

This subject demands the closest attention of every Local Board in the metropolis. The St. Giles's Vestry deserves great credit for its energetic action in so important a matter.

SUMMARY OF THE WEEK.

MEETING OF THE MEDICAL COUNCIL.

The General Medical Council met yesterday, for the purpose of revising the Pharmacœpia, and especially to reconsider to the proposed changes in the weights and measures. The inconvenience of the alterations meditated will, we trust, induce the Council to reverse its decision. The time has arrived when the Council should decide affirmatively the question that has been discussed on two or three occasions, of the admission of reporters to chronicle its debates. Considering that the great mass of general practitioners have no direct representation in that body, it is necessary, on public grounds, that they should know the manner in which their interests are dealt with by its members. Probably, the two London Colleges will, in accordance with ancient routine, be the most energetic opponents of such liberality; but we trust that the Scotch members, with Dr. Alexander Wood at their head, will do their duty conscientiously and perseveringly, for they may be assured that they will ultimately triumph. Another subject of vast importance is that of the Medical curriculum. The breach between the London College of Surgeons and the Medical Council will doubtless be discussed. As that breach arose out of differences of opinion as to the best mode of employing the first year of the student's time, we should hope that there would not be much difficulty in coming to an arrangement. It is not creditable to the Profession, and it is dangerous to the public, that no provision should be made for the instruction of candidates in the absolutely essential duty of dispensing, and in an accurate knowledge of the physical qualities of drugs. We shall await with interest the issue of the discussion on these subjects.

SMALL-POX AMONG SHEEP.

There has been some difference of opinion as to whether the epizootic that has prevailed among the Wiltshire flocks was small-pox or some other infectious malady. Whatever it might have been, we are happy to state that this epidemic has nearly disappeared. In the event of our flocks being attacked in a similar way on another occasion, it is to be hoped that those first seized will be summarily killed and buried, that the risk of contagion might be stopped. Some two or three years ago, the flocks of Iceland were affected by some epizootic, and so great was the consternation, that an enormous quantity of cattle fell victims, partly to the disease, and partly to the rash measures employed to arrest it. *Obsta principiis* is the best rule on such occasions.

OVARIOTOMY IN SCOTLAND.

We understand that Mr. Baker Brown has been operating in Aberdeen upon a case of ovariotomy with entire success. The sufferer was a maiden lady, and a patient of Dr. Gilchrist. The tumour contained about fifty pints of fluid, and the solid portion was larger than a human head. The patient had been tapped eight times previous to the operation; and on the two last occasions so many as seventy pints of fluid were withdrawn. The patient recovered without the occurrence of any untoward symptoms. This is the first successful case that has happened in Scotland.

DR. CORRIGAN.

This gentleman has received a high compliment from the Fellows of the King's and Queen's College of Physicians in Ireland, in having been elected for the fourth time to the presidency of that corporation. This honour is, we believe, unprecedented in the history of the College, and significantly marks the high estimation in which this accomplished physician is held by his brethren.

CARRIAGES FOR THE SICK.

A company is about to be formed in London to provide carriages for the conveyance of the sick to and from the hospitals. This is a requirement which has long been agitated in the interests of the public health. Persons labouring under infectious diseases will not be conveyed in these carriages, unless in cases of emergency. The governors of the fever hospitals ought themselves to keep conveyances for the transfer of such patients, who require the accommodation even more than persons labouring under other diseases.

FEVER AT PRESTON.

We regret to find that fever of a bad type has appeared among the starving population of Preston. This fact is a striking confirmation of an article which appeared last week in this journal. We must look forward to a high rate of sickness and mortality if the destitution of the manufacturing districts should continue.

SIR BENJAMIN BRODIE, BART.

The decease of Sir Benjamin Brodie will awaken a feeling of sadness throughout the profession, for there was no man in our ranks whose name was more familiarly known, who had so large a circle of personal friends, or who was so universally respected. He was the third son of the Rev. Peter Bellinger Brodie, rector of Winterslow, Wilts, a gentleman holding a good position, being a magistrate and deputy-lieutenant, and possessing considerable influence in his county.

Sir Benjamin received his early education under his father's roof, and in the year 1801 came to London to enter upon the profession of medicine. He began his studies under the highest auspices, having had the advantage of the instruction of Mr. Honoratus Leigh Thomas and Mr. James Wilson, his first teachers. Mr. Wilson was at that time teacher of anatomy at the Windmill street Theatre, the most honoured temple of anatomical science of its day, having been the school whence the great John Hunter diffused the light of his genius. Mr. Wilson was the last of the great race of Hunterian anatomists.

When he was twenty-two years of age, Mr. Brodie was associated with Mr. Wilson in the duties of the school. Four years after, he became demonstrator and lecturer on anatomy, and only discontinued his duties when the theatre was transferred to Sir Charles Bell in 1812. In 1803, he entered upon the study of surgery, under Sir Everard Home, at St. George's Hospital. Sir Everard was brother-in-law to John Hunter, and was at that time in full practice among the upper cla[illegible] of London society. Being unable to attend with regularity to his [illegible] Hospital duties, the charge of his patients devolved upon Mr. Brodie, wh[illegible]. At the same time, age to bear the burden of responsibili[illegible] Hospital, was absent Mr. Gunning, another of the Surgeons of the [illegible] care of his beds with the Army in Spain, and Mr. Brodie had the [illegible] in the career also in the Hospital. These were favourable incidents [illegible] nty-five of an aspiring man. In the year 1808, when he was only twe[illegible] This years of age, he became assistant-surgeon to the hospital. [illegible] rapid advancement was, doubtless, in some measure due to his family connections, as well as to his peculiar position in the institution, for the wife of Dr. Denman was his aunt; and he was connected by alliances with Sir Richard Croft and Dr. Matthew Baillie, who married the two daughters of Dr. Denman.

Whatever may have been the personal qualifications of Mr.

Brodie, it would be unfair to others struggling for eminence to overlook the importance of these connections in promoting his professional interests. That Sir Benjamin was a keen student, a diligent teacher, and an excellent surgeon, cannot be denied, but these qualities do not invariably command success. He was fortunate in his relations, and had both the shrewdness and industry to profit by the advantages he enjoyed. It cannot be said that Sir Benjamin had a suggestive or imaginative mind, or any of those qualities which constitute genius, and enable a man to force his way against adverse circumstances, or to leave a perpetual mark on the science of his age. His name is unassociated with any bold operation or remarkable improvement in the surgical art. He was cautious, judicious, unwilling to operate, unless its utility could be demonstrated, and prone to refer to physiological principles in the treatment of disease. He was a medical-surgeon—this is his great and honourable distinction.

In his early life he devoted his attention to the study ot physiology, and made some experiments with the ourara poison, which at the time excited great attention. He subsequently conducted some researches into the influence of the brain over the action of the heart, which having been described in his Croonian lecture, delivered in 1810, obtained for him the signal honour of the Copley Medal of the Royal Society. Other experiments were also made by him to show the influence of the nervous system over the gastric secretions, and the generation of animal heat; but the demands of an increasing practice withdrew his attention from these interesting topics. As an author on practical subjects, he is famous for his lectures and treatises on the diseases of joints and diseases of the bladder, wherein he exhibited that discrimination, power of analysis, good sense, and practical experience, which constituted his especial claims to the confidence of his professional brethren.

As a practitioner, Sir Benjamin Brodie was, in a pecuniary point of view, eminently successful, and from the time he took the lead, had no rival. The returns of his practice attained a maximum of 11,000*l.* a year, a large sum, though there is an opinion prevalent that his annual income far exceeded that amount. In this respect he was excelled by Sir Astley Cooper, whose fees in one year are said to have amounted to the mammoth sum of 23,000*l.*! but Sir Astley was a great operator in the days of great operations, and was munificently paid for his consummate ability—the story of a thousand-guinea fee wrapped up in a night-cap being thrown at him, and his pocketing the affront is well known. No such affronts have been perpetrated in recent times. Notwithstanding that the panegyrists of Sir Benjamin aver that his opinion was sought for everywhere by every body, and that in this respect he rivalled the popularity of Cooper, we doubt the correctness of this statement. His practice lay chiefly among the upper classes, and although his consulting rooms were open to all who desired his opinion, yet he was by no means so universally popular as his great predecessor. We think the amount of his annual fees sufficiently verifies this opinion.

In 1822 he was elected fullsurgeon to the hospital, and almost immediately after appointed lecturer on surgery. Previously to this, in 1819, he was appointed Professor of Anatomy and Surgery to the Royal College of Surgeons, an office which he resigned a year subsequently upon his election as full surgeon to St. George's Hospital. Having obtained all the honours and dignities of the college, he was elected President in the year 1844.

As a lecturer, Mr. Brodie was remarkable for a clear and logical exposition of facts, for precision of ideas, and a quiet self-possessed manner. Every word he uttered was to the purpose, nothing was extraneous, nothing superfluous. His lectures had previously been well considered, and were the results of careful study. He spoke under a sense of responsibility, alike to his own fame and the claims of his pupils. His voice, however, was not good; it had a peculiar twang which was disagreeable to the ear, and marred the effect of his teachings by irresistibly tempting criticism, until the listener, absorbed in the interest of the lecture, became indifferent to the tone in which it was delivered.

In 1832 he was appointed Sergeant-Surgeon to William the Fourth, by whom he was made a baronet. This appointment he retained under her present Majesty; he thus reached the highest positions, social and professional, which it was in his power to attain.

Sir Benjamin Brodie married, in 1816, Ann, the third daughter of Mr. Sergeant Sellon, by whom he had issue two sons and one daughter; the eldest son, who succeeds to the title, is the present professor of chemistry at Oxford.

Sir Benjamin was accustomed, in the latter part of his life, to seek recreation from the laborious duties of his profession at his seat, Broome Park, near Dorking. Being regular in his habits, and well disciplined in mind, he succeeded in retaining an unusual share of health until within the last few years. The operations to which he submitted for the cure of cataract, but which terminated in failure, are well known. The operation of iridectomy was first performed upon both eyes, but not having been successful, an operation for the removal of the lens was had recourse to. This also failing, an operation for artificial pupil was the last resource. These successive operations were without a useful result; the sight was unimproved, and Sir Benjamin was only able to grope his way about frequented places, as announced by us at the time, though most untruly contradicted by some injudicious friend. Whilst on a visit in the Isle of Wight, in the year 1834, he was accidentally thrown from a horse and dislocated his shoulder. The luxation was reduced by Mr. White Cooper and Mr. Bloxam, a well-known practitioner on the island, and it was believed that no permanent injury had resulted, but it is remarkable that, twenty-eight years after the occurrence of the accident, he was attacked with pain in the same shoulder, which gradually swelled and revealed the existence of malignant disease. During the illness resulting from this malady he was attended by Mr. Peter Martin, of Reigate, and Mr. Charles Hawkins, who was his assistant in his private practice. Mr. Cæsar Hawkins, Mr. Hodgson, Mr. Cutler, and Dr. Watson, also afforded their advice, but without avail.

There are two or three passages in the career of Sir Benjamin which we must not overlook in this summary of his life—albeit, there are a few, too, which it were kind to drop from memory; we shall, therefore, not allude to them in the present notice. He is understood to have had an important share in the preparation of the Charter of the Royal College of Surgeons, which gave such intense dissatisfaction to the members. At the time much odium was cast upon him on account of his presumed influence with the Government on this question; but as no man likes to have the discredit of ill success, Sir Benjamin has latterly desired to disclaim the parentage of the obnoxious portion of that charter. As, however, the recognition of the representative principle was merely a concession to the reiterated demands of the Profession, we cannot give Sir Benjamin much credit for the construction of a charter on that basis, and inasmuch as that concession was associated with great injustice, we do not see how he can be excused of all blame on the supposition that he was instrumental in procuring and arranging the provisions of that document.

The high estimation in which he was held by the public, and especially by the higher classes of the country, is evidenced by his appointment by the Government to revise the evidence in Smethurst's case, when, as it is well known, he reversed the verdict of the jury.

When the General Medical Council was instituted, Sir Benjamin was appointed president of that body, a position which naturally fell to his professional pre-eminence. He also held the distinguished office of President of the Royal Society, an honour which Sir John Pringle had enjoyed before him, but which had not since been conceded to any practising member of our Profession.

Sir Benjamin was a man of small figure, his gait was slow, and he had a slight stoop, and he generally walked with one hand in his pocket, evidently regardless both of the laws of elegance and social criticism. His features were sharp, his eyes bright and keen, and his lips compressed. His demeanour was calm and self-possessed; and altogether his aspect exhibited an expression of penetration, thoughtfulness, and constancy.

He died on the 21st inst., in the 80th year of his age; and thus the most distinguished member of the Profession in our day has been removed from the scene of his labours. His life, however, had been spent honourably to himself, and profitably to his fellow-man, an eulogium which few men have merited in the same degree.

REVIEW OF THE PERIODICALS.

The 'British American Journal' (September). Dr. LISTER communicates to this journal an article on the *Treatment of Chronic Hydrocephalus.* After reciting the various remedies and modes of treatment that have been recommended by many authors, Dr. LISTER especially eulogises the iodide of potassium. He says of it:—

"The occasion on which my attention was first called to the powerful effect of the iodide of potassium in curing chronic hydrocephalus, was to me, a young practitioner, ardently watching for every opportunity to rise to a conspicuous place among my medical brethren, one of intense gratification. The humble cottage and the pauper patients (mother and child) are as freshly imprinted on my memory now after a lapse of six-and-twenty years, as they ever were; and though my services were gratuitous, I can look back on the treatment of that pauper mother and her idiotic infant with the most heartfelt satisfaction. On being called to visit the persons who are the subject of these remarks, I found the mother labouring under idiopathic tetanus, and on opening the door a most violent tetanic spasm was induced. I had to wait till the poor creature was temporarily released from the fit, to ascertain the exact nature of her case, during which time I may remark, the poor infant fell helpless from its helpless mother's arms to the floor. This happened before I had time to rescue it, and while I was intently watching the poor mother's agony.

"The child was fearfully emaciated. I looked on it as beyond

human help, and hoped that death might terminate its sufferings. My attendance on the mother continued four or five times daily for several days, till I had the satisfaction of establishing her health, when other duties called for thought and action elsewhere. After some months, a young medical friend, House-Surgeon to the North Devon Infirmary, England, called my attention to the idiotic child, and said he regretted I had not treated the child while the mother was under my care; remarking, that on the recovery of the mother, the child was brought to the infirmary, and under the steady and continued use of the iodide of potass internally, and tincture of iodine to the scalp, was restored to perfect health. In my long, and I hope not useless professional career, I have had that case as a guiding star, and it has never led me astray, nor deceived me; and I thank God, through its instrumentality, I have been the humble means of restoring to many a heart-broken mother her offspring, not only snatched from an untimely grave, but what was a far greater affliction, from the vacant, unrecognising stare of idiotey, and implanting reason firmly on its throne.

"Since I first began the employment of the remedy, I have met with and treated fifteen cases of the disease. (No deaths have occurred from the disease itself.) One of the patients died of typhus fever at eleven years of age, and the other, a considerable time after the treatment of her case by me, of whooping cough. I think this will compare favourably with any method of treatment recommended by authors."

The 'American Medical Journal.' The following remarks on *Camp Disease* are taken from a paper by Mr. Alonzo J. Phelps, Brigade-Surgeon in the United States Volunteers:—

"In anticipation of a severe battle before Corinth, general field hospitals were established in the rear of each *corps d'armée*, as grand depôts for the wounded, where they might easily receive the treatment necessary to their injuries, and obviate the necessity of a painful transportation to the river. But on the retreat of the enemy, and when orders were issued for our army to move on, these hospitals were filled with the sick from the various camp and division hospitals. No better opportunity than this could have been afforded for a study of the diseases prevalent in the army here. In this hospital alone, there were registered seventeen hundred patients. All of these cases presented the same type of disease, but variously expressed under the terms of febris typhoides, diarrhœa, dysentery, scorbutus, and debilitas.

"Subsequent observation demonstrated the artificial character of this classification, and that the disease acquired its name from the most prominent symptoms present, and not in accordance with reliable pathological conditions. It could not easily have been otherwise, as all surgeons will testify who have found upon their register in the course of a few weeks the same person under treatment for dysentery, diarrhœa, and febris typhoides; the same attack acquiring a new name, in accordance with the development of new symptoms, or the absence of others. In fact, there has been so great a variety in the manifestation of these diseases, seldom ever running a regular course, but alternating one with the other, and exhibiting so many symptoms in common, that the nomenclature could not have been otherwise than very confused.

"The case was termed *dysentery* or *diarrhœa*, in accordance with the presence or absence of tormina, tenesmus, and bloody evacuations. But there was seldom that amount of local pain and constitutional disturbance in cases exhibiting bloody evacuations to indicate the presence of active inflammation and ulcerations in the colon; and bloody dejections were frequently observed, unattended by tormina and tenesmus. When they occurred they were more the result of a hæmorrhagic diathesis, than from any perceptible organic change. In all the autopsies made, the large intestine was singularly free from ulcerations; but the mucous membrane of the ileum invariably exhibited a softened condition, and was easily removed with the back of the scalpel. The same condition also existed in the colon occasionally. In no case was there discovered well-defined ulcerations; but in a few instances, the mucous coat was found absent in patches, and conveyed the impression that it had been merely abraded, rather than a result of an ulcerative process.

"The *fever* present was decidedly of the adynamic type, and in the absence of a better term, was usually registered as febris typhoides. But this fever differed essentially from the true typhoid or enteric fever in several particulars. There was no tympanitis, no rose-coloured eruption, and no dothin-enteritis. The visceral complications were trifling. In no case was there observed any disposition to a disorganisation of the parenchymatous organs. There was a great tendency to serous effusions, especially in the pericardium. The brain appeared healthy. Death resulted from asthenia.

"Parotid abscesses frequently were developed in the course of the fever. They usually appeared in the lowest stage; but when they appeared earlier in the fever, the system rapidly failed, and death ensued in a majority of the cases. When life was prolonged, the entire gland suppurated, leaving the whole parotid region cavernous.

"*Scorbutus* was applied to those cases where more of the distinctive marks of scurvy were present, such as spongy gums, large and flabby tongue, feeble pulse, dusky complexion, and petechias. This disease very seldom developed itself in its worst forms.

"*Debilitas* was a general term, and of very uncertain application. Sometimes it indicated convalescence; sometimes it was applied to that adynamic condition of the system that resulted from the continued operation of the depressing influences of the past severe winter and spring campaign. In these cases there is no fever, and but little, if any, diarrhœa, but simply a 'weakness,' attended with emaciation and loathing of the army ration. Occasionally they terminated very suddenly fatal, when no cause, post-mortem, could be discovered, save fibrinous coagula in the cavity of the heart, or, as Virchow has it—*thrombosis*.

"These coagula were observed in nearly all the cases of sudden death, and in 33 per cent. of all the autopsies made. They were firm, and weighed from one and a-half drachms to seven drachms. They were found more often in the right ventricle, generally in both; generally attached to the *corda tendineæ*, but sometimes entirely loose. The largest thrombus discovered was in the case of a patient who was admitted on the 28th day of May, 1862, with 'febris typhoides.' At the end of twelve days his symptoms were entirely relieved, and he bid fair for a speedy recovery. He remained in this condition without apparent disease, nourished and stimulated with care, until death came like a gentle sleep on the 22nd day of June.

"The heart was found in all cases pale and flabby, and the blood was very fluid.

"The gall-bladder was usually found full of dark-coloured bile. In several instances it was very much distended, and yet there did not exist any icteroid symptoms, nor any apparent deficiency of bile in the evacuations.

"Several instances of intussusception were found, in one of which there were six invaginations observed, ranging from one inch to four inches in extent. The fæces had been passed regularly, and without any symptoms of obstruction.

"The deductions from the foregoing observations are—that the causes of all these affections were essentially of a debilitating kind, and, in the main, may be enumerated as the long-continued exposure to cold and wet during the winter and spring, the hot sun during day, and cold nights of the later months, excessive labour, loss of rest, and imperfect diet; that, possessing so many elements of similarity, they owed their variety to some accidental circumstance either in the constitution of the individual, or in the mode of application of the causes; and that no classification of them could be made having for its basis the presence or absence of morbid lesions that could be determined before death. It would seem that the combined operation of all the above causes generated a general morbid condition or dyscrasia which constituted the true disease, whilst the pathological conditions that resulted were not idiopathic, active, direct, but secondary effects, and indicated merely a process of degeneration. Accordingly, the *treatment* consisted *in rest and nutrition*. Stimulants were used freely. When the tongue was dry and fissured, chief reliance was reposed in the turpentine. Quinine was used as a tonic and sedative. In the cases complicated with parotid abscess, the following prescription seemed to act well:—

℞ Sulph. quin.	℥ss.
Chlorate potash	ʒj.
Tinc. ferri. muriatici	ʒj.
Aq.	℥iv.

M.—Table-spoonful every four hours."

The subjoined cases are taken from a report of the Medical Society of the County of Kings in the same journal:

"Mrs. F., æt 44 years, was taken in labour Nov. 13, with her eighth child. The waters were discharged early in the labour, and though the pains were frequent and agonising, yet not expulsive; the os was but little dilated for forty-eight hours; vomiting frequent. The child felt to her like an oppressive weight. The bones of the head were felt to be widely separated; but the precise position was not ascertained.

"At the end of the second day the pains became more severe, and the os more dilated. The head did not engage in the superior strait. The occiput was now *supposed* to be towards the left acetabulum. The parietal bones were parted far asunder; the widely separated edges felt like the divergent crests of the iliac bones. This impression was so strong that I felt again and again to find the projecting spines of the sacrum in the intermediate space; but all here was soft and fluctuating. By introducing two fingers far in towards the right sacro-iliac symphysis, I slipped them on the os frontis, and felt the nose and one eye. Hence, I inferred that this was a case of intra-uterine hydrocephalus; and as severe and continued pains, with a fully dilated os, did not cause the head to enter the superior strait, I concluded operative interference was necessary. Dr. Mitchell saw the case in consultation, and concurred in the diagnosis, and also in the propriety of perforation. The operation was performed, when from one to two pints of clear fluid escaped. The head descended with the next pain, and the labour was soon com-

pleted. The child was a female, large and normal, except the head. There was a momentary, slight, and inaudible attempt at respiration.

"The mother had been feeble during the pregnancy, and had suffered previously from two attacks of puerperal peritonitis. The head, when stuffed with curled hair, has all its diameters more than one inch above the normal standard, and these are much less than when the head was distended with fluid. The mother had a slow recovery, with much perulent discharge from the vagina."

"Dr. John G. Johnson reported a case where the patient had scirrhus, or hard cancer, involving *both* mammæ and the axillary glands of each side. It was an unusual case in his own experience, and in that of the surgeons who had seen it. Prof. Frank H. Hamilton, whose surgical observations have been quite extended, regarded it as an unique case. The ordinary writers upon surgery make no mention of more than one mamma being involved; and where the disease extends, it is usually to the internal organs, as to the liver, uterus, stomach, or lungs.

"Hannah D., 40 years of age; always enjoyed robust health till the period of her marriage, since which time she has had three living children, and numerous miscarriages.

"About five years ago, while nursing her second child, she had an engorgement of the right mamma, or "weed," as she terms it; this did not suppurate, and she was able to nurse the child from the left breast. The engorgement nearly subsided, and she was able after a short time to nurse the child from the affected breast; there remained, however, a hardness about the size of a filbert on the under side of the breast, near the nipple. Two years after this, her last child was born; this, for a time, was nursed from the affected breast. When the child was nine months old she was obliged to discontinue nursing it from the right breast, because the nipple was so drawn in, and somewhat painful; she feared from the soreness that she would have an abscess form, should she continue nursing. Shortly after this she came under my observation, August 27th, 1860.

"At this time the right mamma bore the well-marked characteristics of scirrhus; the nipple was retracted, and harder than the other nipple. The breast had an irregular, nodulated character; the veins were enlarged over the breast, and the glands in the axilla were slightly enlarged. The woman's general health was not apparently affected by the disease, and removal was urged by all the surgeons present at the consultation. She declined submitting to an operation.

"Nov. 8th, 1860, she again came under observation. At this time the cachectic appearance was more marked. The mamma appeared red and irritated at points, as if about to become open cancer; shooting pains were felt through the breast from time to time. The other breast seemed to have an indistinct hardened feel in points.

"Dec. 24.—Applied for relief from the lancinating pains, which were so severe that she could not sleep, and was now willing to submit to an operation. This was declined, as the cancerous cachexia was marked. She had become emaciated, of a waxy colour; the breast was reddened in several points, as if ready to ulcerate; the axillary glands were much enlarged, and the left nipple was now much retracted, and a distinct nodulated character in the whole mamma, with the axillary glands much involved on the left side also. A palliative treatment was adopted, and the patient continued to fail; the right breast ulcerated; the ulcer having the hard, elevated edge, peculiar to malignant disease, while the left breast continued to have the nodulated character more marked; the nipple to become more retracted, and then the breast apparently became smaller from the absorption of the adipose tissue, till the patient finally succumbed to the disease.

The case thus presented, through an extended period of observation, the well-marked character of hard cancer involving both breasts."

'The American Medical Times.' We extract the following remarks on *Infantile Paralysis* from an interesting article in this journal:—

"In that form of paralysis now under consideration, which occurs most frequently in children of a tender age, there is no evidence whatever, so far as the action of the muscles is concerned, of any organic lesion in the brain or spinal cord. In these cases, if we analyse the product of innervation—muscular action—we find it normal in all things except quantity; the abnormal qualities so prominent in all other forms of paralysis, being entirely wanting. The innervation is absent or feeble, but not diseased. Must we infer, then, that infantile paralysis exists without a lesion? There seems no escape from this conclusion. Such cases seldom die, and the opportunities for *post-mortem* examinations are very few indeed. But this very fact—the non-fatal character of the disease—would seem to exclude the fountains of nervous force from probable participation in the disease. But what has caused this great loss of nervous power? This is an interesting physiological question, but one not incapable of satisfactory solution. The history of these cases is nearly identical one with another. The attacks generally occur during the first dentition, or between six months and two years old, but a larger proportion between the ages of eight and fourteen months, and almost invariably in delicate children; not necessarily sickly children, but children of feeble powers of endurance. In the large majority of cases the child has some alimentary disturbance, prolonged till the system has become exhausted. During this period it is discovered that a side or an extremity is paralysed. Most frequently there are few or no unusual symptoms ushering in the attack, and there is nothing to mark the precise period of time when the paralysis took place. Not uncommonly there are convulsions or febrile symptoms, but not sufficiently often or with sufficiently marked connexion with the paralysis to suppose them a part of it. Besides, it as often happens that it is an arm alone, without any affection of the leg, or the leg alone, without affection of the arm; conditions which could not happen if the paralysis had a cerebral or spinal origin, except we suppose only the roots, the nerves beyond the cord, to be affected—a very uncommon occurrence. Again, we have different parts of the same member affected by different degrees of paralysis. As, for instance, the upper portion of the arm, especially the deltoid, while the hand and fingers remain comparatively sound; or it often happens that the arm and shoulder, including the deltoid, may be unaffected, and the hand utterly useless. In some cases it is the flexors of the arm which are mostly paralysed, but in others it is the extensors. The same is true of the wrist and hand. If one set of muscles more generally retain and other sets more generally lose a greater amount of force, it seems to depend on other conditions than the paralysing cause; which, if it resided in the brain or spinal cord, ought to and does affect all portions in a given radius alike. With regard to the unequal distribution of the paralysis, we find a curious illustration in paraplegia. In all cases of paraplegia which have come under my observation, the relatively weak and strong muscles alternate, on the same leg and on each leg. That is, if the extensors are weak on one leg, they will be relatively strong on the other; while the flexors will be strong on the first and weak on the other; and so on, alternating to the very toes.

"But what is the pathology of this affection? Infantile paralysis is wholly peripheric, and seems to be caused by *a conservative effort of nature*, while under great nervous depression, *to save the whole by abandoning a part.* Under certain circumstances, it seems to be necessary temporarily to withdraw the stimulus of the nervous system from an extremity, that more central and vital organs may not fail. So that the child, instead of dying from exhaustion, recovers with a paralysed limb—more properly, recovers except the paralysed limb. But when the nervous stimulus is even temporarily withdrawn from a part, there immediately takes place a deterioration in the conducting power of the nervous tracts and of the irritability of the muscles—for every function is kept up by its exercise;—and this condition of things is relatively increased by a corresponding exaltation of nervous and muscular power in all other portions of the system. For it almost invariably happens that the *general health is improved* after the paralysis, instead of being enfeebled, as is the case in other forms of paralysis, and as should be the case if there were disease of the brain or spinal cord. Certainly, in no instance have I found that the paralysis had produced any permanent disturbance of the general functions. This relative disproportion of innervation and muscular action once set up between different parts of the body, is kept up and propagated continually as the *habit* of the system. Thus we have very little improvement after the first few weeks of reaction. The instinct of the individual to do whatever is to be done in the easiest manner, makes him use the better parts and members with the same readiness with which he avoids the affected ones. And so there is no point where this state of things can be easily interrupted. Thus the atrophy of the paralysed member and the development of the rest of the body continue indefinitely."

Dr. W. H. Thomson has contributed to the same journal some interesting remarks on the *Distinctions between a Virus and a Poison*, with especial reference to zymotic diseases. These diseases, Dr. Thomson says, are due to viruses as distinguished from poisons, and as to their nature he remarks:—

"In the first place, we think there is very strong ground for recognising, in the essentials of viruses the characters of organic life—a period of germination, then a period of development or growth, and then a period of reproduction, evidenced also in their capacity of self-propagation; and we should like to listen to an explanation of any one of these successive elements of viruses, by a pathologist who holds them to be mere physical agents like poisons. Again, viruses are affected in their development by variations, often inappreciable to our senses, in their soil, climate, and season, as only organic growths are. Thus we continually see in the vegetable kingdom the same seed showing every degree of development, owing to causes which are more often unknown than known—thousands of seeds never coming to anything, others growing most luxuriantly but a few feet from where they are small and dwindling

One year the crop is great, the next season it is every way inferior; while the same plot which brought forth abundantly in one month will not yield a blade in another month; and still further, the same soil will refuse to yield any more of a product for which it once was famous. We need not repeat the characters of viruses in close analogy with all these familiar facts. Ever since viruses have been observed at all, their variations of type and season; their irregular development in different constitutions; their failure to develop at all in others; their general indisposition to develop in the same soil again, have been observed and noted with wonder. In the same epidemic also, the cases at the height of the epidemic are more violent than at its decline, just as the last of any crop are the poorest always. The single remarkable fact, that it is their rule to occur but once in the same system, would by itself make us suspect that we were dealing with nothing simply physical or chemical; for it is inconceivable why such will not always act, just as arsenic will inevitably act at any time and anywhere, in July and December, in Calcutta or London. But in *growths*, analogies with these peculiarities are frequent enough, for the exhaustion of some one ingredient which the most careful chemistry often cannot discover, suffices often to prevent a reproduction of the same seed in the same soil where it had grown before. The forms of vegetable life are often limited to certain climates, hemispheres, countries, and small localities; and similarly certain virous diseases are like the plague, which never crossed the meridian from the Persian Gulf to the Caspian Sea on the east, or the longitude of Tangier on the west. Others again are found only in Arabia, or Poland, or India, or even in certain towns only, as the strange ulcer of Aleppo, which we have ourselves witnessed.

"The question then arises, if we admit the relationship of viruses to the living organic kingdom, under what division of that kingdom should they be classed? Do we find any great family of organisms to whom we can ascribe such undesirable connexions as the tribe of viruses? We think there is one, and only one, but it is one that answers all our requirements, for its spread is so universal, multiform, and diffusive, that we would *à priori* have looked for some one of its myriad subdivisions as given to entering animal bodies, and then multiplying at such a rate as to cause the most serious complications. Let a drop of pure distilled water be but preserved long enough from evaporation in any part of the world, where it will not freeze, and in a very few hours it will be filled with all manner of shapes and forms of vegetable life, all of whose infinite varieties have been lumped together as fungoid growths. When the microscope first revealed this new world, it seemed as if it could be accounted for only by spontaneous generation; but no respectable authority maintains that hypothsis now, although the contrary obliges us to believe that we must inspire untold millions of living germs with every breath we take, and swallow corresponding growths with every drink. Then to calculate how many of the *seeds* of these things there must be in a single inspiration, if those that develop are in the same proportion to those that do not, as in other vegetable forms, would require a line of figures as amusingly incomprehensible as the miles of astronomy. But we are not left to conjecture, that some of these forms may be the cause of the destruction of other living forms. Repeatedly do epidemics of fungoid growths suddenly overrun countries and continents, generally from the East, to the great damage of mankind in all their valued crops. Mildew and rust, the great potato disease, and latterly the vine oidium of a few years since, which not only desolated the vineyards of Asia and Europe, but without appearing to develop in them to the naked eye or microscope, yet caused nearly every form of fruit to be sickly and dwindling, are proofs enough that new species of fungoid growths can arise to the destruction of other forms of life. But we have proofs besides of *animal* organisms being destroyed by the development of fungoids which we can see for ourselves sometimes, and sometimes with the microscope. The price of silk is as often affected by the appearance of a fungous epidemic in the growing silkworm as is that of flour by a fungus in the growing wheat stalk. The common house-fly frequently gives up the ghost for the same reason, and can be seen turned into a bed of beautiful fungoids. Now, it is a suggestive fact, to answer an objection liable to arise, that the microscope has failed to reveal fungi any more than animalcula in virous disease, that the initial stages of these very fungoid diseases of plants and animals, which become *finally* palpable, are wholly invisible. The sporules of some huge mushrooms even, have never been discovered. Now, considering how infinitely varied are the forms of these low vegetable organisms, does not analogy favour the hypothesis that there are fungoid growths, finding their conditions of development in animal bodies, which are invisible in *all* their stages, just as all but the *concluding* stages are visible in many fungi that are causes of disease to other organisms? A vast number of these fungoid growths are developed in fluids, in the various processes of fermentation, but which all have a hidden period of 'incubation' in these fluids, during which, unseen, they are causing the greatest chemical changes in them, until finally the crypogamous plant reappears, multiplied thirty-fold, and with each of its millions sporules endowed with the capacity of working the same changes in the next similar fluid into which it may fall.

"Another peculiarity in these low forms of vegetable life is a remarkable facility of altering their forms and characters (and therefore the effects which they may produce), from difference in their soil and habitat. Thus no one, before Mr. Lowe demonstrated it by actual experiment, would have suspected that the Achorion Schonleini of the favus disease was the same product with the totally different looking aspergillus glaucus of yeast. But Mr. Lowe transplanted the former from a scald head to a piece of dough, and it went through its stages of growth with greatly accelerated rapidity over its progress on the scalp, and finally turned out a true torula cervisa. Now, this affords a very interesting analogy to a remarkable fact in the great type of virous diseases, which fact by itself should suffice to make us suspect we were dealing with an agent entirely distinct from a poison. The rank and deadly variola transferred from the human system, where it develops with disastrous energy of growth, to the system of a cow, becomes tranformed by its new soil into the mild and trivial vaccinia, which runs a much shorter and less tumultuous course. But though its new habitat has altered many of its most prominent features, it still retains its identity with variola, as it leaves the same specific life impress upon the system.

"But this capacity for change of form and properties, by changes of the condition of growth in fungoids, offers us a very plausible explanation of a great fact in viruses, which no other theory even attempts to explain. The lower the vegetable forms, the greater the facility for generating *new species*, by bringing together old forms under new conditions. But this principle obtains even in the higher orders of plants; and horticulturists, by taking advantage of it, are continually bringing forward new varieties of flowers and fruits. Now, it seems almost certain that through the continual working of this principle, new forms of fungoid growth are coming into existence all the time, some to be permanent, perhaps, but the vast majority to soon give place to others. Some of these new forms may have capacities for multiplying in directions where the original ones could not grow at all—a familiar fact in higher vegetable forms than fungoids. Now, hardly any one doubts that this is the true explanation of the origin and prevalence of all the *vegetable* epidemics of history. The potato disease did not begin till a certain date and in a certain quarter, and then it coursed in every direction where it could find potatoes. Did any philosopher arise to demonstrate that this new disease was begotten by the action of the rain and sun upon the manure of potato fields? The answer, which he could not answer, would have been, why then did not the Irish famine occur in 1827 instead of 1847? So we may ask, if typhoid fever is generated by dirt, why did it not prevail in Constantinople before the French soldiers came to the Crimean war? Why does it not prevail in Damascus now?—for it does not to our personal knowledge—and yet, would that a great Sanitarian could be sent to investigate the dirt of those cities, venerable piles as ancient as those of the Pharaohs.

"We will say, in conclusion, that it has appeared to us that one reason that the cause of virous diseases has not been sooner discovered is, that with all theorists they seem to be regarded as exclusively *blood* diseases, while to us it seems as if the blood was on the whole the freest from them of any part of the system. Analogy with fungoid growths would lead us to fix upon the *tissues*, especially the outer ones, as the seat of their development, and so we find the great majority of them develop in the epithelial structures, the skin, and mucous membranes. The fact also that the lymphatic system, which takes its rise in the tissues, is almost always first affected, points in the same direction; and on this account, not to mention others, we cannot accept Liebig's theory that they are owing to a blood fermentation.

"We have no opportunity, from having already drawn so largely on the time of the society, to more than indicate the important bearing that our views of the pathology of virous diseases must have on our treatment; for if the morbid conditions of these diseases are the results of an animal *poison*, we should treat them so, by antidotes if possible, but as that can rarely be the case, by promoting their elimination by evacuants or eliminatives. On the other hand, if they are the results of a process of *growth*, we have a wide field yet to investigate whether we cannot beneficially modify these growths, as in vaccinia, or when they come out on the surface about them, as variola pustules with nitrate of silver, or else dwindle their growth by charging the system, if practicable, with agents whose presence we know to be unfavourable to fungoid life, as mercury, muriatic acid, chlorine, creosote, or the sesquicarbonate of ammonia. Oils in great contrast with sugars, are very unfavourable to fungi, and we have questioned whether the comparative freedom of the ancients from these diseases may not have been owing to the ancient practice of daily inunctions. Certainly in many of the eruptive virous diseases, daily inunctions are very beneficial. At least, if they are growths, we can soon learn their stages of growth, and, therefore, watch the times of the greatest danger, or the most likely conditions to favour complications."

The 'Lancet' contains a lecture by Mr. CRITCHETT, on *Tinea Tarsi;* it is a good practical article. We observe in the same journal some observations on *Necrosis*, by Mr. WORMALD, of St. Bartholomew's Hospital. The object is to show the mode in which diseased bone is removed. We extract his remarks:—

"When a portion of bone dies, the means by which Nature gets rid of it has been a subject of controversy, and hitherto I think the truth has not appeared.

"The late Mr. Bransby Cooper, in his lectures, has shown that where there is dead bone the 'necrotic' pus discharged contains much phosphate of lime; in ordinary pus there is scarcely a trace to be found.

"From observations and experiments I have long concluded that it must be through chemical agencies the disintegration of dead bone is accomplished.

"In necrosis pus is secreted abundantly, and it is alkaline. Presently acid is produced, which is at first weak, but it becomes stronger, and in some cases it may be seen exuding through minute apertures, which gradually enlarge until they are quite visible, and the surface of the dead bone becomes rough.

"In necrosis, by the use of common litmus paper an acid may be detected. Mr. Attfield, demonstrator of practical chemistry at St. Bartholomew's Hospital, found the acid taken from the surface of a dead bone to be phosphoric; this dissolves the bone, and the air-bubbles resulting may be seen on the surface of the pus.

"It may be further observed that in doubtful cases of necrosis the presence of phosphoric acid may prove a valuable diagnosis; and in cases where dead bone cannot be removed by operation Nature seems to indicate an appropriate remedy.

Mr. COOPER contributes some remarks on *Hernia*, and Dr. GASON on *Intermittant Fever*, to the same journal.

The 'Medical Times and Gazette.' This journal contains a lecture on the *Blood of the Vertebrata*, by Mr. GULLIVEN. The author gives a minute description of the blood corpuscles of birds, reptiles, and fishes; and claims for Hewson, the credit of many of the discoveries and doctrines in relation to the blood corpuscles which have been thoughtlessly or ignorantly given in later times to German observers. We quote his interesting remarks on the subject:—

"Hewson's observations should not be regarded as mere particular descriptions, however exact, of different parts of the blood. With this merit he had the much higher one of correct and general views far in advance of his time. He often unfolds central phenomena, and well perceives how they surpass in value mere isolated facts. What are the currents which he described into and out of the red corpuscles, when treated with water, but a demonstrative example of endosmotic force, long afterwards indicated or proved by the researches of Porrett and Mitchell, and finally established evermore for us by the genius of Dutrochet? What is the flatness of the red corpuscles throughout the vertebrata, and which he proved in spite of the prevailing error to the contrary up to and after his time but a comprehensive and fundamental fact? What is the central particle and vesicle of Hewson but the nucleus and cell of Schleiden and Schwann? Indeed, as to these points he stands in a position even more eminent than that of Higgins in relation to Dalton respecting the atomic hypothesis. Hewson always applied the term 'central particles' to the nuclei of the red corpuscles of Pyrenæmata, and included in the same category the globules of the lymph, of the thymus-fluid, and of the spleen; so that we seldom see any piece of so-called news in connection with the physiology of the conglobate glands or the organs just mentioned without examples more or less paraded in accordance with his views, especially by certain German writers, but commonly without the slightest notice of or reference to either Hewson or Magnus Falconar. Hewson died in 1774, aged 35, and Falconar in 1778, aged 24; and had they not been thus early lost, it is probable that the leading fact of the cell theory, so admirably indicated in the researches of Howson, would have been established and developed in this country, adding another trophy to the Windmill street School, at least half a century before the advent of that doctrine on the Continent. It is very singular and remarkable that, of all Hewson's able contemporaries and immediate successors, this generous, zealous, and perspicuous boy, Falconar, could alone fully appreciate the interest and importance of the Third Part of the 'Inquiries' of his distinguished brother-in-law, and that while they and the doctrine of central particles were commonly treated with contemptuous neglect. That disingenuous or surreptitious attention and tribute which they have since received has been reserved for our own time. It is, indeed, surprising that any British patronage, or silent approval, of such foreign and pitiful conveyance, as we have recently seen, could have been practised with impunity as to the doctrines and discoveries of our illustrious countrymen. This, too, is the name which those foreigners, while taking advantage of his labours, have actually attempted to wipe clean out of the literature of physiology; and yet without any suitable remonstrance from among us, who ought to cherish his reputation as a precious and honourable heirloom!

On *Pericarditis consequent on Pyæmia*, is the heading of an able article by Dr. Kirkes, in the same journal.

Dr. JAMES ARNOTT contributes an article to show the efficacy of congelation to assuage pain in *Ablation of Cancerous Growths*. His views are too well known to require repetition.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, OCTOBER 21.

DR. COPLAND, President, in the Chair.

The PRESIDENT, in a few introductory remarks, congratulated the members on the success of the past session. The volume of *Transactions* was equal to any of the past. He hoped that the members, had acquired a sufficient stock of health during the recent recess to enable them to prosecute their studies in pathology with zeal and success.

Dr. GIBB exhibited specimens showing

DESTRUCTION OF THE EPIGLOTTIS, AND OF THE RIGHT ARYTENOID CARTILAGE, WITH NECROSIS OF THE OTHER CARTILAGES.

This specimen was taken from a surgeon, aged 55 years. His general health had been bad for years; laryngeal symptoms with hoarseness had been present for two years, when he consulted Dr. Gibb in February, 1862. He had been subject to pain, dysphagia, and the secretion of viscid mucus, which kept him incessantly hawking and raking to clear the glottis. Liquids often regurgitated through the nostrils. Attacks of spasm of the glottis came on generally twice a-day, followed by extreme dyspnœa, pain, and the outpourings of quantities of plastic secretion. When not swallowing he was easy. He was examined with the laryngoscope in the presence of Dr. Davis, of Putney; the mucous membrane of the entire fauces and larynx was relaxed, congested, and pouring out mucus. The membrane possessed a purple redness on the right side of the pharynx low down, spreading to the tongue, and was the seat of the constant pain in swallowing. The epiglottis was red and swollen, and clearly visible. The action of the parts was free, and the vocal cords normal; the voice strong, but rough and cavernous. The follicles were much enlarged at the base of the tongue, and seen pouring out frothy mucus. Emaciation was extreme. He had been subject to bronchitic attacks, but the lungs were apparently sound; the respirations 10 to 12 per minute, and the pulse 68; vocal resonance good all over the chest. The misery he suffered was most extreme, and he died actually worn out from exhaustion and starvation in May 1862. After death, the free portion of the epiglottis was found wholly destroyed. This had occurred in the space of three months, but was not the cause of the long suffering endured. That was found to depend upon caries and ulceration of the right arytenoid cartilage, which had commenced to perforate the membrane. The movements of this part in swallowing food or saliva gave rise to the fearful attacks of dyspnœa and spasm. The other cartilages of the larynx were undergoing calcification and necrosis. A few little ulcers were seen here and there. The lungs were crepitant throughout, and partially collapsed on opening the chest; here and there some of the bronchial tubes terminated in bulbous expansions, around which were a few calcareous (not tuberculous) deposits. One testicle was enlarged, and presented a yellow, striated, fibrous appearance on section. Dr. Gibb believed that the state of the right arytenoid cartilage gave rise, in the beginning, to all the mischief, induced by some constitutional cause, at present only surmised. It explained the attacks of spasms, and the dysphagia. It was a remarkable circumstance that the epiglottis was destroyed in such a short period of time; but very probably the ulcerative process had commenced at its base.

Dr. CRISP said that he had seen the specimens exhibited by Dr. Gibb, when in the recent state. He had made a microscopic examination. The lungs were infiltrated with a sort of fibro-albuminous exudation, which was not tubercular. He did not think that there was more foundation for the suspicion of syphilis than mere report. There was no real evidence of it.

Dr. GIBB replied, that the suspicion as to syphilis originated with the patient himself. The patient denied having ever had any primary disease himself; but feared that he had inherited it.

Mr. CANTON exhibited

A HORN, REMOVED FROM THE UPPER EYELID OF AN OLD WOMAN.

The patient was a woman 70 years of age, from whom, a few days ago, he had removed the growth exhibited. It began four years ago; it commenced in a wart, and gradually increased. There were no other growths anywhere else, and there was nothing to lead to a suspicion of cancer.

The PRESIDENT said, that the position was a very singular one. The pathologists of the sixteenth century considered that in persons who had horns of this kind there were to be traced indications of their likeness to the lower animals in other respects.

Mr. HENRY THOMPSON showed a specimen of

ELEPHANTIASIS OF THE LEG.

It had been sent to him by Dr. Fiddes, of Jamaica, in a cask, preserved in rum. It was removed from a middle-aged negro by amputation above the knee-joint. This disease, Dr. Fiddes stated, never extended higher than the knee; and hence, that amputation just above the knee, taking a flap from the gastrocnemius, might be performed with certainty of a radical cure. The muscles were found to be in a state of fatty degeneration, but this did not prevent healing any more than arcus senilis did the healing after section of the cornea in extraction of cataract. Twenty years ago, Dr. Fiddes said, operation in these cases was deprecated, as it was supposed that there was generally other disease, as of the heart, but he had recently operated on a good many, and with the happiest result.

Mr. THOMPSON then referred to a case in which he had operated at University College Hospital. The patient recovered well; was in good health; was able to earn her own living. Previously she had been an almost constant inmate of the workhouse.

Mr. SPENCER WELLS exhibited a specimen of

ADENOMA OF THE OVARY,

which, he said, he thought the most appropriate designation which occured to him, although it might be called fibroepithelioma, or alveolar adenoid tumour. It is identical in structure with the adenoid growths first described in connexion with the mammary gland; and it was very interesting that it should now be found in connexion with the ovary. He had not seen a similar growth in the ovary before, nor had he found it described by any author. A drawing of Dr. Huges Bennett's, of the structure of chronic mammary tumour, might have been taken from one of the sections shown to the Society. The tumour was removed, on the 3rd of last September, from a single lady, about 50 years of age, who recovered perfectly after the operation. It consisted in great part of an ordinary multilocular cyst; but one large cyst was filled with semi-solid matter, which, at first sight, looked exactly like soft cancer; but after hardening in spirit, and examining thin sections, the true character was made out; and it was seen that the surface of the growth was fringed with papilliform villi, its substance showing in vertical sections a delicate fibrous stroma, forming round an oval alveoli. These alveoli are lined with densely-grouped epithelial cells, forming a continuous zone, which encloses an area loosely packed with cellular elements of similar form. On the margins of most sections the contents of the alveoli are frequently seen to protrude, like papillæ, through ruptured portions of the fibrous septa; or the lining zone of the alveolus has become liberated and divided, so as to assume the appearance of a long cylindrical band or column of epithelia cells. The tumour, therefore, belongs distinctly to the class of fibro-epithelial growths, and, from the folliculoid character of its alveoli, would, Mr. Wells thought, be most appropriately classed as ADENOMA. This specimen had been preserved in a solution of carbolic acid, which Mr. Wells had found a very cheap and excellent fluid for preserving animal structures.

Mr. SPENCER WELLS also exhibited

TWO OVARIAN TUMOURS REMOVED BY OVARIOTOMY.

One was removed the day before the meeting from a patient, 56 years of age, who was going on remarkably well. It was large, one cyst having contained twenty-six pints of fluid. It did not differ in any way from the ordinary compound cysts of the ovary. The other tumour was the smallest Mr. Wells had yet removed. It had only contained seven pints of fluid. It was removed eight days before the meeting, and the patient, 24 years of age, was convalescent. Mr. Wells remarked, that this case was a striking answer to the common belief that ovariotomy was not to be performed until a patient was broken down in health by long continuance of disease. In this, as in every other disease, he believed that the better the general health of the patient, the more likely was she to recover from any operation. To show that the dread of ovariotomy was unduly great, Mr. Wells mentioned that the last nine cases he had operated on had all recovered.

The PRESIDENT said that it must be acknowledged that the surgery of ovarian disease had advanced very much during the last twenty years. What was once considered to be hopeful was now frequently successful. It must be admitted, too, that surgeons in this country were much in advance of those on the Continent in the surgery of this disease.

Dr. BROADBENT then showed a specimen of

MEDULLARY DISEASE OF THE OCCIPITAL BONE.

The subject of the case, a man 60 years of age, had been under care as an out-patient for some time for supposed necrosis. On admission into the hospital, Mr. Coulson, finding a fluctuating swelling, punctured it, and let out what appeared to be pus. Several pieces of bone came away during several weeks. Subsequently he had an attack of erysipelas of the head, attended by great swelling. When this subsided, a fungous growth appeared from the wound, and there was considerable hæmorrhage. From this the man gradually sank. He had had no cerebral symptoms except delirium, shortly before death, and the coma, in which condition he died. It was found that the brain and the dura mater were both healthy. The disease had originated in the diploe, and had destroyed part of both tables. In the lungs were several small masses of secondary deposits.

Mr. COULSON remarked on the rarity of cancer of bone, and especially of cancer of bones of the cranium.

Mr. WILKS then showed

WAX MODELS OF DISEASE OF THE HANDS PRODUCED BY POST-MORTEM EXAMINATIONS—"VERRUCA NECROGENICA."

The patient, a young man, had been employed in the post-mortem room. The models illustrated the peculiar affection of the skin produced by the acrid fluids of the dead body. The knuckles of both hands had upon them brown, circular, raised patches of morbid epithelium, giving the appearance somewhat of epithelial cancer. The chronic and obstinate nature of these warty excrescences was most remarkable, for, if removed or portions be picked off, they again grow, and remain for years. Dr. Wilks had, on more than one occasion, recognised this disease in strangers, and suggested its cause, for which reason he belived it to be peculiar and characteristic; at least, he knew of no other irritants which produced exactly the same effect. There was no name already in use which was strictly applicable to it, since epithelioma, lepra, etc., were already in use for definite affections; he had, therefore, simply styled it warty or *verruca necrogenica*.

Mr. SPENCER WELLS asked if the disease was not the same as that known as the Anatomical Tubercle of Pinel. He had seen it in several persons, but had only once observed it in anyone out of the profession. This was in a clergyman who was fond of bird-stuffing.

Dr. WILKS had searched many works for an account of the disease, and not being able to find any account of it, had given it the name of Verruca Necrogenica.

Dr. BRISTOWE said that he had had it two years, and had watched it closely. At first it was a small pustule, which was covered by a scab, consisting of epithelium with little conical processes. It never contained any nested cells. At first he applied to it mild caustics, as nitrate of silver, but these only made it more irritable. He, therefore, destroyed it by one free application of the acid nitrate of mercury.

Dr. PEACOCK said that, when in Edinburgh, he was troubled with a similar affection. He agreed with Dr. Bristowe, that mild caustics only made matters worse. After a few years it disappeared. At first he had several boils, but one of them never sloughed, but went on to the state mentioned.

Dr. HARLEY said, that last year he was consulted by a man whose duty it had been for many years to assist in making post-mortem examinations at University College Hospital. At the time when he saw him, however, he was acting as porter. The hands were covered by tubercles. On scraping them and putting the scrapings under the microscope, he found great hypertrophy of the epidermis. He did not think that the disease extended to the true skin. He advised the application of nitrate of silver, and this was followed by some benefit during its use.

Dr. WILKS said, that he supposed all were agreed as to its pathology—that it was an affection of the epidermis only. In his own case he had applied the tincture of iodine with benefit.

The PRESIDENT said that some years ago he was consulted by a Medical man for a similar affection. The application of the strong tinctnre of iodine cured it.

Dr. CRISP said he believed that, if pathologists would oil their hands before they made their examinations, they would not suffer from such affections.

Dr. BRISTOWE said that he had always oiled his hands before making post-mortem examinations.

Mr. WILLIAM ADAMS doubted whether the disease arose simply from the direct action of secretions and other fluids on the healthy skin at post-mortem examinations. It was clear that it was found in very few Medical men. He thought that many of those who had it must have previously had cracks or fissures, and that they had not taken sufficient care to protect them. For twelve years he had been Pathologist at St. Thomas's Hospital, and had never suffered from it.

Dr. GIBBON said that the disease generally attacked the two first joints of the fingers, and hence might be due to friction. If from cracks or fissures, the back of the hand would be the place for it.

Dr. WILKS said that the nearest approach to the disease was the condition of the knuckles in cases of severe chorea. This favoured the idea that it might be partly due to friction.

Dr. WILKS then showed a

SUPRA-RENAL CAPSULE FROM A PATIENT WHO DIED OF MORBUS ADDISONII.

This specimen of disease of the supra-renal capsules was sent to Dr. Wilks by Mr. Truman, of the Nottingham Dispensary, the patient having been under the care of Mr. Marshall Hall Higginbottom. When first seen he was 26 years of age, complained of excessive

weakness and want of energy, and there was a slight yellowish tinge on his countenance. He gradually lost flesh and strength until he became confined to his bed; he then underwent a thorough examination, and no disease could be found on his body. The skin gradually darkened, and the only thing he ever complained of was an aching dull pain in the loins. The weakness increased, and towards the close there was vomiting. On post-mortem examination the skin was observed to be universally discoloured, of a yellowish-brown hue, and more markedly so on the abdomen; but there were no distinct patches of melasma. All the organs were healthy with the exception of the supra-renal capsules; these were twice the natural size, and, on section, seemed to be densely infiltrated with masses of yellow tubercle.

Dr. PEACOCK then showed a specimen of

DIAPHRAGMATIC HERNIA.

The specimen was removed from the body of a man 50 years of age, who was admitted into St. Thomas's Hospital, under Dr. Peacock, on May 17, labouring under the usual symptoms of typhus of seven days' duration. He was greatly prostrated, and had predominate cerebral disturbance, pneumonia, and diarrhœa. He died on the 21st, or on the twelfth day of the disease. On examination, the body presented the usual appearances after typhus; but the remarkable feature of the case was, that the stomach, spleen pancreas, nearly the whole of the small intestines, and a large portion of the transverse colon, were lodged in the left pleural cavity, this lung being compressed and displaced to the upper and posterior part of the cavity, and attached to the parietes by old and loose cellular attachments, and the heart somewhat displaced to the right side. The viscera had escaped from the abdomen by an aperture, with smooth edges, in the left side of the tendinous portion of the diaphragm, so large as readily to admit the hand. No satisfactory history could be obtained, but the man had lived for two and a-half years in the same lodgings, and during that time had been very intemperate; used to complain of pain in the left side of the abdomen, and was very short-breathed. He, however, followed his work as a porter up to the commencement of his attack of fever. It appeared that some years before he had been crushed between the buffers of two railway carriages, and Dr. Peacock thought that the aperture in the diaphragm had probably then been produced, and that the condition was, therefore, traumatic, not the result of malformation.

Mr. BARWELL wished to know the condition of the peritoneum and pleura, and if greater resonance of the left side of the chest had been observed?

Dr. PEACOCK said that he considered the serous membranes had been cut through an opening. The patient, when he saw him, had pneumonia, and hence the chest was dull.

Dr. CRISP said that rupture of the diaphragm was very common in horses. He was one day out hunting on a thorough-bred and vicious horse, and, as he rode him home, he appeared ill. Next day, a veterinary surgeon administered to the animal thirty drops of croton oil. The horse died suddenly, in convulsions. A very large opening was found in the diaphragm. There was probably at first but a small rupture, and the croton oil probably increased its size. A great part of the contents of the abdomen were found in the thorax.

Dr. WILKS said that he had seen two or three cases, and in all of them there was intense thirst. One man, the nurse said, drank gallons of water. He had seen the report of a case by Dr. Fraser, in which thirst had been a very urgent symptom.

Dr. HARLEY then showed a

MEDICAL POCKET CASE,

which had been sent to him by Dr. De Luna, of Madrid. It was intended to enable the physician to examine quickly and easily morbid secretions. Dr. Harley then showed the various bottles and test papers, and explained the way in which they were to be used.

Mr. BRYANT exhibited a specimen of

DISLOCATION OF THE FOOT BACKWARDS FROM THE ASTRAGALUS, WITH FRACTURE OF THE OS CALCIS, AND DISLOCATION OF THE PIECE FORWARDS AND UPWARDS.

At the time of the accident he was led to regard the case as one of dislocation of the astragalus forwards. It occurred in a young man, aged 24, an engineer upon a railway. The injury was caused by his foot becoming wedged between the spring and step of an engine, and the body falling outwards, the whole force being consequently directed upon the os calcis. In front of, and beneath the external malleolus, was a bony projection, which was mistaken for the head of the astragalus; but all the soft parts were so irreparably injured that nothing but amputation appeared justifiable. The nature of the accident was only made out upon its subsequent dissection. The anterior fractured portion of the calcis was completely enucleated from its position, and was found resting upon the upper surface of the cuboid. The head of the astragalus was projecting also on the outer side of the foot, between the tendons, the remainder of the foot being dislocated backwards, the articulating surface of the calcis with the astragalus being clearly visible behind the malleoli. The astragalus maintained its natural position, its lower articulating surface being visible in front. The extreme end of the fibula was also fractured.

Mr. SPENCER WELLS asked if amputation at the ankle joint would not have been admissible?

Mr. BRYANT said that the injury to the foot was so extensive that it would have been impossible to obtain a flap to cover the end of the bone.

JUNIOR MEDICAL SOCIETY OF LONDON.

The first meeting of the present session was held at Charing-cross Hospital, on Tuesday evening, October 21, and was numerously attended by students from the various metropolitan hospitals.

WILLIAM TRAVERS, Esq., V.P., on taking the chair, remarked that the first meeting of the Society had been held a year ago in that room. The fact of their assembling there in such numbers afforded ample proof of the entire success of the Junior Medical Society.

The following pathological specimen was exhibited:

"A Case of Fractured Skull," by Mr. A. TRAVERS (Charing-cross).

After which a paper was read "On Some Points in the Treatment of Delirium Tremens," by FRANK W. COOPER, Esq. (Charing-cross).

Before entering upon the consideration of the subject, the author congratulated the Society on having successfully and prosperously passed through the first year of its existence. The achievements of the past session, he thought, would fully warrant the members in looking forward, with every confidence, to the firm constitution and continually increasing usefulness of the Students' Medical Society.

The object of the paper was to show, from cases treated in the hospital and elsewhere:

1. That delirium tremens is not produced by the diminution or abstraction of accustomed stimuli, although it was taught both orally and in systematic writings, that the sudden withdrawal of stimulants from the drunkard was the cause of an attack of this malady. He was of opinion, from the evidence of Dr. Peddie and others, and from his own observation, that it was an error. He held the views of some recent writers, that the disease may be regarded as a paroxysm of poisoning by alcoholic stimulants, and that, therefore, the continued administration of the specific poison is not the plan of treatment which should be adopted. He thought the liberal exhibition of accustomed stimuli would be likely to render the supervention of the second stage more certain, to induce more violent reaction, and to place the patient in imminent peril. Stimulants should be withdrawn without delay.

2. That the advent of the "critical sleep" is not the *cause* of the favourable termination of the attack, but the *effect* which has ensued from the elimination of the poison, whence arises the termination "of a self-limiting disorder." Instances were mentioned, in which patients had been left entirely to themselves as regards active treatment during the paroxysm, the result being that the disease has gone through its course at a definite period, and terminated quite favourably.

3. That opium in any form is not necessary to induce the favourable sleep, but may even be prejudicial to that event. The object in employing it seemed to be to administer it in very large and oft-repeated doses, so as to overstep its stimulating property, and *force* the desired sleep. He thought there was the greatest danger from probable effusion, resulting from congestion thus brought on; it is contrary to all usage to endeavour to dissipate the effects of a foreign agent, before such agent is eliminated from the system.

4. That mechanical coercion should on no account be resorted to. "Muscular activity necessarily exhausts the nervous system; hence, quiet of the muscular system facilitates repair of nervous energy. Should the delirium be of the excessively violent character occasionally met with, chloroform would perhaps be in general a safer remedy than any other,

In concluding the paper, Mr. Cooper passed briefly in review the various remedies that had been proposed from time to time, but which had enjoyed only an ephemeral existence.

A lengthy discussion ensued, and the meeting then adjourned.

Births, Marriages, and Deaths.

ANDREWS.—On the 6th inst., at the Grove, Clapham common, the wife of Surg.-Major Chas. G. Andrews, H.M.'s Indian Army, of a son.

CHRISTIE.—On the 17th inst., at Pembroke house, Hackney, the wife of T. B. Christie, M.D., of a son, still-born.

COMBS.—On the 16th inst., at Burwash, Sussex, the wife of J. W. Combs, Esq., M.R.C.S., of a son.

CRISP.—On the 11th inst., at King's parade, Chelsea, the wife of E. Crisp, M.D., of a daughter.

DAVIS.—June 15, at Kingston, Jamaica, the wife of B. Watson Davis, M.D., of a daughter.

SMITH.—On the 16th inst., at Great Hadham, Herts, the wife of F. M. Smith, M.D., of a son.

MARRIAGES.

GREENHOW—BURNLEY.—On the 14th inst., at Winterton, near Great Yarmouth, Edward Headlam Greenhow, M.D., of Upper Berkeley street, to Eliza Burnley, second daughter of the late Joseph Hume, Esq., M.P.

PRINCE—DUCKITT.—On the 15th inst., at Esher, Surrey, Arthur Prince, L.R.C.P. Edin., of Dudley grove, Paddington, to Kate, only daughter of John Duckitt, Esq., Home house, Esher.

THOMAS—EVANS.—On the 7th inst., at the Parish church, West Derby, Richard Thomas, Esq., M.R.C.S., of Menai bridge, to Margaret Anne, eldest daughter of David Evans, Esq., of Liverpool.

DEATHS.

ASPRAY.—On the 6th inst., Thomas Aspray, Esq., L.S.A., of Wilmington square, formerly of Olney, Bucks.

COLLEDGE.—On the 29th ult., at Cheltenham, Robert, son of T. R. Colledge, M.D.

HARRISON.—On the 16th inst., at Uxbridge, James Harrison, M.D., of the Bengal Medical Service, aged 42.

RUTHERFORD.—On the 24th ult., at Sligo, Dr. J. Rutherford, R.N., aged 83.

MEDICAL NEWS.

UNIVERSITY OF ST. ANDREW'S.—HONOUR EXAMINATIONS.—The following gentlemen, after having obtained the degree of M.D. at the recent examination, offered themselves as candidates for Honours. The result of the examination, which included—1. The Clinical Examination of Patients; 2. Physiognomical and Physical Diagnosis; 3. The Microscopical Examination of Urinary Sediments; 4. The Examination of Morbid Specimens;—was as follows: *First Class*—Frederick Davies, London; Robert Meadows, London. *Second Class*—John B. Muloch, Dublin; William M. Whitmarsh, Chippenham (equal); Julian L. Vanderstratten, Ceylon; Robert E. Huntley, Yarrow.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Wednesday, the 22nd inst., the following gentlemen, having undergone the necessary examination, were duly admitted to practise physic as Licentiates of the College:—Thomas Aspinall, Over Darwen; Edward Calthrop, Deeping St. Nicholas, Spalding; Frederick Carter, London Hospital; Edward Chandler, 7, Chester-place, Kennington cross; William Cooper, Bristol; John James Walker Gisburn, Leeds; George Kerswill, Looe, Cornwall; John Valentine Laverick, Henderwell, Yorkshire; James Foster Moore, Bradford, Yorkshire; John Picthall, Bengal Medical Service; Herbert Smith Renshaw, Ashton-on-Mersey; Montague Thomas, Windsor; Frederick Woodman, Isleworth.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 16th inst.:—James Henthorn Todd Connor, King's College; William Cribb, Chambers terrace, Kentish-town; Edwin Thomas Griffiths, Birmingham; George Albert Miskin, St. Thomas's Hospital; Joshua William Renshaw, Ash House, Stretford; Haynes Sparrow Robinson, St. Bartholomew's Hospital; Henry Walton, West Auckland; Reuben Thomas Warn, Plymouth.

UNIVERSITY OF CAMBRIDGE.—At a congregation on the 16th inst., Dr. Humphry, of Downing College, and Mr. Lestourgeon, of Trinity College, were appointed examiners of candidates for the degree of Masters in Surgery during the ensuing year, in addition to the *ex officio examiners*.

OXFORD UNIVERSITY LECTURES ON ANATOMY.—The Linacre Professor of Anatomy and Physiology commenced a course of lectures on Monday, Oct. 20. He proposes to form a class for practical instruction in Anatomy and Physiology.

RICHMOND HOSPITALS, VIRGINIA.—The Confederate Surgeon-General reports that the number of the sick and wounded received in the Richmond hospitals since their organisation is 99,000; of these, 7,000 have died.

OVARIOTOMY AT GUY'S HOSPITAL.—On Wednesday, the 15th instant, Mr. Bryant successfully removed a large ovarian cyst from a woman in Guy's Hospital. The patient has gone on uninterruptedly towards recovery, not one bad symptom having appeared, and every indication of success having been recorded.

CONSIDERABLE MORTALITY AMONG EMIGRANTS.—Letters from Queensland state the 'Erin-go-bragh' was very unfortunate, having lost upwards of fifty of her passengers by typhus fever on the voyage, which was very long. On her arrival in Moreton Bay, she was placed in quarantine until the health officer reported her clear of disease, when the emigrants were allowed to land; but it is to be regretted that several cases of fever have since broken out among the passengers, some of which have terminated fatally. Fortunately we have delightfully cold and bracing winter weather, or the ravages of the disease might be of a very serious character. The 'Chatsworth' is also unfortunate, having the measles on board, and therefore is at present detained in quarantine. Of course, excuses can always be made; but mortality so considerable must own a preventable cause; and great blame attaches, under these circumstances, to the agents of the Emigration Commissioners.

CARRIAGES FOR THE SICK.—A new Public Conveyance Company is started, by which it is proposed to provide special cabs for the conveyance of invalids to and from hospitals and infirmaries, thus avoiding the danger of infection to which the ordinary passenger is now continually exposed. The directors will strictly prohibit their servants from carrying persons (except in cases of emergency) having infectious or contagious diseases, in the cabs used by the general public, and whenever this rule is infringed, the conveyance will be removed from the stand. This is a public reform of which we have several times demonstrated the want.

OXFORD M.B. EXAMINATIONS.—The Regius Professor of Medicine has given notice—1. That the first examination for the degree of Bachelor of Medicine will commence on the 17th of November, and that intending candidates should at once forward to him their names and addresses. 2. That any members of the University who are studying, or who propose to study medicine, should, for the purpose of registration, acquaint the Professor thereof, stating whether they are registered elsewhere, or whether they desire to be registered at Oxford. 3. That the next examination for the Radcliffe Travelling Fellowship will commence on January 26, 1863.

APPOINTMENTS.—Dr. David Duncan Logan, of Leinster square, Bayswater, has been elected Third Physician to the West London Hospital.—Mr. Arthur J. Cumming has been appointed Consulting Surgeon to the St. Thomas's Hospital for Lunatics near Exeter.—Mr. J. D. Harries has been appointed Surgeon to the Salop County Gaol, *vice* Mr. Henry Fenton, resigned.—Dr. W. Young, has been appointed President for 1862-63 of the Glasgow Faculty of Medicine.—A. Oliver Applin, Assistant-Surgeon 68th Regiment L I. has been appointed to the Medical charge of the 'Coromandel,' Calcutta Squadron, *vice* Assistant-Surgeon Lee, relieved.—Robert Borrows, M.D. Univ. St. And., L.F.P.S. Glasg., Assistant-Surgeon R.N., has been promoted to be Surgeon.—Robert Kemp Buckel, Assistant-Surgeon Bengal Medical Establishment, has been promoted to Surgeon, *vice* T. Henry Batson, M.R.C.S. Eng., Surgeon-Major, retired.—John Burton, M.D. Univ. Edin., L.R.C.S. Edin., Medical Officer of the Walsall Union Workhouse, has also been appointed Medical Officer and Public Vaccinator for the Borough District of that Union, *vice*, Edward Joseph Marshall, M.R.C.S. Eng. and L.M., L.S.A. Lond., deceased.—William Prideaux Clapp, M.R.C.S. Eng., Acting Assistant-Surgeon R.N., October 8, 1861, has been appointed to the 'Tribune.'—Edward Crickmay, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the Dilwyn District of the Weobley Union, Herefordshire, *vice* George Pearse, L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., resigned.—Mr. H. S. Dale, has been appointed Dispenser to the Windsor and Eton Royal Dispensary, *vice* Mr. J. H. Gibbons, resigned.—William Edney, M.R.C.S. Eng., L.S.A. Lond., Assistant-Surgeon R.N., has been promoted to be Surgeon.—Assistant-Surgeon A. Fitzgerald, Officiating Assistant-Surgeon of Ejah, North West Provinces, East Indies, has been placed in charge of the Gaol of that District, and invested with the powers of a Magistrate to be exercised within the precints of the Gaol.—William Francis, M.R.C.S. Eng., L.S.A. Lond. has been elected Medical Officer and Public Vaccinator for the 3rd District of the Yeovil Union, Somersetshire, *vice* Robert Woods, L.R.C.S. Irel., L.S.A. Lond. resigned.—G. M. Govan, M.D., has been appointed Civil Assistant-Surgeon of Ranchee.—William Harris M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the House of Correction, Wandsworth, Surrey, *vice* John Ash, M.D. Univ. St. And., M.R.C.S., Eng., L.S.A. Lond., resigned.—William Henderson, M.D. Univ. Edin., L.R.C.S. Edin., has been re-appointed a Medical Examiner in the University of Aberdeen.—George Herring, L.F.P.S. Glasg., L.S.A. Lond., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.—James Macadam Hyslop, M.D., Senior Assistant-Surgeon on the Bombay Establishment, has been promoted to Surgeon, *vice* John Deas, Surgeon-Major, deceased.—Gordon Jackson, M.R.C.S. Irel., Assistant-Surgeon R.N., July 1, 1854, has been appointed to the 'Cornwallis.'—Charles Jenkyns, M.R.C.S. Eng., L.S.A. Lond., has been appointed Medical Officer to the Pelham District of the Bishop Stortford Union, Herts., *vice* William Henry Moor, M.R.C.S. Eng., L.S.A. Lond., resigned.—Osborne Johnson, M.R.C.S. Eng., and L.M., L.S.A. Lond., Medical Officer of the Bassingham District, has been temporarily appointed Medical Officer and Public Vaccinator for the Broughton District of the Newark Union, Nottinghamshire, *vice* William Deamer, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., and L.M., L.S.A. Lond., resigned.—Myles Joseph Jordan, M.R.C.S. Eng., Lic. Mid. K.Q.C.P. Irel., has been elected Medical Officer and Public Vaccinator for the Balla Dispensary District, of the Castlebar Union, Co. Mayo, *vice* John Polton Barnett, M.R.C.S. Eng. deceased.—David Kerr, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., has been re-appointed a Medical Examiner in the University of Aberdeen.—P. W. Latham, M.B. and M.A. Camb. 1861, M.R.C.P. (exam.) 1961, Fellow of Downing College, Cambridge, and Assistant-Physician to the Westminster Hospital, has been appointed one of the Examiners for Medical Degrees at the University of Cambridge, during the ensuing year.—John Law, M.R.C.S. Eng., Assistant-Surgeon, has been appointed to the Medical Charge of the Bhundara

District, East Indies.—George R. Lawrenson, Acting Assistant-Surgeon R.N., August 4, 1862, has been appointed to the 'Leopard.'—Charles Denis MacCarthy, Assistant-Surgeon R.N., has been promoted to Surgeon.—Alexander Minnoch, Assistant-Surgeon R.N.-April 21, 1859, has been appointed to the 'Fisguard,' additional.—Mr. William Henry Moon has been appointed Medical Officer to the South East District of the Buntingford Union, Herts., *vice* William Hugh Andersey, resigned.—Belgrave Ninnis, Acting Assistant-Surgeon R.N., August 1, 1861, has been appointed to the 'Victory.'—Assistant-Surgeon A. Taylor has been appointed to the Civil Medical charge of the Hissar District, Punjaub.—James Thomson, Assistant-Surgeon R.N., November 13, 1854, has been appointed to the Woolwich Division of the Royal Marines.—Thomas Warden, Assistant-Surgeon R.N., September 8, 1860, has been appointed to the 'Psyche.'—Mr. Reginald Moore Willan has been re-appointed Medical Officer for the Clifton District in the Newark Union, Nottinghamshire.—Mr. William Williamson has been appointed a Medical Examiner in the University of Aberdeen, *vice* George Jaffray Nicol, deceased.—David Wilson, Assistant-Surgeon R.N., has been promoted to be Surgeon.—John Woodman has been elected Surgeon to the Exeter Dispensary, *vice* Charles Knighton Webb, deceased.—Assistant-Surgeon G. Woolhouse, has been appointed to the Civil Medical charge of Rohtuk, Punjaub.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 29.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.—Hunterian Society, 8 p.m.

Thursday, October 30.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m. ; London Surgical Home, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.

Friday, October 31.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.

Saturday, November 1.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

Monday, November 3.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.—Medical Society of London, 8½ p.m.

Tuesday, November 4.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Pathological Society of London, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

Sixth Annual Report of the Sanitary Condition of St. Pancras, Middlesex, during the Year 1861. By Dr. T. Hillier.

On Intestinal Obstruction by the Solitary Band. By John Gay, Esq., F.R.C.S. &c.,

The Introductory Address Delivered at the Opening of the Classes of the Middlesex Hospital Medical College. By Dr. W. O. Priestley. London : W. and R. Chambers.

NOTICES TO CORRESPONDENTS.

An Assistant.—We have heard nothing about the Association for some time past. Unless you have more money than you know what to do with, keep what you have in your pocket.

J. S.—A few weeks since we reproduced Dr. De Ricci's article on Phloridzine. It is found principally in the bark of the root of the apple tree. We refer you for particulars to that article.

L.S.A.—We cannot inform you.—2nd. The dispensers at the Royal Naval Hospital are not Government officers, but are employed by the storekeeper.—3rd. Yes.

Mr. Watson.—Received.

Mr. William T.—The request shall be attended to.

A Poor-law Surgeon.—The consolidated order does not impose the duty upon the Medical Officer, but it would be unwise to refuse to perform it.

A Reader.—We have given a notice of it this week. Discoveries of human remains are occasionally made ; their significance and value historically have yet to be determined.

Mr. H. Smith.—Received with thanks.

Mr. Osborn.—We are unable to comply with your request.

A Student of Physiology.—An elaborate comparison of the skeleton of the gorilla with the human skeleton has been recently published in the "Zoological Transactions" by Professor Owen. You will find there all the information you require.

Dr. W. McC.—Letter and enclosure received. We regret that we have not sufficient space to spare for so lengthened a report.

J. C., M.D.—Received. Our answer is no.

Dr. G. C.—Such a degree would not be registered in England.

A Subscriber.—Such cases are undoubtedly rare ; we have seen two at least in which it was impossible for many hours to discover the os uteri ; and when it was detected the line of demarcation of the plug was as delicate as the edge of a piece of tissue paper, and only perceptible to a finger of great sensibility. In both cases dilatation took place naturally. Incision with a bistoury has been resorted to in such cases ; but we doubt its necessity. It is better to try pressure with a female catheter, or its stilette, first making sure that you are on the plug.

Dr. W. B.—1st. We believe the statement to be correct.—2nd. The old Hunterian Theatre is now the printing office of the Medical Circular. We are the honoured inheritors of the *genius loci*.

M.R.C.S. Eng.—We do not think it expedient to insert your letter. We have no doubt that the clamp, two feet long, was the means of destroying Mr. Wimble's patient. The report alluded to stated that a hernia was unexpectedly discovered during the operation ; but in truth it was known beforehand, and attempts had been made to reduce it. Fancy the judgment of those surgeons who could compress a hernia between the jaws of a clamp of that magnitude ! What else could be expected but gangrene of the intestine, and the death of the patient ? We believe that the *distinguished* London surgeons famous for clamps who assisted at the operation are more to blame in this matter than Mr. Wimble, only that it is too bad that this gentleman should allow himself to be placed above Liston! Save the mark !

Ne Sutor Ultra Crepidam.—We do not publish "exhaustive" articles. Send it to the 'Medical Times and Gazette' whose weakly delight is to refer its readers to the "exhaustive" articles on this or that subject that have appeared in previous numbers. We have always obeyed the instructions, but never could find the articles. Your consciousness of writing an "exhaustive" article savours more of vanity than learning. The subject cannot be exhausted in three columns.

Mr. Frank Cooper.—Received.

Dr. Caplin's letter in reply to Dr. Althaus has been received ; but as it would not be intelligible to our readers without being preceded by the letter which it criticises, we must decline to give it insertion. Dr. Althaus may be right, or Dr. Caplin may be right, but it is certain that the editor of the 'Medical Times' is wrong in suffering the publication of an attack, and rejecting the rejoinder.

Asylum for Dipsomaniacs.

To the Editor of the Medical Circular.

Sir,—Will you kindly inform me in your next week's Circular if there is yet an asylum established in England, Ireland, or Scotland, for the treatment of dipsomania, the ordinary mode adopted, the time required for the cure, and the expense.

Yours truly, Chirurgus Senix.

October 21, 1862.

[Perhaps one of our readers may be able to give our correspondent satisfactory answers.]

The Author of Medicina Mechanica.—Next week.

Medicus.—Note, with enclosures, received.

CHLORODYNE.

TRADE MARK REGISTERED 1858.

Dr. J. COLLIS BROWNE, M.R.C.S.L. Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering, in 1846, a remedy which should possess the property of an Anodyne, Sedative, Diaphoretic, Antispasmodic, and Astringent. For this new Remedial Agent he was obliged to find a name, and *coined* the appellate "CHLORODYNE," a word unheard of and unknown until he introduced it, in 1856, for public use *through* J. T. DAVENPORT, Pharmaceutist, 33 Great Russell street, Bloomsbury square, London, *to whom he confided* the Recipe and its mode of preparation, *never having divulged or published the secret of its formula.*

CAUTION.—The great success attending the use of this extraordinary preparation has induced unprincipled parties to manufacture compounds in imitation, calling them after the same name. Medical Men are advised of this dishonourable proceeding, so that they may be guarded against the culpable practice of introducing substitutes in lieu of Chlorodyne, causing thereby uncertainty of action in the treatment of the patient by the physician, probable disaster to the sufferer, and deception in the preparation.

Each *Genuine* Bottle bears a Red Stamp with the words "Dr. J. Collis Browne's Chlorodyne" in White Letters.

To be obtained from all Wholesale Druggists.

Sole Manufacturer—J. T. DAVENPORT, Pharmaceutist,

WHOLESALE AND RETAIL DEPOT, 33 GREAT RUSSELL STREET, BLOOMSBURY.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6309.

Conclusion of the Debate on Exophthalmic Goître—Docimasia Pulmonaris—Vaccination in the Departments of La Côte d'Or and La Gironde—Professor Porta's Report on Garibaldi's Wound.

The mission of the Academy of Medicine is assuredly not to supply a solution for all pending scientific problems. Its debates unquestionably promote the advance of knowledge, by the publicity conferred on all novel ideas, which are thus conspicuously brought forward, and widely promulgated. The conflicting views elicited by each communication of the kind, give birth to a desire for closer and more attentive inquiry into the yet obscure points of the various branches of the healing art, and in this respect, the recent discussion on exophthalmic goître cannot be said to be entirely destitute of interest. Although Messrs. Trousseau, Beau, and Bouillaud, cannot agree as to the pathology and treatment of Graves or Basedow's disease; although Mr. Trousseau persists in classing it with neurosis, Mr. Bouillaud with complicated chlorosis, and Mr. Beau with anæmia, the eloquent reporter is entitled to our gratitude for having made us acquainted with publications, which had not hitherto found their way into France, and for having called the attention of the profession to the investigations instituted by the late lamented Dr. Aran, and to the researches of Messrs. Charcot, Léon Gros, and Hiffelsheim, on the morbid condition alluded to. The discrepancies we have mentioned can now be reconciled but by carefully observed facts, and we shall confine ourselves to the statement of an experiment adduced by Mr. Trousseau in support of his argument, which points to the ganglionic system as the seat of the disease: an extremely ingenious physiologist, Dr. Schiff, instantaneously causes exophthalmos in the rabbit, by irritating the peripheric extremity of the sympathetic nerve after dividing it in the region of the neck.

— After the debate, in which Professor Trousseau displayed his usual oratorical and clinical powers, Mr. Vernois reported on a memoir by Mr. Bouchut, on the use of the magnifying-glass or microscope in pulmonary docimasia. (*Vide* Art. 6203). Mr. Bouchut is one of the most industrious and intelligent men of the rising medical generation. To his talents and extraordinary activity only, is he indebted for the distinguished situation he holds at the Faculty of Medicine and in the Hospitals; but, somehow, his communications to the Academy, almost invariably give rise to stormy discussions. Our readers cannot have forgotten the fearful commotion raised by his proposal to insert a metallic tube into the glottis; on the present occasion, Mr. Bouchut asserts that he was the first to apply optical instruments to the medico-legal examination of the lungs of new-born children, and he very nearly brought about personal conflicts of the most undignified description.

We shall notice merely the scientific question.

In the first place, is the procedure resorted to by Mr. Bouchut a new one? In the second, is the method so certain in its results as to enable a medical witness to declare, after examination with a magnifying-glass or a microscope, that an infant has or has not breathed? Such were the questions propounded to the committee represented by Mr. Vernois.

Mr. Vernois dealt, in our opinion, very harshly with Mr. Bouchut. According to the learned reporter, the fact adduced by the author in support of his procedure, is not a new one, and, moreover, the anatomical appearances described as characteristic of the performance of respiration are incorrect, and tend to mislead the mind of the medical jurist.

From the subsequent debate it appeared that Mr. Depaul, in a comparative inquiry into the condition of the lung after insufflation, and after respiration, already had recourse to optical instruments. But in no work on Medical Jurisprudence, not even in Mr. Devergie's excellent treatise, can any trace be found of the application of this mode of inspection to docimasia pulmonaris. The genuine value of the method is, however, amore important matter. Dr. Devergie states in his volume that "a physician would scarcely be justified on mere inspection of the lungs, in asserting that a child has or has not respired." The assertion is founded on the fact that the air contained in the lungs may result from artificial inflation, emphysema, or putrefaction as well as from respiration, and it is for the purpose of averting the chances of confusion that authors recommend, in addition to ocular inspection, pressure beneath water of separate portions of the lung, &c. The report charges Mr. Bouchut with an incorrect interpretation of the insufficiency of the hydrostatic test pointed out by Mr. Devergie, and with having asserted that the presence of inhaled air cannot be detected with the naked eye. It is here, therefore, that optic docimasia would be an important acquisition, as it would be possible, in Mr. Bouchut's opinion, "with a magnifying-glass or small microscope, to see and to demonstrate even to the satisfaction of persons foreign to medical inquiries, to magistrates or juries engaged in the investigation of a case of infanticide, that a lung *contains lobules distended by respiration.*" Separately considered this proposition is of too positive a character, and we can readily understand that the learned reporter, agreeably to Mr. Devergie's views, should have opined that Mr. Bouchut's *new sign* does not invalidate the assertion of this eminent professor of Medical Jurisprudence. The microscope or magnifying-glass, doubtless, greatly assist vision, but do not convey information sufficiently indubitable to permit the observer to assert that an infant has or has not breathed; such is Mr. Vernois' conclusion.

This may, in some respects, be a correct estimation, and yet Mr. Bouchut's memoir contained many passages calculated to mitigate its severity. Thus, Mr. Bouchut does not confine himself to the remark, that with the assistance of optical instruments, "the parts which have respired are found to contain cells inflated by air, and visible beneath the pleura, whereas the portions which have not breathed are as firm as the hepatic tissue, and present no appearance of vesicles." In addition to this important sign, the author further carefully describes the general aspect of the portions of lung submitted to inspection, and their general and comparative characters according as respiration has or has not been effected. Mr. Bouchut represents in his drawings, the optical features of interlobular emphysema, and points out the differences between artificial inflation, and distension caused by putrid gases. In short, if he does not succeed in altogether removing all the difficulties inherent in the question, he endeavours to clear them away, and so far from being exclusive, as the report implies, concludes in recommending together with his own method, the joint assistance of the other tests described by the different authorities on the subject.

This is also our personal opinion; but although we cannot approve of the harsh tone of the report, and must regret that Mr. Vernois should have yielded to the temptation of criticising Mr. Bouchut's paper from beginning to end, we must acknowledge that his maiden speech at the Academy was a decided success.

— We have received from Dr. Crouigneau, of Dijon, Director of Vaccination in the Department of La Côte-d'Or, a long and interesting memoir, entitled, *Report on the Vaccinations performed in La Côte-d'Or, from* 1801 *to* 1861. After a sketch of Jenner's discovery, the author shows that the Department of La Côte-d'Or was one of the first to estimate at their proper value the benefits of vaccination. It was resorted to as early as 1801, but after the year 1806, became more widely practised. In 1809, an Imperial Decree included the city of Dijon amongst those in which a provision of vaccine-matter should be preserved, and from that period, the operation was more and more generally diffused, and Mr. Crouigneau carefully records the efforts of the Medical Profession and of the administrative authorities for its propagation.

The first synopsis summarises the progress of vaccination from 1801 to 1818; and in a series of thirty-nine tables, drawn up with equal care, the subsequent annual returns of the operation are described.

The author has extracted from a large accumulation of materials, documents highly interesting in an administrative or scientific point of view. In the second section of the work will be found a valuable account of an epidemic of small-pox which raged in the district of Châtillon in 1858, and the two following propositions are prominently brought forward—viz., that in a general manner, the intensity of variola is greater in proportion of the length of time that has elapsed since the first vaccination, and, secondly, that re-vaccination is the safest preservative. Mr. Crouigneau states that upwards of five hundred persons who resorted to this measure enjoyed perfect immunity from contagion. We must confine ourselves to this summary mention of the leading features of the paper, the publication of which, *in extenso*, would be, in our opinion, highly desirable.

What Mr. Crouigneau has done for the Department of La Côte-d'Or, Dr. Charles Dubreuilh has also attempted for the department of La Gironde. As Librarian of the Imperial Society of Medicine of Bordeaux, and Official Vaccinator in La Gironde, the most important documents were placed at his disposal, and he has been thus enabled to trace in all the reports and memoirs published on the subject, the history of vaccination from the period of its discovery down to the present day. These elaborate researches show a diminution of the mortality from small-pox, which keeps pace with the steady propagation of vaccine.

For this communication also, we venture to express a hope that a work which has involved such extensive research, and conveys so much instruction, may be published. The example set by these two learned practitioners will, we trust, be followed, as science could not but derive much advantage from an accurate record of the history of vaccination, in each department, during the last sixty years.

— The important share of General Garibaldi in the events recently accomplished in Italy, induce us to reproduce some passages of a report translated and published in the *Gazette des Hôpitaux* by Dr. Antonin Martin, First-Class Staff-Surgeon, attached to the Office of the Board of Health of the Army. The theme is the wound of the hero of Italy. Many conflicting statements have been circulated on the subject, on which Professor Porta, of the University of Pavia, the author of the report, now supplies reliable information.

". . . . I was introduced," says the learned reporter, "by Mr. Santa-Rosa, and found assembled the physicians who had arrived before me—Riboli, de Negri, Prandina, Zanetti, and Rizzoli. I learned with some surprise, that they had not yet been permitted to see the patient, and that, informed by a telegram from the Minister of my approaching visit, they had awaited my arrival. Three of the six practitioners present had volunteered their services, two were commissioned by Government, and Professor Zanetti had been summoned by the General himself. Santa-Rosa led us into the patient's room, where the General greeted us with a smile of welcome, and shook hands with each of us in succession. He informed us that his health was habitually excellent, but that his foot and wound were extremely painful; the mode of conveyance from the ship to Varignano had been very distressing; he added that he was prepared for all contingencies, even for amputation of the limb, if we deemed such a measure necessary. Two Garibaldian Surgeons—Albanese and Riparti—were also present. The former, a Sicilian by birth, and a graduate of the School of Florence, had attended the General from Aspromonte to Varignano; he was the habitual medical adviser of our illustrious patient, whose confidence he fully possessed, and he related the history of the wound. Our consultation took place on the 4th, at eleven a.m. The injury had been inflicted somewhat less than six days previously, at the beginning of the battle of Aspromonte, by a rifle-shot from a bersagliere. The ball struck the gallant commander from below, upwards, above the internal malleolus of the right foot, passing through the cloth trowser, the leather boot, and the woollen sock. Garibaldi was at once aware that he was wounded, walked a few steps forward, but was compelled by pain to sit down. He made no further attempt to move, and on the field of action, Dr. Albanese, observing a prominence in front of the external malleolus, suspected that it might be caused by the flattened projectile, and performed for its extraction a longitudinal incision, about ten lines in extent; but having failed in discovering the ball, he closed the wound, and applied lint and cold-water fomentations to the principal injury.

"The part was then exposed, and displayed a single wound inflicted by the bullet. It corresponded precisely with the basis of the right internal malleolus, which was interested, and presented the appearance of a wide aperture running obliquely downward and backward, in an extent of about ten lines, and a width of five. The edges were dark and slightly inverted; the breach gave issue to a thin, rusty secretion, and reached from the anterior to the posterior margin of the malleolus, the point of which, when touched with the finger, was distinctly moveable; above, although the shaft of the tibia appeared to have escaped damage at its surface, it was obviously deviated outwards; the external malleolus and fibula were sound, and occupied their natural situation, but pain was awakened by pressure exercised over the former.

"The tendo Achillis was healthy, and neither above nor beneath could any resiliency or turgidity be detected. The anterior surface of the ankle, between the malleoli, was somewhat tumefied, hot, and tender; the swelling involved the dorsal aspect of the foot as far as the middle, but ceased almost immediately above the joint. The foot was in a state of partial extension, and the slightest movement caused intense pain in the injured articulation. We were unable, by external inspection, to discover the faintest indication of the presence of the projectile; the incision performed by Dr. Albanese was almost entirely cicatrised.

"It was important to ascertain beyond doubt whether the internal malleolus was fractured, and the joint opened.

"A blunt probe was gently inserted into the wound, and at a depth of a few lines, struck against the malleolus; but its direction being slightly altered, it penetrated into a fissure of the bone in which it became tightly impacted. The instrument was then turned downwards, and was inserted to a depth of about an inch, when it came into contact with a bone, obviously the articular facet of the astragalus. Further ingress was here completely barred, and no aperture or fissure of the bone, analogous to that observed in the malleolus, was discoverable. This examination caused but insignificant pain, and no sinus was detected either around or at the back of the astragalus, nor any fragment of bone, projection or sound implying the presence of a projectile.

"The general had also been struck a little above the left knee, by a spent ball; but the effects of the contusion had been so unimportant as not to require notice. Some feverishness had arisen since the patient had left the ship. In other respects, no complications whatever were present, and he was in a contented, or rather in a resigned frame of mind.

"In consequence of the above examination, it was the unanimous opinion of the physicians present, that General Garibaldi was suffering from a gun-shot wound penetrating into the right tibio-tarsal articulation, with fracture of the internal malleolus, the injury having induced a moderate degree of inflammation in the joint.

"With regard to the projectile (a large sized cylindro-conical bullet, discharged from the rifle of a bersagliere), although the wound is penetrating, the physicians present, and the general himself, are inclined to admit that it did not enter the joint, an opinion supported on the following reasons:

"1. The internal malleolus is simply detached at its basis, leaving an interval of a few lines in width, which barely admits of the insertion of a probe.

"2. The articular surface of the astragalus is retained in the mortice of the malleoli, completely fills up the space between them, and presents no signs of fracture or perforation.

"3. Between the astragalus and the fractured malleolus no void space or sinus in front, at the back, above or beneath, can be discovered, through which the probe can be guided to the discovery of the bullet, the latter, as already stated, not being apparent in any other part of the circumference of the limb.

"The mere fracture of a malleolus, attended with the laceration of the soft parts by contact with any obtuse body whatever, constitutes a penetrating wound of the subjacent joint. But a bullet of the size of the common cylindro-conical rifle-ball, whether entire, broken, or flattened, must, had it entered the articulation, have caused more damage to the malleolus, shivererd the tibia, and created an aperture capable of admitting at least the extremity of the finger. It appears, therefore, more than probable, that the projectile after passing through the four layers formed by the trouser, boot, sock and skin, struck the malleolus, separated it at its basis, and glanced off without penetrating into or running round the articulation.

"With regard to treatment the physicians and surgeons present, unanimously agreed that for the present it would be improper to attempt any operation, whether for the discovery or extraction of a ball, of splinters of bone, or other foreign bodies, the presence of which was not denoted by any symptom whatever, or for the purpose of obviating future contingencies; and that the only indications to be satisfied consisted in contending with inflammatory action by appropriate antiphlogistic measures, and in dressing the wound each day with lint either dry or covered with cerate, carefully watching any morbid manifestations which may supervene."

Professor Porta concludes from this report, that General Garibaldi's wound is not so slight and unimportant as many journals have ventured to assert; a gun-shot wound penetrating into the ankle-joint, with a fractured malleolus, exposure of the fragments to the air, and inevitable necrosis of their denuded edges, especially in a man liable to rheumatism, is a serious lesion, the consequences of which it is not possible to foretell. Garibaldi's injury, however, seems to be one of the least unfavourable of its kind, and if it progresses satisfactorily, will supply another illustration of a mode of cure which has already been observed—viz., the inflammation will subside, the denuded margin of the fragments of the malleolus will exfoliate, and the wound be gradually replaced by a sinus, which at last will heal, leaving a certain amount of stiffness in the joint, and some deviation of the foot inwards. Under all circumstances, several months must elapse before the champion of Italy is entirely restored.

Art. 6310.

HOSPITAL OF LA CHARITE.

(MR. BEAU'S WARDS.)

Asthma; Utility of Sulphurous Baths.

A man was recently admitted into Mr. Beau's wards, suffering from that form of *Asthma*, which has been termed *spasmodic*. The case was a well marked instance of the disease. The patient was unable to stand or lie down, without imminent suffocation. A pencil slightly impregnated with diluted liquor ammoniæ, was applied to the fauces, and abundant expectoration and prompt relief followed. The Professor took this opportunity of offering a few remarks of a theoretical and practical character on the pathology of asthma, which has been the object of many irreconcileable interpretations.

Cullen conceived Asthma to consist in a difficulty of breathing returning at irregular intervals, the paroxysms being marked by dyspnœa, sibilous respiration, and a cough laborious or altogether absent at the beginning, but followed at the termination of the fit, by mucous and often abundant expectoration. The latter symptom, however, although stated to be especially pathognomonic of the intermittent variety of dyspnœa, which alone deserves the denomination of *Asthma*, is common to various affections of the heart, the large blood-vessels, and the respiratory organs. If we confine our observation merely to the anatomical changes observable in the lungs, we find that pathologists widely disagree as to their significance. Our readers are aware that Laennec and Louis, for instance, point to vesicular emphysema of the lungs as the special alteration invariably coincident with, and productive of asthma; but this theory in no wise accounts for the paroxysmal form of the disease, the great stumbling block in the way of pathologists, unless, indeed, we admit with Laennec and Mr. Lefevre, the tonic contraction of the circular fibres of the bronchial tubes, a fact which yet awaits demonstration, and on which the doctrine of *idiopathic* or *nervous* asthma entirely rests. In Mr. Beau's opinion pulmonary emphysema is but a transitory incident setting in with the paroxysm, and ceasing at the same time as the attack, the fits being induced by the presence in the bronchi of more or less viscid secretions, which occasion the pulmonary distress, and must be expelled before the freedom of respiration can be restored. This view coincides with the theory propounded by Mr. Gendrin, who opines that asthma is determined by a special diacritic secretion of the bronchial mucous membrane. In this respect, both the pathologists referred to, admit the qualification of *nervous* or *spasmodic asthma*, the nervous system exercising, in many instances, a governing influence on the condition of the secretions.

However, setting aside all preconceived notions as to the pathology of asthma, the symptoms and diagnosis of which are too well known to require description, the practitioner is more especially interested in the treatment of the paroxysm, and more particularly in the adoption of the measures best calculated to avert or delay its return.

In Mr. Beau's theory, the mucus which obstructs the air-passages being the chief cause of the symptoms, its expulsion is the object to be effected. This may sometimes be accomplished by the exhibition of very warm expectorant beverages, ammoniacum, kermes, or tartar emetic. Stramonium and nitre-paper fumes also promote expectoration. The utility of liquor ammoniæ in the treatment of asthma was shown some years ago, by Ducros, of Marseilles. By touching the fauces with a pencil impregnated with diluted liquor ammoniæ, he succeeded in giving considerable relief to Princess Adelaide, the sister of the late King Louis Philippe. In cases of this kind, ammonia forcibly brings about expectoration, and as a consequence deobstructs the smaller divisions of the bronchi.

Another remedy, less generally known, but equally successful in arresting the paroxysms, or preventing their recurrence, is the sulphurous bath.

Mr. Beau has occasionally seen the attack cease during the bath, after copious expectoration; sometimes, on the contrary, the distress is increased by the remedy, no sputa are thrown up, and this mode of treatment must be discontinued. But it is especially beneficial as a prophylactic, after the attack; it braces and invigorates the integument, and diminishes the susceptibility to cold, which so often induces coryza and a subsequent relapse.

The virtues of the sulphurous bath had already been expatiated on by Dr. Courtin, formerly an interne of the hospitals of Paris, in a paper inserted in the *Gazette Médicale*. They have since been further illustrated in Mr. Beau's practice, and in that of one of his most valued pupils, Dr. Gondoin, a practitioner in Paris, who communicates five cases in point, of which the following is an abstract:

The first patient was a vigorous miller, aged about sixty. The asthma, in this case, was at first attributed to the dust of the bolting-house; he was advised to discontinue his usual occupations, a recommendation which he followed, but the asthma nevertheless returned with the cold and damp weather of the ensuing autumn. He had withdrawn from the injurious atmosphere of the mill it is true, but continued to reside on the river side, and although he never entered the bolting-house, he walked morning and evening in the fields, which at these hours and that season, were covered with fog. Emetics prescribed repeatedly at several weeks' interval, the fumes of nitre and of the solaneæ, and belladonna internally, produced but temporary amendment. The following spring, he took on alternate days, a succession of 30 sulphurous baths, at 86°, and of twenty minutes duration, containing each 1½ oz. of sulphuret of potassium. During the summer he enjoyed fair health; but the autumn with its sudden changes was the season of peril. Thirty baths were again prescribed in September and October. Thanks to this treatment, which was resorted to each succeeding year at the same periods, the patient, who occasionally returned to the mill, gradually recovered, and the paroxysms became by degrees less frequent and less severe.

In August, 1856, Mr. Gondoin met in the country a lady, aged seventy-five, who complained of extreme debility, which she referred to paroxysms of dyspnœa recurring without any tangible cause, accompanied by sibilous breathing, and terminated by copious expectoration. The attacks especially returned in Paris, during the winter. Tar-water and extract of opium gave temporary relief, but as soon as the sedative effects of the medicines were exhausted, the cough returned with increased violence. The patient left the country earlier than usual, took a course of thirty sulphurous bath at Enghien, and was much freer than usual from oppression during the following winter.

Another lady, aged fifty, of sound constitution, still menstruating, but suffering from rheumatism, was subject to attacks of asthma, which alternated with the articular pains. She took a series of sulphurous baths, and her health improved but she omitted the remedy, and the paroxysms returned; considerable amendment again followed a fresh course of baths.

Mr. Gondoin then relates the extremely interesting case of a portress, aged forty, confined by her occupations to a dark, damp, and narrow room. For eighteen months she had been liable to attacks of dyspnœa, which were ushered in by severe coryza, with extremely copious and transparent nasal secre-

tions. The patient had been bled, and various powders and anti-spasmodics had been unavailingly resorted to. The extreme weakness, loss of flesh, and night sweats, frequently recurring after sleepless nights and impeded respiration, gave the patient the appearance of a consumptive subject, and rapid emaciation had imparted to the fingers the peculiar Hippocratic shape. Auscultation of the chest, however, removed all doubt as to the diagnosis, and showed the case to be one of genuine asthma.

All internal treatment was discontinued, with the exception of two emetic mixtures, which were administered at a few days interval, and sulphurous baths were at once resorted to with the greatest benefit. During the ensuing winter, the patient's health was comparatively good; the baths were again resumed, and a permanent cure may now reasonably be anticipated.

Mr. Gondoin's fifth patient was the wife of a clerk in the Eastern Railway Company's Offices. Her age was forty, and for two years she had been liable to attacks of nocturnal asthma, chiefly traceable to mental distress. She was in the habit of checking the paroxysms with tartar-emetic, but the fits returned with increasing frequency. Mr. Gondoin prescribed a course of sulphurous baths, thirty of which were taken in the year 1861; she passed the ensuing winter with far less discomfort than the preceding years. Last spring another series of thirty baths were recommended, and up to the present time, her condition has been perfectly satisfactory.

Whether the above facts are favourable to one or other of the several theories, which obtain on the subject of the pathology of asthma, is unimportant; they are interesting in this respect, that they establish the utility of a medication calculated to relieve or allay a morbid condition which frequently baffles the skill of the practitioner. We should not omit to add that although baths, in general, are unsafe in old age, sulphurous baths are not open to the same objection.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

By JABEZ HOGG, Esq.,
Assistant-Surgeon to the Hospital, &c., &c.

The Structural Accessories of Vision: their Mutual Relation and Apparent Functions.

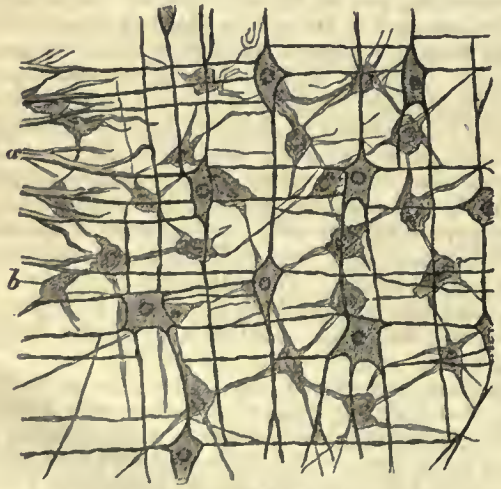

Fig 3.—(*Omitted last week.*)
Nerve and stellate cells of cornea, magnified 300 diameters.
a. Nerve cells. *b.* Virchow's stellate cells.

Since the appearance of my last lecture, it has come to my knowledge that, in his 'Histological Anatomy of the Cornea,' His describes and figures a somewhat similar arrangement of the nerves of the cornea, but he denies their distribution throughout the stellate structure, as shown in the accompanying illustration. I therefore think it desirable to place this anatomist's views before your readers:—

"Nerves of the Cornea.—The greater part of them are derived from the posterior ciliary nerves, the lesser from small trunks of the conjunctiva bulbi; they enter the cornea as branches of varying size. On entering the cornea, the branches are partly filled with tubular matter, having a dark double contour, some of a pale colour, and containing nuclei; and in this respect there is so little of a rule prevailing, that one may occasionally observe pale gelatinous fibres entering side by side, in the same trunk with fibres containing tubular matter, and showing a dark contour.

"In every instance, however, the fibres which, on entering, present a dark contour, very soon lose their medullary contents, become pale, and in their further progress show pale, granulated, oblong, awl or staff-shaped nuclei. At varying distances from their entrance, the small trunks, either separate into equal branches, or sends off a single fasciculus of a few fibres only, occasionally even one single fibre only. The secondary small trunklets again anastomose; and, after splitting up into numerous branches of smaller size, unite by means of their branches, and form a larger network, spreading throughout the entire cornea. Within these small trunks of medium calibre, one not rarely has an opportunity of observing divisions of primitive fibres, and these divisions usually take place in the neighbourhood of a nucleus.

"The splitting-up of the fibres become, so to say, a rule in the very minute ones, which take their origin as terminal branches from the composite trunks, and which spread out in abundance immediately below the surface. In these minute fibres, the division takes place in such a manner, that at every point of division a small triangular enlargement presents itself, in which a small nucleus of varying shape is more or less to be distinguished. In tracing more closely the fibrillæ arising from the division, one may observe that they do not show an abrupt termination, but proceed to, and enter, a similar triangular enlargement as the one from which they took their origin; so that they form a network of most minute fibrillæ, as Kölliker conjectured. The triangular enlargement may probably be looked upon as a kind of ganglionic nerve-cell.

"With the cells of the cornea and their offsets, the nerves do not stand in any anatomical relation. The accurate observer cannot well mistake the smaller fibrillæ for the tail-like processes (offsets) of the corneal cells; the nervous fibres being distinguished by their peculiar brilliancy, their straight course, and (excepting the nucleolated swellings) their unchanging calibre. In dubious cases, the criterion would be that of tracing the connexion of the fibres with the chief nerve-trunk. In regard to the extension of the nerves throughout the thickness of the cornea, it is a very limited one, and it was an erroneous conclusion of Strube to admit the presence of nerve-fibres in all the strata of the cornea. Accurate investigation shows that branches, dipping even into the deeper strata of the cornea, very soon come towards the surface, and spread into their terminal divisions there.

"The chief seat of the nerves of the cornea is in the anterior third of the membrane, and it is only exceptionally that single trunks are to be found in the deeper portions; in the posterior third part, probably absolutely none. The most minute ramifications take place immediately below the surface, and to this it is owing that we see those small branches which remain in the deeper portions, forming sharp angles.

"The nerves of the cornea in their primary arrangement consist of fusiform cells, with long oval nuclei, as shown by me in a human fœtus at the end of the fifth month." (*a*)

(Continued from page 309.)

The character and position of the ciliary muscle also favourable to this explanation of the problem of visual adjustment. The two directions of its fibres, separated as it were at the point called the pillars of the iris, one part proceeding to form its anterior surface, and the other being attached to the edge of the elastic lamina, which by some anatomists is actually described as passing continuously into this muscle. Motor power must be ascribed to, or as the object of this arrangement, and according to my view, it is formed just where it is required to regulate the due disposition of two really antagonistic influences, the elasticity of the cornea, and the erectile nature of the ciliary processes, and the control of which a natural impulse, whether in birds, mammals, or man, is thus enabled to hold as it were in hand. Analogy is again appealed to, where other means of demonstration seems precluded. In the case of the intercostal muscles, we have, I think, all the necessary correspondencies combined for my object in the elastic cartilages of the ribs, the continually altered relations of the pulmonary cells during respiration, and the need there so prominently supplied by the intercostal muscles of a sufficient supplemental agency, to exert conscious control over the mutual reaction upon each other of an elastic, but otherwise inert substance, and the continually excited but mechanically distended tissue of the lungs.

(*a*) Dr. W. His 'Histologie der Cornea.'

The choroid coat is no doubt the true structural origin of the ciliary processes, the iris, and the ciliary muscle, all constituting together the convenient generalisation I have called the choroid system. Viewed separately, it is a highly vascular membrane, contributing largely to form the parities of the eyeball, and for this purpose is strengthened by the addition of a peculiar white fibrous tissue, the true nature of which is more decidedly developed in the iris and ciliary muscle. Some anatomists, with whom I am inclined to agree, consider this tissue as interposed between the arteries on its inner surface, and the veins on the outer. Accompanying the former, also, is a layer of capillaries, which Ruysch successfully injected and separated from the larger vessels upon which they seem to repose. The veins of the choroid are equally numerous, and from their peculiar course, and apparently, involved inosculation with each other, are called the *vasa vorticosa;* and exhibit, under the microscope, the most curious arrangement of any vessels in the body. (*b*) The character of the structure, however, strongly suggests a relation of functional office, corresponding to that of all erectile tissue, which is intended to meet circumstances of differe ⁊ degrees of excitement by a proportionate blood supply, and which as readily subsides when the stimulus is withdrawn. If this be true, therefore, of the choroid coat, the natural conclusion is that this membrane and its connections are principally concerned in effecting the mechanical changes of relative situation between the refracting media of the eye and the retina necessary for perfect vision, under extraordinary circumstances. And it is difficult to conceive anything better adapted for this purpose than the character of the choroidal system generally composed of muscular fibres, fully determined to be so by all histological observers, and a highly vascular tissue, remarkable for its convoluted and lobulated inosculations, my inference, therefore, is, that as elsewhere, where a similar structure exists, the distension of the latter with blood by an arrested circulation form fixed points of effective operation for the former, and at the same time in this particular situation produce by an actual increase of bulk considerable modifications in the form of the eye. Any distension of the ciliary processes especially must affect the focal relationship of the refracting media, either by pressing backwards upon the *zonula* of Zinn, and retracting the crystalline lens to a corresponding extent or by affecting the curvature of the cornea by pressure exerted forward upon the contents of the aqueous chambers of the eye. And even should all this be deemed as not actually demonstrated, still the necessity of some sufficient agency to fix by a kind of muscular effort the optical centre of the lens exactly and steadily in the axis of vision under all circumstances of adjustment or accommodation, argues strongly for the purpose, which the character and situation of the fibrous tissue of the choroid system seems well calculated to perform. It is worthy of remark, also, that the presence of an erectile tissue is not required for the secretion of the *pigmentum nigrum*, for which purpose this alone, as I before stated, some physiologists contend the choroid coat of the eye is intended to supply. We find the same substance in coloured people, quite as freely produced by the *corium*, which, however vascular in its texture, cannot certainly be described as an erectile tissue. Indeed, to infer anything more from the presence of the pigment than that the capillaries of the choroid perform in the eye exactly the same office as those in the external skin, when exposed to the direct rays of a tropical sun, would be exceeding fair analogy, and amount to a complete ignoring of the more specific characteristics of the choroidal membrane.

Of the pigmentum nigrum itself, I shall only give such a description as is required for ophthalmoscopic purposes, as before, presuming its strictly anatomical and physiological characters to be sufficiently well-known. That it is identical with the colouring matter of the skin, and that it forms the most perfect absorber of light in nature, is now generally admitted. (*c*) And its use is equally obvious, that portion upon the posterior surface of the iris preventing any light entering the eye there, except through the crystalline lens, whilst that on the inner surface of the choroid lining the posterior chamber of the eye, serves the purpose of absorbing and extinguishing the light after it has impinged upon the retina. It is easily washed off from the membrane, which so plentifully secretes it, as it is also easily separated from it by abnormal lesion, and in this particular it presents a feature of some importance to be considered in connection with appearances in the eye when affected by disease. Mr. Nunneley first directed attention to this circumstance, and after careful consideration, and many opportunities of determining their value, I have no hesitation in expressing my concurrence with the following remarks:—

"The arrangement of the pigment affords, I think, a satisfactory anatomical explanation of an abnormal condition which has hitherto not been understood—*muscæ volitantes;* if any one who has himself been subject to these motes, or has got patients who are so to draw figures of what they complain of, will examine, as I have described, a portion of choroid coat teased out, he cannot fail to be struck with the perfect resemblance of the two—the nodulated masses with connecting and stellate fibres, and the muscæ volitantes. It also explains why these *muscæ* may be temporary or permanent, trifling and functional, or very serious and organic. If the stellate arrangement, results, as I believe it does, from the aggravation and attachment of the minute true pigment cells to the vessels, the least variation in this connection on the condition of the vessels may at once cause an irregular arrangement of the pigment cells and impress the retina (for we must bear in mind that all images upon it are microscopic. This impression may appear and disappear with the varying condition of the vessels, arising from disordered stomach or cerebral circulation, and be cured, as we know it constantly to be, by whatever corrects their condition; or the *muscæ* may result from different organic changes in the choroid coat, which are incapable of being removed, and may indicate patches of effusion or other structural lesions. In point of fact we now know the important bearing which these dark specks have in our diagnosis of that important class of choroidal and retinal diseases which have been so generally confounded under the name of amaurosis and glaucoma. It also explains why these *muscæ* may be constant in form in one case, and constantly changing in another; in the latter, a different loop of capillaries may be congested or contracted, or a morsel of fibrine may be deposited or absorbed; in the former, the deposit may be organised, or the capillaries permanently altered." (*d*)

Having already explained the anatomical relations of the cornea, and referred to its special characteristics as an accessory of distinct vision, by the form of its curved surface, I pass on to the consideration of the aqueous humour, assisting to complete that most perfect of optical instruments, the eye. The simple nature of this structureless means of distending the anterior portion of the globe is worthy of notice in the first place, as it consists of little more than ten parts of some saline and normal matter in one hundred parts of water. Its density has been determined to be somewhat less than that of the cornea, with the object it is presumed of rendering achromatic the compound lens the two form together. It is admirably adapted to facilitate the freest movement of the iris and also readily to admit of those focal oscillations of the crystalline lens suspended in it, rendered necessary by every alteration of form in the surface of the cornea, for I have no doubt that by the instrumentality of the ciliary processes and the erectile function of the choroid system, generally, the due adjustment of the several parts is affected (like corresponding parts by the adjusting screws in a microscope), so as to preserve a constant integrity of purpose in focussing upon the retina.

Of the crystalline lens itself I have chiefly to remark, upon the evidence its structure affords of the extent and character of its participation in the process of accommodation, for herein I differ somewhat considerably from the conclusions of the most recent continental observers, whose arguments, experiments, and cases, in point it seems the practise in England now to accept, with far too little question of their worth or importance. A display of learned and industrious research is apt to invest with a factitious importance, statements as to facts, which, tested by an equally close inquiry, will not bear out the inferences that have been derived from them. No better instance of this can be given than the discussion which has arisen upon the situation of the changes in the form of the refracting surfaces of the eye to adjust it for near or distant objects. Upon this subject, volumes I may say have been written to prove how little is the influence exerted by the curvature of the cornea, in which we know alterations, and abnormal phenomena, in consequence, are constantly occurring, as if intended to demonstrate the importance of this part in the function of accommodation, whilst, on the contrary, the greatest stress is laid upon changes, which, at the best, can only be assumed, not only on the anterior surface of the crystalline lens, but on the posterior surface, although this is so far embedded in the vitreous humour as, at all events, to preclude any experimental observation upon which the least reliance could be placed. For my own part, I believe that in the accommodation of the eye the crystalline body itself is perfectly passive, moved only by special organisms provided for this important purpose, namely, the erectile tissue of the ciliary bodies the ciliary muscle and the reaction of its elastic suspensory ligament. I also conclude, from the peculiar character of the structure of the lens, admirably adapted to obviate

(*b*) "These veins are often found injected after death, and may be seen by simply removing the whole of the sclerotic coat. A better way of seeing them, is to cut out a third of the choroid coat of the sheep, ox, or horse, with the ciliary muscle, ciliary processes, and iris; gently wash away as much of the colouring matter as possible, and very carefully spread the whole out upon a thin watch glass, the curved surface of which allows the membrane to lie smooth. When dry and viewed with an inch lens, not only will the vasa vorticosa be beautifully seen, but also the continuity of the ciliary muscle, ciliary body and processes, and iris, with the choroid.—Nunneley.

(*c*) Pigment particles are the granulous contents of the pigment cells, and are like ordinary elementary granules with the addition of the colour, and this latter may be removed by the action of chlorine. In the *Tapetum lucidum*, in the eyes of animals, the colour is not owing so much to the pigment particles, as to the way in which light is reflected by these, in the same way as it is from mother of pearl. Coloured feathers, and the scales of fishes owe much of their colour to this mechanical arrangement of similar particles.

(*d*) Organs of Vision, Pp. 174.

the inconvenience that would otherwise arise from spherical aberration, or, the different focal positions of rays coming from a distant or from a near object, that no interference of a secondary nature can be philosophically assumed which would tend to destroy, or tend to, at least, suspend, this useful provision. We know that the crystalline lens possesses a gradually increasing density from its circumference to its centre, the former being represented by a refractive power of about 1·3767, the latter being increased to 1·3990. It is also evident that it contains some proportion of water, and it is a fair inference that this difference in the density of the lens may be produced by some corresponding difference in the distribution of water throughout the varying thicknesses of its structural layers, from its optical axis to its marginal edge. At all events there is that in this delicate adjusting provision for exact sight, which, above all, claims protection from any interruption of effect. If, however, we yield assent to the advocates of these extensive changes occurring in the surfaces of the lens during the process of adjustment or accommodation and that these changes are effected by pressure exerted by the suspensory ligament of the lens, we at once concede that this compensatory property in the structure of the lens has no fixed value or law, but is subject to all the fluctuations incidental to the ever changing requirements of vision.

The vitreous body fills up and distends the posterior three-fourths or even more of the globe of the eye. The retina, as far as the ora serrata is superimposed upon its investing membrane, the hyaloid, the delicate tissue intervening, according to some authorities amounting to an organic connection. This I have not been able to confirm, though it is undeniable that the question is one that does not admit of easy determination, owing to the firm adhesion of the two membranes and their extreme translucency. Of the gelatinous substance itself, opinion is equally conflicting as to its structure and the character of the organisation which supports and nourishes it. The safest conclusion seems to be, that it is simply a collection of very delicately-organised cells, containing a viscid fluid, the refractive power of which, according to Brewster, is about 1.3,394.

Except in containing a larger proportion of albumen, it differs little in constitution from the aqueous humour. In my remarks upon the nature of light, I have described experiments which sufficiently prove that, besides its mechanical use in the construction of the eye as the mere instrument or organ of seeing, the vitreous humour subserves what must be presumed to be an equally important purpose of excluding the heat rays so as to preserve, under all circumstances of exposure, a uniform condition when they impinge upon the retina.

How far the vitreous body is affected by those changes of form that must take place in the eye in the various processes of accommodation and adjustment is to me a question of considerable interest. If the communication of the need is a matter connected with the direction or amount of light received from the actual object examined, and there is no reason why this should not be the case, then consistency, to my opinion, of the influence exerted in accommodation by the choroid system generally, requires me to adhere to the view that between the degrees of the greatest and the least extremes of the operation referred to, corresponding extents of the special apparatus provided would only require to be excited to the necessary action. The absorption of light by the choroid coat and its related parts would thus constitute the measure, as it would evidently be the motor agent of the change in the form of the eye, and which, commencing in its fullest and most sensitive development, the iris and ciliary bodies, would extend backwards until even the fundus and consequently the whole vitreous body would become subject to a pressure of increased turgidity in the vessels of the choroid coat itself. This certainly would not tell upon the unyielding expansions of the sclerotic and the tendinous insertions of the inter-orbital muscles, but rather upon the less resisting vitreous body, producing an elongation of the globe forwards, or that protrusion which characterises the staring eye of the anxious or excited mind.

(To be continued.)

Corrections in Mr. Hogg's Last Lecture.—Line 15, first column, after *collectively*, read, by altering, &c.—Second column, line 13, for *certain*, read, greater facilities; last line, for 'Nunneley *on the Eye*,' read, 'on the Organs of Vision.'—Third column, line 64, for *opinion*, read, membrane; line 75, for *indigestion*, read, during active digestion; line 80, for *question*, read, emotion; for *instruction*, read, instinctive.—Fourth column, line 9, for *arrangement*, read, argument; line 32, for *new*, read, near; line 10, from bottom of page, *in a* should read, in any.

University of St. Andrews; Examination for Honours.—The following gentlemen, after having obtained the degree of M.D. at the recent examination, offered themselves as candidates for honours. The result of the examination, the details of which will be given next week, is as follows:—First Class—Frederick Davies, London; Robert Meadows, London. Second Class—John B. Mulock, Dublin, and Wm. M. Whitmarsh, Chippenham, equal; Julian L. Vanderstraaten, Ceylon; Robert E. Huntley, Jarrow.

NATURAL DEATH A NATURAL SLEEP.

By J. W. Beaumont, M.D., L.R.C.P. Edin., &c., &c.

In consequence of the injurious effects of the occupations of civilised life, and the diseases engendered by them, few persons can be said to die a really natural death; the "end of man's days" being precipitated by the existence of morbid alterations in some or other of the organs essential to life. Still there *must be* a natural form of death, and it is an interesting question to ascertain in what manner it takes place.

Syncope, asthenia, asphyxia (or apnœa), coma, paralysis, and necrœmia (or death beginning in the blood) are the several modes in which death is said to occur (See Williams's 'Principles of Medicine.') These, however, are all the results of disease properly so called; but there is yet another form or species of death, to which I wish to call attention, occurring exclusively in persons of advanced age—namely, death by *sleep*. This differs from coma in many respects, although it may become blended or lost in it immediately prior to death. Coma is an intense stupor, often accompanied with paralysis or convulsions or other distinct phenomena of disease. But the *death-sleep*, if I may so term it, resembles ordinary sleep, and at the outset seems to differ in no way from it. The patient at first is simply drowsy, and becomes indifferent to food; the drowsiness or somnolency increases; there is no pain; the system becomes exhausted for want of its accustomed aliment, and ultimately the patient passes gently and quietly into eternity; and so easily is the transition in some cases effected, that it is difficult to say whether he has died, pathologically speaking, from asthenia, syncope, or coma. This is a mode of death of which I have during the last ten years met with very many interesting and characteristic examples, in which, indeed, the patient has literally "fallen asleep." The duration of this sleep is usually several days, but it may be prolonged according to the patient's constitutional powers. I have in some cases known it extend over three weeks, and it has been a matter of amazement to observers, that life should be sustained so long without food. Without entering lengthily into the history of individual cases, I may briefly mention one as a fair example among many. The patient was an old man, who had always enjoyed good bodily health, and whose mental faculties were good to the last. He manifested no signs of pain, nor anything which could distinctly indicate active disease either in the head, thorax or abdomen. The chief answer to my enquiries was, that "he slept all his time." He could be roused in the earlier stage, and would reply to questions, but it was much in the same way as would a person who was becoming fatally benumbed with cold; he would immediately after relapse into a dose. In this state he continued a few days, when his sleep became heavy and comatose, and terminated in the cessation of the pulse and of all the functions pertaining to life. Such is the course of a well-marked case. Sometimes, however, there are febrile symptoms, thirst, dryness of the mouth, accelerated pulse, &c. In a case of this kind which occurred to me recently, the patient being about eighty-four, the sleep was at first the only noticeable peculiarity, and no febrile symptoms appeared for at least a week. It was a prolonged case, and for one or two weeks previously to death, these symptoms had subsided altogether, and that event took place characteristically, the patient seeming to die in an ordinary slumber. Many deaths commonly attributed to "old age," or to a "decay of nature" (senilitas) takes place in this way.

In the volume of unerring truth, it is recorded that David was "old and stricken in years," and that he "slept with his fathers," and was buried in the city of David. Solomon, too, in due time "slept with his fathers," and the decease of Hezekiah and others is recorded in similar words. This phraseology is elegant and poetical, but it is something more; and although many of those who are said to have "fallen asleep" did not do so always from advanced age, yet the phrase is at least an *allusion* to the natural mode of human death.

I conclude then, that when the bodily organisation has attained its maximum of vital capability, and when further nutrition is impossible, a sleep ensues, soft and gentle at first, and not to be confounded with the coma of disease; and that it increases in intensity until at last the spirit is quietly disimprisoned from the body. This I regard as purely natural death, or death occuring as a natural *sleep*.

(The suggestion contained in the foregoing letter appears to us to be both correct and ingenious. Is it not the true explanation of natural death?—Ed. Medical Circular.)

University Honours.—At the examination just concluded at Durham, Mr. Frederick Wm. Newcombe, of Newcastle, has been declared the successful competitor for the Medical Scholarship.

REVIEW OF THE PERIODICALS.

The 'American Medical Monthly.' Dr. PETERS has contributed a suggestive article on the therapeutic employment of *Phosphoric Acid*. Dr. Huss, of Stockholm, tried it in typhus and typhoid, and spoke highly of its use. Dr. Peters quotes various authorities for its employment in a great number of diseases—*e.g.*, typhus, hæmorrhages, scrofula, diphtheria, cancer, nervous affections, paralysis, impotence, renal affections, jaundice, &c. Of course it can only relieve all these forms of disease when there is something in common that requires to be corrected. Dr. ROBERT NELSON describes a new *Method of Lithotomy in the Female*, which secures a perfect recovery, and the natural power of retaining the urine. He observes in a prefatory way:—

"I now take the liberty of digressing a little to give my opinion on two subjects, founded on an experience of 69 operations of lithotomy; 64 in the male, and 5 in the female: 1st, Dilatation of the female urethra, which is easily effected; but, when carried beyond a certain limit, the complete contractility is not recovered, and subjects the patient to more or less dribbling away of the urine—a serious calamity. 2nd, Lithotrity, of which I have seen a good deal in Europe. It is an inadmissible operation in all cases in which the stone is oxalatic, in many of the uric, and in a few of the hard crystalline calcareous concretions. In any case, the operation must be repeated, sometimes to a vexatious extent; and often there is left behind a fragment to serve as a 'nest egg' for a future growth. Nor is it an operation free from fatal termination. The cases must, of course, be selected—that is, to take only such as are soft or friable concretions, and a bladder free from saculations and ulcerations; for in the latter state of the bladder the fragments have an obstinate tendency to bury themselves, more or less, in the mucus and granulations in the viscus, and thereby set up great irritation. Of the numerous cases of lithotrity I have seen, in the hands of others, I have been unable to discover that it possesses any advantage over lithotomy; but I have seen much to deprecate and regret. The only excuse or recommendation I can appreciate for its employment is, that it does away with the dangers incidental to the large cutting requisite in lithotomy, and the great mortality that follows the latter in the practice of *some* operators, but which does not occur to a *few* who are masters of the art. It is not every surgeon, however perfect he may be in anatomy and erudite in surgery, that can operate well—he overdoes or underdoes something which makes all the difference, and tells in the result."

We now give the method adopted by Dr. Nelson, as related in the course of the following case:—

"Mrs. G. W. R., thirty years of age, mother of two children, the last four years old, has suffered slightly for ten years, at times, in urinating. Four years ago she came under the present fashionable treatment for uterine disease—such as leeching, scarifying, cauticating, &c., of the os uteri, without relief. Since last December her suffering increased, and prevented her going about, and in January she had to keep her bed nearly all the time, to avoid the severe paroxysms that exercise would induce. In the early days of August it was discovered that her sufferings were due to a calculus in the bladder. She then came under my care. It was evident that the only remedy that could relieve her was the removal of the stone. The question to be considered was, what method would answer best. Dilatation of the canal and lithotrity had previously disappointed me; besides that, the state of her bladder was such—exquisitely sensitive, ulcerated, and the urine passed was thick with ropy mucus and pus—that crushing of the stone into fragments, many of which would remain behind, and so increase the actual disease of the bladder as to render such an operation dangerous, that lithotrity could not be thought of. There remained but lithotomy to be tried; but, looking back to the risk of losing the power of retaining the urine should the sphincter be divided as in the usual operation, I decided to avoid this serious accident, by not interfering with the sphincter, but to enter the bladder through the vagina, beyond the sphincter. Accordingly, on the 6th August, having administered chloroform, the bladder slightly injected with water and a staff introduced through the urethra, the knife was thrust through the roof of the vagina in the mesial line, and carried about an inch and a half towards the uterus, making an opening of sufficient size in the dilatable part of the bladder to admit the common lithotomy forceps, which were readily introduced, and the stone at once seized and slowly drawn out. The stone being very porous and friable, a portion of it was crushed in the forceps, and had to be clawed out, and the finer particles washed away by injections of tepid water. The next step was to close the lips of the wound neatly and exactly, and thus to retain them. This was effected by five sutures of common flax thread, as more simple, fitting better, and quite as effective as the wire material. A No. 12 female catheter, with two large fenestræ, armed with a shield, to prevent its entering too far into the bladder, was introduced, and retained *in situ* by an elastic cord. The stone was 1¾ inches long and 1½ thick, studded with very rough eminences; it was very porous, and of the phosphatic kind.

"All her previous distress vanished, of course; passed the remainder of the day well; slept well that night, and the same for the subsequent time. The catheter becoming plugged with tenacious mucus, had to be withdrawn every two or three hours for a couple of days, to clear it. The bladder then recovered rapidly, and the mucus diminished. On the sixth day the sutures were cut and removed, the wound being quite healed by the 'first intention.' On the seventh day she got up to her meals with the rest of the family, and on the tenth day my attendance ceased. From the first to the last, not a drop of urine escaped through the wound into the vagina. She has continued perfectly well ever since, going about visiting her relatives, in a state of comfort and happiness unknown to her for a long time past.

"I am aware of the saying that 'one swallow' does not make summer, and that there are those who will say that this was a 'lucky case;' and that it will often be followed by a vesico-vaginal fistula: true—in the hands of even well-informed surgeons, but who do not possess that mechanical ability which is indispensable to a good and successful one. However, I am satisfied that in the hands of the latter there can be no excuse why every case should not turn out as well as this one. I believe that my experience entitles me to offer an opinion—that of recommending this mode of operation on the female as superior to anything hitherto in use, and as one as nearly perfect as can be hoped for.

"I have omitted to mention those minute and numerous details that are essential to be observed in and after the operation, because I merely announce the fact to the consideration of experienced and capable surgeons, and who stand in no need of those dogmatical details that necessarily enter into elementary books on surgery. On a future occasion I may venture to write a special article on the operation in both sexes; state something regarding the true shape of the male bladder that I cannot find in books; say something about the great faults I have noticed in the mode of using the forceps; why it is that much difficulty is experienced by some operators in seizing the stone, and how it can be caught, by a right use, in the first attempt to lay hold of it, whether the bladder contain fluid or be empty."

The same journal reports a *New Remedy for Cholera*, with due caution. The article is short, and we reproduce it, for the foolishness of one man has its use in shaming the foolishness of another:—

"It would be impossible to collect, within the pages of an ordinary octavo volume, the remedies which have been proposed for cholera, both by those who are connected with scientific medicine and by empirics. We find in *Cosmos* a notice of still another contribution to the list of cholera-specifics. Dr. Honigberger, of Calcutta, having acquired quite a reputation in the treatment of this disease, announces that 'inoculation with the *infusion of quassia* cures almost infalliably even the most desperate cases, and that he has employed it in thousands of cases. The *modus operandi* is as follows: A puncture is made into the left arm, and, as soon as blood appears, from three to five drops of the infusion are allowed to fall on the puncture. The blood coagulates quickly, and a bandage, which must be kept moist, is applied. For cramp in the lower extremities an incision is made in the calf. Cold water or sherbert should be used as drinks, and sometimes a douche of cold water is employed on the body and head, since quassia produces great heat in the circulation.' Dr. Honigberger has applied for the Breant prize. In reading the account of this treatment for cholera, one finds it difficult to conclude whether its originator is trying to deceive others, or is himself an egregiously humbugged man."

The 'Medical Times and Gazette.' An Introductory Lecture to a course of clinical lectures on surgery is given in the Journal by Mr. JOHN ADAMS. He recites an interesting case, showing the value of a knowledge of anatomy in the treatment of surgical cases. It is a case of retention of urine, in which, after repeated attempts to pass a catheter, pain and swelling came on in the perineum, an abscess formed, and was opened. Urine mixed with blood and pus was discharged, and the patient ultimately recovered. Mr. Adams shows the importance of a knowledge of the pelvic fasciæ in forming a diagnosis. On another point—the use of statistics—Mr. Adams remarks:—

"I will relate a curious instance of the fallacy of paying too much attention to the numerical method of inquiry, in reference to the treatment of a most important class of Surgical diseases—I mean cancer. Not a very long time ago it was supposed to be proved, by the statistical method of inquiry, that the operation of removing the

(Continued at page 332.)

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 5, 1862.

MILITARY HYGIENE.

The great improvement that has taken place in the hygiene of our military establishments since the Crimean war is a source of the highest satisfaction. To Lord Herbert these important changes are largely due, but we ought never to overlook or forget the immense influence of the English press in rousing the public mind to a due sense of the magnitude of the evils that existed, and in forcing upon the Government the duty to correct them. We cannot now complain sorely of the indifference or lethargy of the Government. Improvements may not be carried out so promptly as we think they should be, but we must remember that the work is vast, and involves a large expenditure in the alteration or reconstruction of some of the largest barracks and other buildings at home and in the colonies.

Wherever new barracks are now built, the rules of sanitary science are observed; and although a failure of results may occasionally happen, this will be found to occur rather from a misinterpretation of than an indifference to sanitary laws. Various plans of ventilation are adopted, ample space is furnished in the dormitories, suitable games and recreative indulgences are provided for the soldiers, a better and more varied dietary is established, and generally, whatever can be suggested that can promote the health of the troops is carried into effect.

Great improvements have been effected particularly in the ventilation of barracks, by the use of ventilating shafts and other contrivances. Under the new regulations 600 cubic feet of space for each man is the amount prescribed—an amount which is practically doubled by arrangements which cause the air to be changed twice within the hour, making the supply 1,200 cubic feet per hour. But Dr. Parkes, the Professor of Hygiene, pleads for more, and says that 2,000 cubic feet is the minimum quantity that should be allowed.

We may here give emphatic praise, *en passant*, to an admirable report by Dr. Parkes on the hygienic discoveries, inventions, and improvements of the year, recently published in the Reports of the Army Medical Department. He gives an analysis in this document of some experiments by Dr. Ramon de Luna on Air and Ventilation, from which we gather some conclusions most interesting to persons engaged in carrying out methods of ventilation. One fact is that the ratio between carbonic acid and the organic matter of the air is not constant; that the latter may be in large quantity when the carbonic acid is not in very great excess; but when the carbonic acid is in large amount, the organic matter is so likewise. It is also found that the carbonic acid and organic matter cling so tenaciously to the furniture and bedding of an apartment, that even several hours' ventilation will not get rid of the excess. Consequently the opening of the windows for a few hours in a morning to air a sleeping-room is insufficient to obtain purity; the atmosphere should be in a state of perpetual change,—an end that can be attained only by a perfect system of ventilation.

We regret to see that in the camp at Aldershott the men in the huts are deprived of the regulation amount of air, owing to overcrowding, and that each man has only 276 cubic feet of space allowed. This is much too little. Even in the best hospital huts only 807 cubic feet of breathing space are allotted to each man, and in the extemporised ones only 500 cubic feet. It is one thing, therefore, to know what is right, and another thing to do it. This remark applies to other camps as well as Aldershott.

On the whole, however, the health of our troops has been greatly enhanced by the excellent arrangements that have been carried out, and the solicitude of the Departments to provide in every suitable way for the exigencies of military life. The proof of the value of the new system is forcibly exhibited in Dr. Muir's 'Medical History of the War in the North of China.' He says:

"No ancient or modern campaign can be justly compared with the present one, whether as regards distance from the seat of Government, the resources of the empire to be invaded, or the previous uncertainty about the salubrity of the country. It is, therefore, highly satisfactory to state that the army, actively engaged in the field as the Expeditionary Force was, exposed to temperatures passing rapidly from that of the torrid to that of the arctic zone, suffered but a small amount of mortality and sickness from disease; that the debility and impaired health which protracted sea-voyages, as at present arranged, produce, were in a great measure obviated; that the marches under a tropical sun were so managed, that none died from sun-stroke; that cholera, which hovered over the camp, never obtained a permanent lodgment; and that men worked in the trenches and stood sentry at Pekin when the wind blew from the snowy range, at about four degrees below freezing-point, without being frost-bitten.

"Every officer of experience knows that there are sources of disease from which no army in the field can wholly escape, and the present had several such to combat, but no sick or wounded soldiers were ever more rapidly removed from the front to comfortable hospitals in the rear."

This is satisfactory testimony to the efficacy of the efforts that have been made to improve our system of military hygiene. Dr. Muir gives us a lively picture of Pehtang, and judging from his description, we should say that it was a place that had been purposely contrived to breed fever, yet our troops happily escaped.

"Never did an army take up a position more at war with all hygienic rules and principles than the town of Pehtang. Its lanes and alleys were reeking with decaying animal and vegetable matter; large open ditches filled with human excrement and other refuse met the eye and nostril everywhere. The men were packed into spaces, the cubic contents of the air of which gave an almost infinitesimal allowance to each, and over all, the sun poured down a torrent of heat that sent the thermometer up to 92° at mid-day. When rain fell the streets were ankle deep in mud and slush, forming a second Balaclava in miniature. Notwithstanding all these adverse circumstances, operating for ten or twelve days, the army continued healthy. We except Barry's Battery of Artillery, in which several cases of fever appeared, clearly traceable to the artillerymen being, by several degrees, the worst located and most crowded of the whole force. If to these frequent evils we add the abundance of samshoo which was found everywhere and largely consumed, and the scarcity of good water, we might have anticipated an almost general outbreak of sickness in the army. Fortunately the brief period of the occupation—not sufficient to allow disease to become developed—the state of vigour in which the men landed, and the power to resist malarious and other evil influences with which that vigour armed them, prevented such a calamity. Doubtless, however, some men carried away the seeds of disease, which became developed at a subsequent period."

With the exception of diarrhœa and dysentery, which prevailed at Tien-tsin, the health of the troops was exceedingly good, and these affections were induced partly by the sudden arrival of cold in September, and partly by the horticultural luxuries in which the men indulged. When iced grapes, water melons, peaches, apples, pears, nectarines, and many other luscious fruits were offered for sale for a few pence, how could troops coming off a march with parched lips and dusty mustachios resist the possibilities of a diarrhœa?

The experience of our Canadian expedition corroborates that of our China campaign, and the people of England may congratulate themselves that they have now one of the best managed and healthiest armies in the world. This is some consolation for a very large expenditure.

SUMMARY OF THE WEEK.

ST. THOMAS'S HOSPITAL.

The Governors of this Hospital appear to be still resolved to improve their opportunities and to make their new hospital the most perfect of its kind in Europe. Although attacked with all the unhandsome insinuation and fierce invective which the 'Times' knows so well how to use, opposed by the Medical Officers, and carped at by a portion of the Medical press, they remain true to their sense of duty and go on their course unmindful of the blue-fire and artificial thunders that crackle around their heads. They have our hearty approval; and we hope they will persevere in their manly resolution to do that which is best for the sick committed to their care.

They met last week to receive a Report from a Deputation of Governors who had been on the Continent to inspect the various Hospitals in France, Belgium, and Holland. A motion was made to refer it to a Committee to select and purchase a site; but an amendment was proposed with the view of keeping the Hospital at the Surrey Gardens. Now the Surrey Gardens is the best place for a new Hospital within a limited distance from London bridge; better infinitely than the foot of London bridge itself; but it does not meet all the requirements of the case, and certainly does not afford space enough to enable the Governors to embody the ideas which they wish to see realised in a new structure. They require between thirty and fifty acres of ground, and this area should be situated on some elevated spot capable of good drainage and ventilation. The Surrey Gardens do not supply these needs. We cannot be surprised, therefore, that the motion was carried by a large majority. There is some talk that the site ultimately chosen will be at Wandsworth, but it is premature to express any opinion upon the subject. Wandsworth has many conveniences, not the least being its accessibility by railway. We are content to leave the matter in the hands of the Governors, assisted by the sound judgment and good sense of the Treasurer, Mr. Baggally.

A correspondent in the 'Times' has given an analysis of the voting for the purpose of sustaining the Leviathan in its attacks upon the Governors. He says that out of 200 Governors, only 50 were present at the debate; whose fault was that? and that of those 50, only 40 voted. This is an evidence that the ten waverers thought the arguments were favourable to a removal of the hospital, but did not like to commit themselves to a reversal of their former votes. Then of the 40, the writer says that 24 voted for the Treasurer's resolution, the opposition having dwindled down to a miserable minority of 16, out of 200 Governors! The personalities of the writer, with reference to Mr. Baggally's three sons and nephew voting with the majority, are too petty to notice, as they can only injure his own side in the opinion of disinterested men.

LONDON SAUSAGES.

Dr. Letheby brought under the notice of the Commissioners of Sewers, last week, the fact that much of the meat condemned in Newgate Market was carried to dealers in Cow-Cross street, where it was manufactured into sausages, saveloys, and *id genus omne* of gastronomical abominations. He instanced especially the diseased carcase of a pig covered with boils, many of which had burst through the skin; faugh! 'tis too horrible! It appears from Dr. Letheby's statement, that the butchers of St. Luke's and Whitechapel, trade largely in these loathsome carcasses. The Commissioners resolved to transmit a copy of the Doctor's report to the various Metropolitan Vestries to secure their co-operation to abolish these disgusting practices. Cannot the Commissioners do a little more on their own account? Is it not absurd, that after they have condemned a carcase as poisonous, they should permit the owner or his agent to carry it away to be cut up into sausages? What is this but a licence to poison? When a carcase has been seized, it should be taken away by one of the Officers of the Corporation, and effectually destroyed, or at least, so treated by boiling or maceration, that it could not be used for human food. The value of the skins, fat, bones, &c., of these animals is, no doubt, considerable, and they ought not, therefore, to be thrown away; but it would be very easy to preserve what is useful for commercial purposes and destroy the rest. The Metropolitan Vestries will, we hope, assist the City authorities in suppressing this great evil.

CORN-CUTTING IN AMERICA.

The corn-harvest is abundant in America, and, by authority of Government, the reapers have gone in with their sickles. This is good news for the hungry artisans of Lancashire. The American Army is to have its corns cut, that it may march the faster. General McClellan has been so long marching from Washington to Richmond, that the Government was anxious to know the reason why, and upon inquiry it turned out that the soldiers had bad corns, whereupon the Government forthwith ordered that a corps of chiropodists should be sent to the troops to take care of their "poor feet." Recent news from America informs us that the chiropodists are at work, and mowing off corns with wonderful dexterity. The cause of this overgrowth of corns appears to be the ill-made boots supplied to the army, probably by some democrat contractor, who thought this the most effectual way of circumventing the designs of his political opponents. The admirable manner in which the Federal Army has been provided with attendance and Medical comforts has been the theme of general admiration, notwithstanding the thousands of deaths that have occurred from neglect and hurried retreats; and this expedition of chiropodists is only another proof of the zeal of the Government in this respect. It is the first time in history, however, that an army of 200,000 men were drawn up on parade to have their corns cut preparatory to marching upon the enemy. Napoleon the Great, who knew something about the art of war, never dreamed of this expedient; but he is famous for the *mot*, that "there is but one step from the sublime to the ridiculous."

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

On "St. Luke's day," being the Charter day of this ancient College, the annual election of office-bearers took place, an event which we cannot let pass by without a word of comment, so far as the appointment of a President was in question. We had been led to believe that the election of Dr. Corrigan this year had occurred with the unanimous consent of the College. Finding, however, that this was not the case, but that, on the contrary, the continued incumbency of Dr. Corrigan was decidedly objected to by a large number of members, we feel it to be our duty to give a correct statement of the circumstances, so that such an abuse of influence and injustice to other members may not again be perpetrated. During the two previous years, the special favour of electing the same President was paid to Dr. Corrigan, who, in the estimation at least of some of his confreres, deserved this compliment on their part towards him, and who, accordingly, placed him again in that honourable position—an honour which ought, in all reason and

modesty, to have satisfied him. This year, however, to the no small surprise of a very influential portion of the members of the College, Dr. Corrigan again presented himself for appointment as President, a proceeding which those members could not and would not sanction unopposed, as it had very much the appearance of an attempt at monopolising the presidentship in the person of one individual; two years being the usual period for it to be held, even by the most popular President. The gentleman put forward by the anti-monopolists, at the recent election, was one in every way fitted for the honour, his antecedents, both professional and personal, being admittedly of the highest order; one who has conferred lasting credit on the College by his able writings and works, as well as on the public at large, for their great practical worth. That gentleman is Dr. Neligan, the Vice-President, so long the distinguished and thoroughly independent Editor and Proprietor of the 'Dublin Quarterly Journal of Medical Science,' and for some time past, placed in the first rank of metropolitan physicians. Although the most strenuous efforts were called into requisition for the re-election, *for the third time*, of Dr. Corrigan, the result will, it is hoped, teach him and all such over-ambitious candidates a lesson not soon to be forgotten. With the utmost pressure that could be brought to bear by Dr. Corrigan's out-and-out supporters, his election now—will it be credited—was carried by his own casting vote! The unusually large number of twenty-eight attended on this important occasion, fourteen voting for Dr. Neligan, and fourteen for Dr. Corrigan. Here, then, was a fix, as the Americans say, which was gotten over how? by the President of the past year giving the casting-vote in his own favour, and thus voting twice for himself! We have only further to add, that we look upon the result of this election as anything but flattering to the successful candidate; but, on the contrary, a virtual victory to Dr. Neligan and his independent supporters, the latter deserving all honour for the course they pursued on this important occasion.

KENNY *v.* O'ROURKE.

An action for damages has been brought in the Crown Court at the Enniscorthy Quarter Sessions by a poor man called Kenny against Dr. O'Rourke, the medical officer of the Enniscorthy Workhouse Infirmary, on the allegation that Dr. O'Rourke failed to reduce a dislocation of the hip-joint, and that Kenny has been rendered permanently lame by the surgeon's want of skill. For the defence it was stated that there was a fracture of the edge of the acetabulum, as well as a dislocation; that the luxation was twice reduced; and that the head of the femur as often slipped out of the joint in consequence of the fractured state of the acetabulum. The evidence was approved by the jury, and we are happy to say that Dr. O'Rourke received a verdict in his favour.

A COURT OF APPEAL IN CRIMINAL CASES.

Our readers will bear in mind that when the investigation into Smethurst's case was in progress, we strenuously advocated the establishment of a Court of Appeal in Criminal Cases. We thought it intolerable, after a judge and jury had decided a case, that it should be referred for further investigation, and perhaps for the reversal of the decision, to a Home Secretary, in his private office, assisted by some lawyer or medical man supposed to be an expert in the particular class of evidence under question. The 'Times' at that period was strong with technical arguments against the change, and as a matter of course, our would-be leaders of medical opinion followed in its wake, but on Friday last the 'Times' published an important article favourable to a reconsideration of the subject, and emphatically condemning the present irresponsible practice. We shall, of course, hear many echoes of the 'Times'' thunder, and we trust that the period is not distant when our Criminal Law will be put in this respect on a more rational foundation.

MEETING OF THE GENERAL MEDICAL COUNCIL.

Our readers will learn from a report in another page, that the General Medical Council has resolved to adhere to the old grain weight, but have abolished the use of the scruple and drachm, so that in future the recognised weight will be the grain, ounce, and pound avoirdupois. This is a most desirable conclusion of the controversy.

GARIBALDI'S WOUND.

It appears from recent accounts that the continental Physicians are at issue with Mr. Partridge with respect to the question whether the ball be or be not in Garibaldi's foot. M. Nélaton has been called in by the Italian Government to aid the medical attendants with his opinion; and there has been a consultation of seventeen physicians, who after careful probing came to the decision that the ball was in the foot, though it was nowhere to be discovered. The gallant patient is to be subjected to another examination to determine the site of the ball. M. Nélaton is reported to have said that there would be no difficulty in extracting it, and that amputation would not be necessary. This ball seems to be in the position of the needle in the bundle of hay; and it does appear odd if the ball be there, that its whereabouts has not been detected after so many examinations. At any rate, Mr. Partridge's judgment has not *yet* been disproved. Mr. Partridge has gone to Spezzia to be present at the next consultation, and we shall soon know whether he withdraws or maintains his original opinion.

REVIEW OF THE PERIODICALS.

(Continued from page 329.)

cancerous breast by the knife, was not only not useful, but was actually detrimental, inasmuch as that it diminished the duration of life in cancer cases. Such was a very prevalent idea, and it acted most injuriously; for many patients, who had become acquainted with the opinion, declined all surgical interference, and gave themselves up to a most miserable death. The idea was fostered by some surgeons. Now, what are the facts? Why, the very opposite of that which was supposed; and it is now proved that, so far from being diminished, the duration of life is most materially increased by the operation. Even if it were true that the expectancy of life was diminished, I may ask, what is the value of length of days in such misery—'*Longa dies, igitur, quid contulit?*'

The next article is an abstract of *Professor Pettenkofer's Researches on Respiration and the Chemistry of Life.* The difficulty of conducting any experiments relating to the physiology of life without subjecting the individual to unnatural constraints, induced Professor Pettenkofer to invent a machine, which is thus described:

"The amount of change of air which is sufficient for a man under almost any circumstances, is, according to Dr. Pettenkofer's researches, about sixty cubic metres per hour, in large rooms; that is, the same quantity which is now-a-days claimed for a patient in hospital wards. Although this amount is considered excessive by some writers, and a few believe twenty cubic metres quite sufficient, at least for healthy persons, and in small rooms, Dr. Pettenkofer was, nevertheless, obliged to pay regard to this measure in constructing an apparatus for respiration, in which a man could remain for twenty-four hours. He, therefore, made a contrivance, by which he was able to effect a change of air, varying from seventy-five to fifteen cubic metres, and even less, per hour. It thus became possible to perform experiments on the influence of a very considerable and a very trifling change of air upon the system and the metamorphosis of matter, to put a reliable touchstone to the many diverse statements hitherto made, and to finally settle this question, which is of so much practical importance.

"Another important point in constructing the machine was the size of that portion of the apparatus in which a man should stay during the experiment. Dr. Pettenkofer considered it would be

best to give this part the shape of a chamber, in which a bed, table, and chair might be placed, and some space was left for exercise and walking. The smallest space which seemed to be sufficient for this, appeared to be a cube of eight feet (2·335 metres), that is, of 512 cubic feet, or 12·7 cubic metres, As a perceptible draught is very unpleasant, and even detrimental to us, especially if we have to keep quiet, it was likewise necessary to determine whether the transverse section of the room (5·452 square metres) was sufficiently large for rendering the movement of air imperceptible. If we know the transverse section of a ventilated place, and the quantity of air which moves in it per second, we may easily calculate the rapidity with which it moves, if we divide the quantity of air by the transverse section. If 15 cubic metres of air pass through a room per hour, 0·0444 cubic metres pass through it in the second; and since these move on a transverse section of 5·452 square metres, it follows that the air moves with a rapidity of 0·008 metres in the second. But if the largest quantity—viz., 75 cubic metres—pass through it per hour, the air will only move with a rapidity of 0·0208 metres in the second. Real draught is only perceived as soon as the rapidity of motion of the air has risen to one metre and upwards. There was, therefore, no occasion to fear that a draught should be felt in the chamber of the apparatus, or that a candle would not burn there steadily. These suppositions were afterwards fully confirmed."

The value of this article is much diminished by the author omitting to take the trouble of reducing the foreign measures of metres, litres, and grammes to the English equivalents. After showing that the amount of carbonic acid evolved by respiration is somewhat less than the amount of oxygen inspired, and adverting to other disturbing causes, the author says:

"It now appeared incumbent upon him, first, to discover the best means for producing a constant current of air of an *ad libitum* amount; and, secondly, the means for an accurate measurement of the same. The first requisite was easy to procure; a couple of sucking-cylinders, with ventilation valves, moved regularly, and *ad libitum*, by a mechanical contrivance—say, a clock-work, and connected with the respiration-room by means of conducting-tubes, being quite sufficient for it. If the respiration-room was, on the opposite side, left to communicate freely with the atmosphere by means of corresponding apertures, it was evident that an equally large volume of air was always obliged to enter on this side, as was removed by the sucking-cylinders on the other side. As sucking-cylinders, with ventilation valves, are not fitted to serve for accurate measurements, in consequence of their not always being quite tight in certain parts, it was necessary that an apparatus for measurements should be interpolated between them and the respiration-room. This second condition had already been previously fulfilled. The wet gas-meters invented by Mr. Samuel Glegg, who takes a deservedly high rank for inventive genius in all that concerns the manufacture of gas, are, according to numerous experiments made by Professor Pettenkofer, quite sufficient for allowing a constant and accurate measurement to be taken of a current of air produced by pressure or sucking within closed tubes. It is a curious circumstance that there is no work on technology, or even on the subject of gas itself, in which a correct idea of the principle of the gas-meter was conveyed, and only few chemists and physiologists are conversant with it; but the instruments made by the best makers are so perfect that the indications given prove accurate as far as $\frac{1}{1000}$th."

Dr. Kirkes continues his paper on *Pericarditis consequent on Pyœmia*. He says:

"The recent case at St. Bartholomew's Hospital, which suggested the publication of this paper, was, quite briefly, as follows:—

"A boy, about sixteen years old, while engaged in a fight with another boy, received a violent kick on the left shin, about an inch below the knee. This occurred on August 22nd. On the 26th he presented himself at the Hospital, and showed his leg to Mr. Marsh, the house-surgeon on duty. There was a red, tense swelling over the injured part, and Mr. Marsh, being struck with the peculiar haggard, anxious look of the boy, admitted him into the Hospital, under the care of Mr. Savory. On auscultation, a well-marked pericardial friction sound was detected. The patient complained of general pains in the limbs, and of feeling very ill. There was, however, no swelling, redness, or particular tenderness of any joint, and, moreover, no rheumatic odour. The skin was hot, the pulse about 120, and the tongue coated with a yellowish fur. On the day after admission a few small pustules were detected on front of the chest and abdomen. The swelling over the left shin was incised, and much puriform matter evacuated, and the patient was supported with bark, wine, and good nourishment. The nervous agitation, however, increased, the symptoms became more typhoid, signs of copious pericardial effusion ensued, and the boy died exhausted on the 29th, three days after admission, and seven from the receipt of the injury.

"On post-mortem examination, the pericardial cavity was found distended with turbid serum, while flakes and curdy masses of recent lymph were spread over the surface of the membrane, which was intensely vascular. The muscular tissue of the heart, when cut into, was found generally softer than natural, especially about the left ventricle. Together with this general softening, there were numerous buff-coloured patches, as if resulting from some change in the tissue rather than from actual deposit; in many places such discoloured parts were much softened, but several were even reduced to diffluent, purulent-looking masses, varying in size from pins' heads to split-peas. This softened material, when removed, left little cysts or sacs in the substance of the muscular wall. Such masses were especially abundant about the base of the heart, and in the walls of the left ventricle. Several were close to the pericardial surface of the heart, and one at least, detected by Dr. Andrew, appeared to have opened into the interior of the left ventricle. Microscopic examination of the softened material exhibited little else than an abundance of oil globules of all sizes; much granular matter; and many shreds of muscular tissue, the majority of which presented more or less decided evidence of granular degeneration. No actual pus corpuscles were observed. All the valves of the heart were healthy.

"Within the lungs were numerous ordinary pyæmic deposits, many of which were reduced to collections of soft, purulent-looking matter. Over several of these which were near the surface of the lungs, were signs of recent pleurisy, in the form of soft lymph over highly-vascular membrane. Several purulent-looking deposits were also found in the soft pulpy spleen, and on the surface of each kidney. The liver was free. Much mischief was found about the left shin: the soft tissues about the seat of injury were infiltrated with greyish, purulent-looking, blood-stained fluid; similar fluid existed between the periosteum and the bone, which were separated from each other all around the shaft of the tibia for a considerable distance beyond the seat of injury; the tibia itself, at the part where the blow was inflicted, was very vascular, and rough to the touch. The saphena vein was free; the femoral not examined.

"Cases of the above kind, where inflammation of the pericardium is found associated with purulent deposits in the muscular tissue of the heart, have usually been described as cases of carditis, or acute pus-depositing inflammation of the muscular substance of the heart. But I believe now that this explanation is erroneous, and that the muscular tissue of the heart is not primarily at fault, but is merely, by accident, as it were, and in common with other parts of the body, the seat of secondary formations in consequence of contaminated blood, and that the attendant pericarditis is merely an accident of the proximity of some of the deposits to the surface, and, it may be, of their bursting into the cavity. Let me state some of the principal grounds for this opinion, which it is especially desirable to do, since a right appreciation of the nature of this structural change in the heart is very important in relation to the treatment of such cases; for as they are usually associated with some primary affection of a bone or joint, and as other joints are liable to be secondarily affected by subsequent deposits or formations of pus in or around them, the cases are extremely liable to be mistaken for cases of rheumatism, from which disease, however, they essentially differ, and require a totally different treatment.

"1. That the changes in the muscular texture of the heart are induced by local formations or deposits from contaminated blood, and are not the result of purely inflammatory processes, seems evident from their very nature and character as exhibited on close examination. For, independently of the fact that muscular tissue rarely inflames except as the result of direct injury, the appearances presented by the changes in question are much more like those presented by secondary formations in other organs, than the effects of simple inflammation. Thus, they often occur as congested spots or blotches, with a pale yellowish-brown or buff-coloured centre, or as fawn coloured streaks, or small, yellowish, isolated points of pus in the midst of firm and apparently healthy muscular tissue. Whatever be the character presented by the deposit, indeed, the intervening muscular tissue itself seems free from disease, or not more congested and softened than the presence of the foreign deposit might account for. When the deposits are very numerous, and close together, the congestion and infiltration of the intervening fibres is, as might be expected, very considerable; but when the deposits are few in number and far apart, the intermediate tissue appears scarcely changed from its ordinary state.

"2. Again, the development of symptoms referable to the heart was, in most of the cases of so-called carditis which I have observed, clearly preceded for several days by some cause calculated to give rise to contamination of the blood, such as inflammation and suppuration of a bone or joint ensuing idiopathically or resulting from injury, as in the three cases just narrated. In one very marked instance, the whole mass of blood had been vitiated by the bursting of a large abscess in the substance of the heart into the interior of both ventricles.

"3. Moreover, in all the fatal cases of the kind which I have examined after death, the lungs and various other parts presented abundant secondary formations, similar to those in the heart, a circumstance favouring the view that they had all originated in the same general cause—namely, a contaminated state of the blood.

"4. That the inflammation of the pericardium met with in all the instances was the direct consequence of the changes in the muscular tissue of the heart, was rendered probable by the fact, that in all of them some portion of the deposit was found close to the external surface of the heart; that in some the pericardium was softened could not be found; and in others the collection of pus projected above the surface, and had, probably, in some cases, given way, and entered the cavity. The mere proximity of an abscess, however, independent of its bursting, would doubtless be sufficient to induce inflammation in a membrane so sensitive as the pericardium. We see a like effect sometimes when any other foreign substance,—such as a mass of cancer, especially when softening—protrudes into the pericardium, or when this membrane is the seat of tubercular deposit."

We extract a portion of the comments made in this case by the author:

"It is chiefly because the class of cases here specially noticed are in many respects so very like, and yet in nature so really different, from cases of ordinary acute rheumatism, that it is so peculiarly important to read them aright. The persons in whom the series of morbid phenomena just pointed out—namely, primary affection about a bone or joint (or other local cause of blood-poisonlng) and secondary mischief in the heart, are apt to occur, are (at least so far as I have seen and read), weakly, hard-worked, badly-fed lads at about the age of puberty. So far the similarity to rheumatism is close, for boys of this class are not unfrequently the subjects of a first rheumatic attack. The disease sets in, too, like rheumatism, with pains in the limbs and joints, and, like it, is soon followed by cardiac or pericardial complication. A close examination, however, will almost invariably detect a manifest peculiarity even in those symptoms which seem to be rheumatic, as well as certain distinctive characters which are not met with in ordinary rheumatism. Thus, in the form of disease in question, the pain at first complained of in the limbs is usually fixed to one part, instead of being somewhat general and shifting its seat from one joint to another, as is usually the case with rheumatic pains. The pain, too, is often referred to the bones and fleshy part of the limbs, rather than to the joints, as in rheumatism. There is generally wanting, too, the swelling and characteristic streaky redness so often found about rheumatic joints, the swelling when present being usually slight, and rarely attended by any redness. The febrile symptoms also set in with more severity than in rheumatism, their onset being usually indicated by a distinct rigor, after two or three days' suffering with pain in one or more limbs.

"There is also greater disturbance both of the nervous and vascular systems than occurs in rheumatism; the former denoted by excitement, mental distress, and agitation, succeeded by delirium, and usually terminating in stupor or coma; the latter denoted by an unusually rapid action of the heart, the pulse generally ranging from 120 to 140. Moreover, the peculiar odour characteristic of rheumatism is absent; and, what is a most important, and, I believe, constant symptom, an eruption of small pustules, quite different from the miliary vesicles in rheumatism, sometimes few in number, sometimes rather abundant, appears over the limbs, face, and trunk, in a few days after the commencement of the febrile symptoms.

"Lastly, the disease runs a far more rapid, as well as a more deadly course than rheumatism, death usually ensuing, with typhoid symptoms, in from six to ten days from the beginning of the attack."

The 'Lancet.' Mr. Hilton's Lectures on *Pain* are continued in this journal, where we find also a paper on Dr. Pettenkofer's *Researches on Respiration*, thus either one writer is expatiating in both journals, or one journal is foolishly competing with the other. Both articles are almost literal rechauffé of Pettenkofer's original productions. The 'Lancet' article pretends to be "an original Pettenkofer," for it has Pettenkofer's name inscribed in the heading; but this is apparently a *ruse*, the literary work being done by an English hand. The subjects treated are precisely the same in both articles. Mr. Ernest Hart contributes some cases in *Operative Surgery*, and Dr. David Johnson communicates some brief notes of a case of *Preternatural and Difficult Labour*, followed by Cæsarean Section. We extract them:

"On Thursday evening, Aug. 7th, 1862, at half-past six, I was sent for to E. M——, in labour of her first child, having gone the full period of gestation. She was seventeen years of age, very short in stature, and unmarried, and had been very rickety when a child. She was under the care of a midwife, who requested my assistance. On my arrival, I ascertained that she had been in labour about twelve hours, but that her pains had ceased some time. She was greatly depressed and restless, her pulse quick, and her tongue much furred. On examination, the right hand lay in the vagina, with about eight inches of the cord prolapsed; while a little higher up both feet could be felt, evidently right and left. High up beyond the brim I could detect the head, but there was very little available space, and the parts were exceedingly dry and hot. With some little difficulty I grasped the feet, intending to bring them down and deliver by turning; but after using what I considered warrantable extending force several times, I ultimately abandoned that idea; and passing my hand at this juncture as high as I possibly could revealed a pelvis which at its brim did not appear to be more than two inches and a half in diameter. My impression was, that to turn or alter the position was utterly impracticable.

"Finding the case a bad one, I sent for my friend, Mr. Thompson, a surgeon of much midwifery experience, who remained with me for some hours. Every effort at delivery proved unavailing. The top of the vertex of the child being within reach, we determined upon craniotomy, which, after emptying the bladder, I performed through the anterior fontanelle; but although the whole of the brain was evacuated, with several portions of the cranium, yet with all the exertion we dare use by the aid of the crotchet and Dr. Davies' forceps, the head still maintained its position, not moving in the slightest degree. Finding it, therefore, impossible to accomplish the delivery, and feeling assured that it ought not to be delayed any longer, I proposed, lastly, the Cæsarean section, to which Mr. Thompson, Mr. Pope, and Mr. Finch, after a fair trial to deliver, agreed. In this we were disappointed for several hours, not being able to gain the consent of the patient, while her friends lived ten miles away. By this time, which was sixteen hours after I first saw her, she had become restless, hot, and feverish, with a pulse risen to 130. She, however, at length consented, and I performed the operation at one o'clock on Friday, in the usual manner, in a temperature of 76°. There was little hæmorrhage, and she bore the operation with great fortitude, and at its completion expressed herself greatly relieved.

"I saw her at two o'clock, being an hour after the operation. Her pulse was 134 and weak, and there was a little oozing through the vagina, and she complained of pain. I gave her two grains of solid opium, which relieved her. The abdomen at four o'clock was considerably swollen, but not tender upon pressure. She had vomited twice since I last saw her, but had taken food and drink at intervals of ten minutes in minute quantities. At six she seemed better, and retained everything; had voided urine several times, and the discharge appeared natural. At eight the abdomen was very tympanitic, and she complained of great pain across the chest; respiration was hurried, tongue very dry, and pulse amounted to 141; no sickness; had slept well nevertheless, and expressed herself better.

"From this time she went on satisfactorily until Sunday morning, when she was attacked with rigors and vomiting, her pulse rising to 144, respirations 40, breathing laboured, tongue highly coated, face flushed, and had wandered a good deal the last few hours. I saw her at eleven o'clock, and she expressed herself better. Soon after I left her she desired to be raised a little, and sank instantly, having survived the operation forty-six hours. I could not obtain the sanction of the friends for a post-mortem examination."

The same journal also contains an article by Dr. Nichols on *Lateral Pressure and the Venous Circulation*, strongly corroborative of the theory some time ago put forward by this gentleman. We quote the article:—

"A boy, of five or six years of age, fell the other day from a considerable height, fracturing his skull very extensively. The trephine was applied in two or three places to raise the depressed portions of bone, but the child died.

"Now, there is nothing remarkable in this, but the description that my informant, who is a layman, gave me of the pulsating brain, as seen through the circular openings, pushing up its membranes, and rising and falling with every stroke of the heart, was too corroborative of my theory of 'lateral or external pressure as effecting the circulation of the venous blood' for me to leave it unnoticed, supplying, as it were, the place of express experiment.

"That the membranes rise on the removal of the bone, from the brain having been compressed into a case scarcely large enough for its reception, cannot be admitted; for if the action of the heart be lowered or stopped, as in the case of death, the tumour disappears, and the brain resumes its place within the skull-cap. Its rising into the opening is entirely owing to the force with which the heart throws into it the arterial blood, and the amount of that rising is the measure of the alternating pressure it sustains. I say alternating; for were the pressure constant, the cerebral circulation could not, in my opinion, go on, for the effect of it is, by forcibly raising the brain against the calvarim, to compress, empty, and for the time to close the sinuses; but depending, as it does, upon the systolic action of the heart, it relaxes when that action is completed, securing the onward current of the venous blood by the vacuum it has thus prepared for it.

"But this action on the sinuses is external, and bears out my

theory—that the forward movement of the blood in the veins is due to a lateral or external pressure operating on their coats, rather than to a *vis a tergo* operating on their contents. For this pressure, as instanced in the circulation of the brain, would be inimical to the progress of the venous blood, if that progress depended on the latter cause; and yet this pressure everywhere exists—everywhere this compression, caused by a distending and resisting force. Now, let the normal antagonism of these forces be weakened or disturbed, and what follows? Why venous congestion, with all its consequences. Take, for instance, the hydrocephalic head: here the deficiency, in the early stages of life, of osseous matter in the cranial covering had failed to supply the resistance to the distending arteries that was necessary for the perfect emptying of the veins and sinuses; hence its often enormous magnitude.

"Take now the converse of this. Let the distending force be abnormally lessened; let the power of the heart's contraction be unequal to the full distension of the arteries of the brain, and similar results ensue. The veins and sinuses are no longer sufficiently compressed for health, their blood accumulates within them, and a state of congestion takes place, indicated by giddiness and unsteadiness of gait. Do the causes of epileptic seizures find an explanation here? The convulsions attending them point, I think, to the meninges of the brain as the seat of the disturbance; whilst the remedies found most efficacious in warding off a return of them belong to a class that is best calculated to strengthen the muscular fibre of the heart.

"We have another illustration of the effect of disparity of pressure in the varicose leg. Here the skin has ceased to afford its normal resistance to the distension caused by the influx of the arterial flow: the vein is no longer compressed, and becomes distended by its retarded blood. Apply a roller, restore the antagonistic pressure that nature has withdrawn, and the varix disappears. Now this is but an outward and visible sign of what takes place in all the veins of the body, in the smallest as well as in the largest. They all, in my opinion, greatly depend on external pressure for the propulsion of their contents; but this pressure is variously afforded. The veins of the abdominal viscera receive it from the descending diaphragm; let anything occur to lessen that descent, such as consolidation of the lung from tubercular deposit, and they become congested, and give evidence of that condition by hæmorrhoids, abscess, and fistula. Meanwhile the arteries act forcibly enough; and if the current of venous blood depended on the *vis a tergo* received through them, these phenomena ought not to take place. But it is now generally admitted that that force is expended, or nearly so, in the capillaries; and if so, by what other application of its power does the heart effect the recovery of the blood? I know of none but the one I have already pointed out."

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING, TUESDAY, OCTOBER 28, 1862.

32, SOHO-SQUARE, LONDON, W.

Mr. GREEN, President, took the Chair at one o'clock, p.m.

Present—

Dr. Burrows	Dr. A. Smith
Mr. Arnott	Mr. Hargrave
Mr. Cooper	Dr. Leet
Dr. Acland	Dr. Abjohn
Dr. Bond	Dr. Corrigan
Dr. Embleton	Sir Charles Hastings
Dr. Storrar	Dr. Sharpey
Dr. Alexander Wood	Mr. Lawrence
Dr. Andrew Wood	Mr. Teale
Mr. Watt	Dr. Christison
Mr. Syme	Dr. Stokes
Dr. Thomson	

Dr. Francis Hawkins, Registrar.

The Minutes of the last meeting were read and confirmed.

The President made a statement of the object of this meeting of the General Medical Council.

Read—The resolutions passed by the Executive Committee on July 11, 1862.—(*Vide* Minutes Executive Committee, No. 34, p. 4.)

"That, while the Executive Committee earnestly desires to comply with the instructions of the General Medical Council, in reference to the publication of the British Pharmacopœia, there nevertheless appear to be grave reasons for first considering more maturely the expediency of introducing, under the authority of the Medical Council, the proposed changes used in Pharmacy throughout the Empire.

"That it be accordingly proposed to the Pharmacopœia Committee to re-consider the matter; and that it be suggested that the Astronomer Royal, Sir John Herschel, and Professor Miller, of Cambridge, Members of the Committee appointed to superintend the construction of the present national standards, should be invited by the President to favour the Committee with their opinions on the subject."

Resolutions passed by the Royal College of Physicians, London on July 12, 1862.—(*Vide* Minutes Executive Committee, No. 35, p. 4.)

1. "It having come to the knowledge of this College that, in the new Pharmacopœia intended for publication, under the authority of the General Medical Council, it has been contemplated to introduce a new grain, differing from the standard grain weight of the country the College is of opinion that, however desirable it may be to substitute the avoirdupois pound for the troy pound, it is not desirable to introduce a new grain differing from the standard grain, which has been so long in general use, and is established by Act of Parliament."

2. That Dr. Burrows, as Representative of the College in the General Medical Council, be requested to communicate the resolution to the Executive Committee of the Medical Council."

(Signed) Henry A. Pitman, Registrar.

A letter addressed to Dr. Garrod, Secretary of the Pharmacopœia Committee, by Dr. Christison.—(*Vide* Minutes Executive Committee, No. 36, pp. 2, *et seq.*)

"To Dr. Garrod, Secretary of the Pharmacopœia Committee.

"Edinburgh, July 18, 1862.

"Sir,—There has been laid this day before the Edinburgh branch of the Committee for preparing and publishing the *British Pharmacopœia*, resolutions of the 11th instant, by the Executive Committee of the General Medical Council, relative to the changes proposed by the Pharmacopœia Committee in the weights of pharmacy. The Edinburgh Sub-Committee instruct me to transmit to you, as Secretary of the whole Committee, the views which have occurred to them on this subject.

"The Sub-Committee submit, with great deference, that the Executive Committee of the Council appear to them to have gone beyond their province in entertaining criticisms as to the construction of the Pharmacopœia which has been prepared by the Pharmacopœia Committee, and adopted as the British Pharmacopœia by resolution of the General Council itself of May 21, 1862. The duty of the Executive Committee, as this Sub-Committee understands the powers delegated by the Minute of Council of the same date, is limited to taking all such steps as may be necessary for the publication of the British Pharmacopœia, and does not extend to controlling the Pharmacopœia, which has been sanctioned by the General Council. Had the Executive Committee, therefore, simply remitted the letters of Dr. Paget and Mr. De Morgan to the Pharmacopœia Committee, they would have done, as this Sub-Committee think, all they could correctly do with the subject of these letters, and such an answer would have been given by the Pharmacopœia Committee as would have probably been satisfactory to all parties.

"With this preface, the Sub-Committee beg to remind their brethren of the conjunct Committee that the proposed change in the Pharmacopœia weights was carefully considered by three Sub-Committees, each consisting of five Members, at least, and in each of which the three branches of Medicine—Physic, Surgery, Pharmacy—were represented; that it was subsequently considered at a conference of three delegates from each Sub-Committee in May, 1859; that at first prejudices were naturally found to exist against the change; that the same objections now urged by Dr. Paget were at that time brought forward, with others at least as important; but that, in the end, all the Members of the conference agreed that the change should be adopted.

"In the Pharmacopœia Committee there was no want of Members amply competent to deal with the scientific, no less than the practical, bearings of the subject, and aware of the importance of not losing sight of science while dealing with practice. The Sub-Committee, therefore, do not see the necessity or the propriety of appealing to the opinions of the scientific gentlemen whom the Executive Committee suggest as persons to whom the subject should be referred. The Sub-Committee have, one and all, the highest respect for the eminent men of science who have been named, but they submit, that, as to a question of mingled science and practice, and one much more of practice than of science the Pharmacopœia Committee do not need to refer to any scientific men; and that if they are not themselves more competent to settle such a question than any mere scientific committee, they ought never to have been appointed, as assuredly they would have consented to undertake the duty entrusted to them.

"The objectors to the proposed changes in Pharmaceutic weights appear to have lost sight of the fact that the Pharmacopœia Committee had to deal—1. With an already existing serious, and practically inconvenient, deviation of the weights and measures of Pharmacy from those of the Imperial Standard; 2. With a difference between the pharmaceutic weights of the three existing Pharmacopœias of the United Kingdom; 3. With a want of conformity between the weights and the measures in each of the three Pharmacopœias; and 4. With the long established adoption in Pharmacy of a fluid-grain (minim) differing from the weight grain, but exactly corresponding with the new Pharmaceutic grain.

"All these discordances the Committee, after long and careful consideration, saw that they could easily remove, so far as practice

was concerned, without injury, and with no more than a merely temporary inconvenience, by the slight and simple alteration which has been adopted. In particular, while they have established a slight difference between Pharmacy and other trades in the value of the grain, they have introduced for the first time a conformity in that of the ounce and pound. This must be admitted to be an important object, because the pound and ounce are much in use in the various trades which come in contact with that of Pharmacy; but, on the other hand, as the grain is very little used in the relations existing between Pharmacy and other trades, a slight alteration in its pharmaceutic value cannot occasion serious inconvenience.

"The Edinburgh Sub-Committee beg to repeat, in terms of the Report of the United Committee, which was adopted by the General Medical Council on the 21st of last May, that in the new Pharmacopœia care has been taken to alter the formulæ of the old Pharmacopœias, so that the doses of active substances shall not be altered, so far as the change in Pharmaceutic weights is concerned. They are further satisfied, that any accidental error, during the period of passage from the old to the new grain, will not be of the slightest signification as to the action of even the most powerful remedies. And they have to add, that they have received the testimony of the ablest judges in the department of pharmacy, that the proposed system of Pharmaceutic weights and measures, including the change of value of the grain, will be found very soon to be a great benefit to the Pharmaceutic Chemist.

"With these advantages in prospect, the Edinburgh Sub-Committee are not deterred by the objection that science will be slighted by the proposed change. They are inclined to think that science has really little to boast of hitherto in the organisation of Imperial weights and measures of the United Kingdom, and very little to suffer through any partial deviation from them. At any rate they are unable to see how the change in value of the grain in the trade of Pharmacy disregards or injures science in any respect.

"In point of fact, the Pharmacopœia Committee did not adopt the system of weights and measures, which has since received also the sanction of the General Medical Council, without having seriously considered the propriety of throwing aside the Imperial system altogether, and introducing a really scientific one—a decimal system. Two courses were open to them:—either to follow some Continental countries, which have adopted the French metrical system, or to create one more consonant with British ideas, and practically more convenient, by arbitrarily erecting, as Dr. Paget has since proposed, a simple decimal system, founded on the Imperial grain as unit. But the Committee came to the conclusion, that either of these changes would be too wide a deviation from the general system of weights and measures of the country for the General Medical Council to be the first to introduce them; 'and on the whole, that the Legislature, and not the Council, should take the lead in the matter.'—('Pharmacopœia Report of the General Medical Council, May 21, 1862.)

"The Edinburgh Sub-Committee will hail with pleasure the occasion when men of science will persuade trade, commerce, and Government that a decimal system of weights and measures is the most truly scientific of all, as well as the most facile in practice. So far as Pharmacy and Medical practice are concerned, men of science will meet with no opposition to a really scientific system, such as that; and no new obstacle will be created by the system which has been adopted in the meantime for Pharmacy by the Pharmacopœia Committee and the General Medical Council, as the only eligible mode of reconciling real existing discrepancies, and getting rid of actual serious inconvenience.

"I am, your most obedient servant.

"R. Christison."

Resolution of the Dublin Pharmacopœia Sub-Committee:—"That this Sub-Committee fully agrees in opinion with the Edinburgh Sub-Committee that the Executive Committee of the General Medical Council has exceeded the powers entrusted to it by the General Medical Council, in passing the resolutions relative to the proposed change in the weights in the British Pharmacopœia, on July 11, 1862, and that this Committee fully adopts the letter of Dr. Christison to Dr. Garrod, of July 18, 1862, which has this day been laid before the Sub-Committee."

Resolution of the London Pharmacopœia Sub-Committee, August 14, 1862, on the Resolution of the Executive Committee in the General Medical Council, July 11, 1862:—"The London Branch Pharmacopœia Committee is of opinion, that as the manuscript of the British Pharmacopœia, with the proposed weights and measures, has already received the sanction of the General Medical Council it is not at liberty to re-consider the question of the weights, for the purpose of making any fundamental alterations therein, unless empowered to do so by the General Council.

Read—The following memorials on the subject of weights and measures:—

"119 George street, Edinburgh, October 24, 1862.

"To Dr. Hawkins, Secretary to the
Medical Council, London.

"Sir,—I beg respectfully to hand you a copy of resolution carried by a majority of eight to one, at a Meeting of the Council of the Pharmaceutical Society, held here on Wednesday, 22nd current, at which the above subject was fully discussed.

I remain, your obedient servant,

"John Mackay, Secretary."

"That, as the United Committees have already decided that the New Pharmacopœia be published, substituting the Avoirdupois weight as a standard, instead of the Troy, the Council much desire that this should be adhered to, and that, in the mean time, until a decimal system be decided upon for the country at large by Government, no change to the metrical form be made."

"Royal College of Physicians, Edinburgh, October 25, 1862.

"Sir,—At a meeting of the College held this day, the enclosed Resolutions, in reference to the proposed change in the system of weights and measures, were unanimously agreed to. I am instructed by the College to forward to you a copy of these Resolutions, in order that they may be laid before the approaching meeting of the Medical Council.

"I have the honour to be, Sir,

"Your most obedient Servant,

"D. R. Haldane, Hon. Sec.

"Dr. Hawkins, Registrar."

"Royal College of Physicians, Edinburgh, Oct. 25, 1862.

"The Royal College of Physicians of Edinburgh having taken into consideration the proposed change in the system of Weights and Measures, resolves—

1. "That the existing system is so faulty and unsatisfactory that some change is required in it.

2. "That the change suggested in the Report of the Pharmacopœia Committee appears to the College to be an improvement.

3. "That the metrical decimal system having been recommended by a Committee of the House of Commons, it appears to the College that it would be well were the medical Council at once to take the lead in inaugurating the decimal system, by introducing it into the New Pharmacopœia.

4. "That the representative of the College in the Medical Council be requested to support the foregoing resolutions in his place in the Medical Council."

"St. Owen-street, Hereford, Oct. 21.

"Dear Sir,—The resolution on the other side was passed at a large and important meeting of the Profession, held at our County Hospital a few days ago.

"Will you kindly submit it to the consideration of the Medical Council?

"Yours truly, J. Griffith Morris, Secretary.

"Dr. Hawkins, Registrar."

"In the opinion of this Association, it is very undesirable to alter the present weights used in Medicine, unless for the purpose of introducing a decimal system."

"Resolutions of the London Pharmacopœia Sub-Committee on the subject of Weights and Measures, October 25, 1862:—

1. "The London Sub-Committee is willing to relinquish the new (proposed) grain.

2. "The London Sub-Committee thinks it premature to adopt the metrical system of weights and measures, as it has not yet been sanctioned by the Legislature.

3. "As some decimal system will probably ere long be adopted by the Legislature, the London Sub-Committee does not think it advisable to introduce any new system of weights and measures at the present time.

4. "Considering that two of the three National Pharmacopœias employ the Apothecaries' (Troy) weight, the London Sub-Committee is of opinion that that system should be ordered to be used in the British Pharmacopœia.

5. "The alteration of the weights from the avoirdupois to the Apothecaries' weights will of necessity involve a very extensive revision of the manuscript of the British Pharmacopœia."

1. "Moved by Mr. Teale, seconded by Mr. Syme—"That so much of the Report of the Pharmacopœia Committee, which was presented to the General Council on May 14, 1862, as relates to the system of weights and measures, be re-considered."—Agreed to.

2. Moved by Dr. Sharpey, and seconded by Dr. Storrar—"That the grain weight heretofore in use be adopted in the British Pharmacopœia."

Amendment moved by Dr. Christison, and seconded by Dr. Alexander Wood—"That the Council adopt the French decimal system of weights and measures as the basis for the standards of weights and measures of the British Pharmacopœia."—Amendment negatived.

The original motion was then put and carried.

The meeting having been adjourned, was resumed at 7 p.m.

3. Moved by Dr. Storrar, and seconded by Dr. Corrigan—"That the weights used in the British Pharmacopœia be the Imperial or avoirdupois pound, ounce, and grain; and that the terms 'drachm' and 'scruple,' as designating specific weights, be discontinued."

Amendment moved by Dr. Acland, and seconded by Dr. Stokes,—"That all weights below the avoirdupois pound, excepting grains, or multiples, or parts of grains, be omitted from the British Pharmacopœia, whereby the grain weights in use may be uniformly

divided or multiplied, duodecimally or decimally, and the inconvenient division of the avoirdupois ounce into 437·5 grains and its sub-divisions will be avoided."—Negatived.

The original motion was then put and carried.

4. Moved by Dr. Andrew Wood, and seconded by Mr. Syme—"That it be referred to the Executive Committee, in conjunction with a committee consisting of one member elected by each branch of the Pharmacopœia Committee, together with Dr. Garrod, the Secretary of the Pharmacopœia, to carry out forthwith the printing and publishing of the British Pharmacopœia."

Amendment moved by Mr. Arnott, and seconded by Dr. Alexander Wood—"That it be remitted to the Pharmacopœia Committee to proceed with the preparation of the Pharmacopœia, in conformity with the resolution of the Council of this day's date, relative to Pharmaceutic weights. That the editing of the Pharmacopœia be committed to one member elected by each sub-committee. That the publication and sale of the Pharmacopœia be transferred to the Executive Committee."—The amendment was carried.

5. Moved by Dr. Corrigan, and seconded by Sir Charles Hastings—"That the Executive Committee appointed on May 21, 1862,—viz.: the President, Dr. Burrows, Mr. Arnott, Dr. Acland, and Dr. Sharpey, be, and are hereby appointed, with the powers delegated to them at the meeting of the General Council of said date, and the powers given to them by resolution of this day."—Agreed to.

6. Moved by Dr. Stokes, and seconded by Mr. Teale—"That this Council desire to record their sense of the heavy loss sustained by science, by the Profession of Medicine, and by the nation, in the death of Sir Benjamin Collins Brodie, Bart., the first and chosen President of the General Council of Medical Education and Registration."—The motion was carried unanimously, and ordered to be communicated to the family of Sir Benjamin Brodie.

MINUTES OF ADJOURNED MEETING, Tuesday, Oct. 28, 1862.

32 Soho square, London, W.

Mr. Green, President, took the Chair at Ten o'clock, p.m.

Present—

Dr. Burrows.	Dr. Thompson.
Mr. Arnott.	Dr. A. Smith.
Mr. Cooper.	Mr. Hargrave.
Dr. Acland.	Dr. Apjohn.
Dr. Embleton.	Dr. Corrigan.
Dr. Storrar.	Dr. Sharpey.
Dr. Alexander Wood.	Mr. Teale.
Dr. Andrew Wood.	Dr. Christison.
Mr. Syme.	Dr. Stokes.

Dr. Francis Hawkins, Registrar.

The minutes of the last meeting were read and confirmed.

THE FUNERAL OF SIR BENJAMIN BRODIE.

This event took place on Tuesday at Betchworth, in which parish Sir Benjamin had resided for a portion of the year for upwards of twenty years, and where Lady Brodie was buried scarcely fifteen months ago. Although the wishes of the deceased, as well as of his family, were that the ceremony should be quite private, the family could not resist the applications made by the Presidents of the Royal Society and of the Colleges of Physicians and Surgeons, that they should be permitted to attend as representing the bodies over which they preside. In addition to his sons, and son-in-law, and nephews, the Solicitor-General, Sir Archer Croft; William Hunter Burke, Esq.; General Sabine, President of the Royal Society; Dr. Watson, President of the College of Physicians; Mr. Luke, President of the College of Surgeons; Mr. Tatum, Senior Surgeon of St. George's Hospital; Mr. Charles Hawkins, and Mr. Peter Martin, of Reigate, attended.

At the church were many of the neighbouring medical practitioners. Among them the venerable Mr. Martin of Reigate (Sir Benjamin's senior in age), and other neighbours, had assembled to testify their regard and esteem for one who had lived among them so long. Application was made by many public bodies with which Sir B. Brodie had been connected to be allowed to attend if anything like a public funeral had been contemplated.—'Lancet.'

Births, Marriages, and Deaths.

BIRTHS.

Braybrooke.—On the 21st ult., at Park road East, Chelsea, the wife of Staff-Surgeon W. Braybrooke, of a son.

Bishop.—On the 23rd ult., the wife of Henry Bishop, Esq., M.R.C.S., Tunbridge, Kent, of a son.

Brown.—On the 24th ult., at Weymouth, the wife of Andrew Brown, M.D., of a son.

Ellis.—On the 28th ult., at West Redcliffe parade, Bristol, the wife of R. W. Ellis, Esq., M.R.C.S., of a son.

Godfrey.—On the 25th ult., at Carlton house, Enfield, the wife of Dr. Benjamin Godfrey, F.R.A.S., of a daughter.

Harvey.—On the 16th ult., at Cheltenham, the wife of John Harvey, M.D., of a son.

Kingsford.—On the 24th ult., at Upper Clapton, the wife of C. D. Kingsford, M.D., of a daughter.

Mearyweather.—On the 27th ult., at Erin house, Taptonville, Sheffield, the wife of Henry Merryweather, Esq., M.R.C.S., of a son.

Seymour.—On the 16th ult., at Montpellier road, Brighton, the wife of Almeric Seymour, M.D., of a son.

Touch.—August 21, at Cawnpore, E. J., the wife of Dr. E. Touch, Surgeon H.M.'s 46th Regt., of a son.

MARRIAGES.

Bonney—Elliott—On the 21st ult., at Luke's, Chelsea, F. A. Bonney, Esq., L.R.C.S.E., of Chichester, to Mary Theresa Elliott, of Elm house, Chelsea, eldest daughter of the late Cyrus Elliott, Lieut. R.N.

Hall—Roden.—On the 21st ult., at the Parish church, Shiffnal, Salop, Egerton F. Hall, M.D., second son of the late Rev. Samuel Hall, B.D., formerly Fellow of Bras. Coll., Oxford, and Chaplain to H.R.H. the Duke of Clarence, to Rebecca Jane, fourth daughter of the late George Roden, Esq., of Idsal house, Shiffnal.

Massy—Catchpool.—On the 23rd ult., at St. Mary's, Colchester, Richard Tathill Massy, M.D., of Surbiton, to Anna, second daughter of the late Thomas Catchpool, Esq., of The Oaks, Colchester.

Shea—Simonds.—On the 22nd ult., at St. Gabriel's church, Pimlico, John Shea, M.D., of Clapham, to Mary Anne, second daughter of the late George Simonds, Esq., of Reading.

DEATHS.

Bryce.—On the 23rd ult., at Donegal street, Belfast, Dr. Robert Bryce.

Lewis.—September 3, David Thaeker Lewis, aged 43, of yellow fever, while in charge of the U.S. Hospital at Key West.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 29th ult.:—Thomas Martin Cann, Virginstowe, Devon—diploma of membership dated June 12, 1862; Frank Copland, Brenchley, Kent—June 4, 1861; William Gayton, Brick lane, Spitalfields—November 14, 1860; William Kitto Giddings, Leeds April 23, 1862; Edward Hibberd, Tonbridge Wells—May 8, 1862; Alfred Hunt, Bridge road, Hammersmith—May 1, 1857; Charles Samuel Matthews, Portugal street, Lincoln's-inn fields—May 8, 1860; Lewis James May, West Putford, Devon—July 31, 1862; Howell Charles Phillips, Trinity square, July 31, 1862; Rev. James Hudson Taylor, Barnsley—July 27, 1862; Henry Ellery Trewhella (M.D. St. Andrews), Guy's Hospital—April 22, 1862; Henry Waghorn, Soho square, May 9, 1862; Brinsley Marcius Walton, Hurstpierpoint—April 20, 1860; James Yates, Oldham, Lancashire—August 1, 1861.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 23rd ult.:—Edwin Samuel Ayre, Penistone, Yorkshire; Alexander Carson Clarke, Coleraine, Ireland; John Forrest, Blackburn, Lancashire; William Henry Hobson, Charing-cross Hospital; Edwin Hodgson Roe, Eccles, near Manchester; Joseph Shillito, Newcastle-on-Tyne; Thos. Wm. Wasdale Watson, Nottingham place, Regent's park; John Palmer Way, Portsmouth, Hants. The following gentleman also on the same day passed his first examination:—William Arthur Bracey, Guy's Hospital.

The Puckett Subscription.—Mr. Griffin requests us to announce that since printing the names of the subscribers to the Puckett Fund, he has received one guinea each from Major W. Gordon Cumming, Lieut. G. F. Blowers, and Henry J. Gane, Esq., all of whom are resident at Bhopawar, in the East Indies. The students of St. Mary's Hospital have also sent to him 2*l.* 3s. 6d., and Mr. Sagar of Leeds, has forwarded ten shillings each from Mr. Clayton and Mr. W. Hall, and it appears, by the 'Lancet' of October 11, that Dr. Stocker has subscribed 1*l.*, thus raising the entire subscription to 1024*l.* 3s. 6d. Mr. Griffin has been unable to discover the addresses of about twenty subscribers: should any of them see this notice, and write to him, he will forward them a circular of the accounts. Mr. Griffin has received from Mr. Stott, Bartholomew-close, the sum of 20*l.* 8s. from the following subscribers:—Dr. Jeaffreson, 1*l.* 1s.; J. Faulkner, jun., 10s.; G. J. W. Browne 10s. 6d.; E. Weatherley, 10s., T. Wylde, 10s. Messrs. Staples, 1*l.* 1s.; J. Herring, 1*l.* 1s.; Evans Lescher, and Evans, 1*l.* 1s.; S. Booth, 10s.; Messrs. Fergusson 10s.; T. Woodward, 10s.; J. Pepler, 10s.; G. Pepler, 10s.; Messrs. Short, and Faunce, 1*l.*; J. Cutmire, 10s.; Dr. Lobb, 10s.; J. Shoolard, 10s.; P.S. Sweeting, 10s. J. Cockrell, 1*l.*; C. Samuel, 10s. 6d.; J. Ward 10s.; W. Ashcombe, 10s.; W. Collins 1*l.*; C. Wood, 1*l* 1s.; M. Samuels, 10s.; Mrs. Samuels, 10s.; C. Samuel, 1*l.*; Additional, 5s, Miss Street 5s.; J. Bailey, 5s.; W. Herring 5s.; F. Bamford, 2s. 6d.; J. Payton, 5s.; J. Westrop, 7s. 6d.; R. Fox, 2s.; J. Savile, 5s.; Mrs. Stott, sen., 2s. 6d.; H. Ralph, 2s. 6d.

LETTSOMIAN LECTURES.—Dr. Jas. Bird will deliver these lectures before the Medical Society of London, at half-past 8 p.m., on Nov. 17th and 24th, and Dec. 1st, the subject being, "On the Materials and Principles of Public and Private Hygiene, and the application of Hygienic Rules for the preservation of the health of individuals and of Masses of the People."

THE PLAGUE AT WILMINGTON, North Carolina, is increasing in violence. The Jewish citizens of that place, now at Charlotte, have contributed 1,100 dollars to the relief of the sufferers.

NATIVE INDIAN MEDICAL OFFICERS.—Strong representations are now being made to the authorities respecting the claims of the native Indian medical practitioners, who have received the requisite medical education, to be admitted into the service of the Government.

THE NEW SURREY LUNATIC ASYLUM.—A recommendation of the Committee of Visitors, that the surveyor's plans and estimates, amounting to 80,000*l.* should be received, has been agreed to by a majority of nineteen magistrates against nine. The sum is to be raised as usual by the Finance Committee.

A NEW DROP-COUNTING APPARATUS, invented by M. Salleron, has been described in the 'Repertoire de Chimie.' It is composed of a small flask with a side tube, from which the liquor is poured, the diameter of which is determined by experiment with a drop of distilled water. The number of drops of distilled water for a gramme being 20, the number for the same weight of nitric acid will be 27 ; of sulphuric ether 90 ; of laudanum, 34 ; of chloroform, 60 ; of tincture of rhubab, 54, &c.

DIET IN THE ARMY.—Dr. Gibson, the Director-General of the Medical Department of the Army, has represented that the daily ration of meat allowed to the soldier is insufficient to enable him to support the fatigue of duty, and recommends that the supply be increased from three-quarters of a pound to a pound daily.

THE YARRA BEND LUNATIC ASYLUM, VICTORIA.—The Government inquiry instituted to investigate the causes of the numerous deaths occurring in this institution has resulted in the dismissal of the medical superintendent. The management will now devolve on a duly-qualified superintendent, to be sent from England.

BUST OF THE LATE PRINCE CONSORT IN THE ROYAL COLLEGE OF SURGEONS IN IRELAND.—The Royal College of Surgeons in Ireland have just received a marble bust of the late Prince Consort from the studio of Mr. Theed. It is copied from one in the possession of her Majesty by the same artist, her Majesty's permission having been granted for the purpose.

ALLEGED SECRET POISONING IN CEYLON.—The skilfulness of the Cingalese in their preparation of poisons, and their addiction to using them, are unfortunately notorious traits in the character of the rural population. Amongst these preparations, the one which above all others excites the utmost dread, from the number of murders attributed to its agency, is the potent kabara-tel—a term which Europeans sometimes corrupt into cobra-tel, implying that the venom is obtained from the hooded snake ; whereas it professes to be extracted from the kabara-goya. Such is the bad renown of this formidable poison, that an individual suspected of having it in his possession is cautiously shunned by his neighbours. Those especially who are on doubtful terms with him, suspect their own servants, lest they should be suborned to mix kabara-tel in the curry, so subtle is the virus supposed to be, that one method of administering it is to introduce it within the midrib of a leaf of betel, and close the orifice with chunan ; and, as it is an habitual act of courtesy for one Cingalese on meeting another to offer the compliment of a betel leaf, which it would be rudeness to refuse, facilities are thus afforded for presenting the concealed drug. It is curious that to this latent suspicion has been traced the origin of a custom universal among the natives, of nipping off with the thumb-nail the thick end of the stem before chewing the betel. In the preparation of this mysterious compound, the unfortunate kabara-goya is forced to take a painfully-prominent part. The receipt, as written down by a Kandyan, was sent to me from Kornegalle, by Mr. Morris, the Civil Officer of that district ; and in dramatic arrangement it far outdoes the cauldron of Macbeth's witches. The ingredients are extracted from venomous snakes, the cobra di capello, the carawilla, and the tic-polonga, by making incisions in the head of these reptiles, and suspending them over a chattie to collect the poison as it flows. To this arsenic and other drugs are added, and the whole is "boiled in a human skull, with the aid of three kabara-goyas, which are tied on three sides of the fire, with their heads directed towards it, and tormented by whips to make them hiss, so that the fire may blaze. The froth from their lips is then added to the boiling mixture, and so soon as an oily scum rises to the surface, the kabara-tel is complete." It is obvious that arsenic is the main ingredient in the poison ; and Mr. Morris reported to me that the mode of preparing it, described above, was actually practised in his district. This account was transmitted by him *apropos* to the murder of a Mohatal and his wife, which had been committed with the kabara-tel, and was then under investigation. Before commencing the operation of preparing the poison, a cock has to be sacrificed to the yakhos, or demons.—'Sir J. Emerson Tennent's Ceylon.'

MR. THOMAS CALLAWAY, F.R.C.S. Eng., formerly of Guy's Hospital, now residing in Algiers, has just been received (by examination) as "Officier de Santé" of the highest grade, by the Faculty of Medicine of Algeria.

THE METROPOLITAN SCHOOLS.—From inquiries made, we have ascertained that 1,045 students are now engaged prosecuting their studies at the London Hospitals and Schools : in 1861, the numbers registered amounted to 1,124 ; and in the preceding year, 1860, there were 1,228.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following is the subject of the Collegial-triennial prize of fifty guineas :—the Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the anatomical distribution not being required) : the communications (if any) between the lymphatics and the blood-vessels to be demonstrated ; and the influence (if any) which the lymphatic vessels or glands exercise on the fluid they transmit, to be elucidated. There are two Jacksonian prizes for the present year, viz : —The Relative Value of the Treatment of Popliteal Aneurism by Ligature and by Compression, and on the Healthy and Morbid Anatomy of the Tonsils, and the Appropriate Treatment of their Diseases. There are also two subjects for prizes for the ensuing year, 1863, viz. :—the Pathology and Treatment of Diseases of the Larynx; the diagnostic indications to include the appearances, as seen in the living person. And the Normal and Pathological Anatomy of the Various Synovial Bursæ connected with the Muscles and Tendons of the Upper Extremity, and the Treatment of their Diseases. The new list of members, etc., having just been published, we are enabled to give the following analysis of it ;—There are now 1,198 Fellows of the college, of which number 260 have undergone the examinations for the honour, the remaining 938 being honorary and elective Fellows. There appears to be about 13,890 members of the College ; 840 Licentiates in Midwifery ; and 134 persons have undergone the examinations for the certificate of Dental Surgery, being only 34 over the number we published last year. We find, that of the present Council the following gentlemen have twice filled the President's chair :—Messrs. William Lawrence in 1846 and 1855 ; Joseph Henry Green in 1849 and 1858 ; James Moncrief Arnott in 1850 and 1859 ; John Flint South in 1851 and 1860 ; Cæsar Henry Hawkins in 1852 and 1861 ; and James Luke in 1853, and again filling that high office in the present year. Mr. Lawrence, Serjeant-Surgeon to Her Majesty, is the senior member of the Council.

ALLEGED POISONING.—A servant girl was committed at Grantham on a charge of robbing her master. Shortly afterwards she ate some pork-pie which her father had given her, and died in convulsions very quickly. Her death is ascribed to strychnia.

DINNER TO DR. GAIRDNER.—On Tuesday, the 21st ult., a sumptuous farewell entertainment was given to Dr. W. T. Gairdner, at the Douglas Hotel, Edinburgh, on the occasion of his departure to fill the Chair of the Practice of Medicine in the University of Glasgow. The company comprised the most distinguished of the medical gentlemen of Edinburgh.

DEATH OF DR. WILLIAM CHALMERS.—Dr. Chalmers was born at Aberdeen in 1786. Educated for the medical profession, he went to India in 1805, and served as surgeon in the Hon. Company's service. He retired in 1827 with an ample competence, but from the failure of his bankers and agents at Calcutta, he was compelled to resume his professional duties, and became physician to the Royal Infirmary, Glasgow, after which he went to Croydon, in Surrey, where he practised twenty-two years, and was physician to both Archbishops of Canterbury until his final retirement in 1852. He died at Brighton.

OVARIOTOMY IN PARIS.—On the 15th of September last, M. Boinet performed this operation on a woman aged thirty. The incision ran along the linea alba, and was about four inches long ; the pedicle, after the evacuation of the cyst, being two inches in diameter. This was secured by a clamp, differing from, and considered better than, the instrument used in this country, and the pedicle was divided, after having been secured by two ligatures, the stump being left in one of the angles of the wound. The patient has done well, the after-treatment having much analogy with the measures usually adopted in England. On the 9th of October, twenty-four days after the operation, she was walking about, feeling very comfortable, and had menstruated freely a few days previously.

OVARIOTOMY AT LYONS.—It is satisfactosy to observe that the case operated upon by M. Desgranges, at Lyons, is proving successful. The editor of the *Gazette Médicale de Lyon* states, on the 13th of October, that from the 8th to the 12th the patient had menstruated, and that the wound was quite healed up. The recovery, therefore, seems perfect on the thirty-third day after the operation.

NEW HOSPITAL AT CHATHAM.—The authorities of the War Office have decided on erecting an hospital at Chatham for the exclusive reception of the sick wives and children of the troops belonging to the various branches of the service at that garrison. The building will be commenced very shortly.

APPOINTMENTS.—James A. Allan, Assistant-Surgeon, R.N., has been confirmed in the 'Emerald.'—John Wilson Ashford, M.R.C.S. Eng., Acting Assistant-Surgeon, R.N. (additional), has been ap-

pointed to the 'Rattlesnake.'—William Robert Bennett, M.D. Univ. St. And., L.R.C.S. Irel., Assistant-Surgeon, R.N., June 25, 1856, has been appointed to Greenwich hospital.—Dr. I. Strange Biggs has been appointed Resident-Physician and Medical superintendent of the Surrey County Lunatic Asylum.—John Cocker, M.D. Erlangen F.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., has been, elected Medical Officer and Public Vaccinator for the Blackpool District of the Fylde Union, Lancashire, *vice* William Moore, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., deceased.—William Godwin Coombs, M.D. Univ. St. And., M.R.C.S. Eng., and L.M., L.S.A. Lond., has been appointed Assistant Medical Officer to the Devon County Lunatic Asylum at Exminster, *vice* George James Symes Saunders, M.B. Univ. Lond., M.R.C.S. Eng., L.S.A. Lond., appointed Medical Superintendent.—Arthur James Cumming, M.R.C.S. Eng., has been appointed Consulting-Surgeon to the St. Thomas's Hospital for Lunatics, near Exeter, *vice* Charles Knighton Webb, M.R.C.S. Eng., L.S.A. Lond., deceased.—Gabriel M. Eagles, Assistant-Surgeon, R.N., has been appointed to the 'Impregnable.'—William Guy, M.D. Univ. Edin., M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator for the Thorpe District of the Blofield Union, Norfolk, *vice* Edward Crickmay, M.R.C.S. Eng., L.S.A. Lond., appointed to the Dilwyn District of the Weobley Union, Herefordshire.—Charles John Healy, L.R.C.S. Irel. and L.M., has been appointed Medical Officer and Public Vaccinator for the Quin Dispensary District of the Tulla Union, County Clare, *vice* Thomas Bunton, L.R.C.S. Irel., L.M. Dublin Lying-in Hospital, deceased.—William Helps, M.D. Univ. St. And., F.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., has been appointed Resident Physician and Medical Superintendent to the Royal Bethlehem Hospital for Lunatics, *vice* William Charles Hood, M.D. Univ. St. And., F.R.C.P. Edin., M.R.C.P. Lond., appointed Visiting Physician in Lunacy to the Court of Chancery.—Alfred Hill, M.D. Univ. King's Coll. Aberd., F.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Birmingham Borough Gaol, *vice* James Vose Solomon, F.R.C.S. Eng., L.S.A. Lond., resigned.—James George King, M.R.C.S. Eng., L.S.A. Lond., has been appointed Assistant House-Surgeon and Dispenser to the Royal Portsmouth, Portsea, and Gosport Hospital, *vice* John Lambert, F.L.P.S. Glasg., resigned.—Paul Howard MacGillivray, A.M., M.R.C.S. Eng., has been appointed Resident Surgeon to the Bendigo Hospital, Sandhurst, Victoria.—Philip Edward Miall, M.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, *vice* J. Poppleton, M.R.C.S. Eng., L.S.A. Lond., whose term of office (ten years) has expired.—Frederick William Newcombe has been declared the successful Competitor for the Medical Scholarship of the University of Durham.—Thomas A. O'Flaherty, M.D., Assistant-Surgeon, R.N., January 19, 1860, has been appointed to the 'Britannia.'—Thomas George O'Sullivan, L.R.C.S. Irel., L.A.H. Dub., L.M. Rotunda Hospital, Dublin, has succeeded Patrick Henry Keon, L.R.C.S. Edin.. as Resident Medical Officer to the Limerick Workhouse.—Denis Augustine Riordan, M.D., M.R.C.S. Eng., Acting Assistant-Surgeon, R.N., has been appointed to the 'Rattlesnake' (additional).—William Roche, Assistant-Surgeon, R.N., May 17, 1859, has been appointed to Plymouth Hospital.—Dr. George E. Wright has been appointed House-Surgeon, Clerk, and Apothecary to the Dumfries and Galloway Royal Infirmary, *vice* Thomas Brisbane, M.D. Univ. Edin.,, M.R.C.S. Eng., resigned on being appointed Assistant-Surgeon, R.N.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 5.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.—Hunterian Society, 8 p.m. Dr. Stephen H. Ward, "Cases of Obstruction of the Bowels;" Obstetrical Society of London, 8 p.m. Dr. Braxton Hicks, "Five Cases of Vaginal Closure."—Dr. Archibald Hall (Montreal), "Case of Puerperal Convulsions."

Thursday, November 6.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m. ; London Surgical Home, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m.; Chemical Society, 8 p.m. Mr. W. Dancer, "On Hypobromous Acid;" Harveian Society, 8 p.m. Mr. Wm. Sedgwick, "On the Influence of Sex on Hereditary Disease."

Friday, November 7.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, November 8.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

Monday, November 10.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m.—Medical Society of London, 8½ p.m. ; Lock hospital, Dean street, Soho, 1 p.m.

Tuesday, November 11.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Pathological Society of London, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Renewal of Life. By Dr. Chambers. London: J. Churchill, New Burlington street.

An Appeal to Physiologists and the Press. By Dr. H. Freke. Dublin: Fannin and Co., 41 Grafton street.

Mentone, and the Riviera. By Dr. J. H. Bennet. 2nd Edition. London: John Churchill, New Burlington street.

Health in the Tropics. By W. J. Moore, Esq., L.R.C.P. Edin., &c. London: John Churchill.

Lectures on the Distinctive Character, Pathology, and Treatment of Continued Fevers. By Dr. A. Tweedie. London: John Churchill.

NOTICES TO CORRESPONDENTS.

J. H.—Neither Wollaston nor Davy, who were Presidents of the Royal Society, were practising Physic at the time of election, though the former was a regularly qualified practitioner, and the latter had been apprenticed to a general practitioner. Newton also, the first president, had studied physic ; Sir Hans Sloane was doubtless a practitioner and a very eminent one.

Dr. Beaumont.—Communication received, and shall be inserted.

Dr. R. S. is thanked.

Dr. Wadham.—Received.

Mr. Hamilton.—Received.

Chirurgus calls our attention to the necessity of shutting up the underground bake-houses of London, as well as the cow-houses to which reference was made last week. We quite agree with him. The baking business is the most pernicious, as at present conducted, of any in the metropolis. The ventilation is necessarily bad, the atmosphere faint and steamy, the heat overpowering, the bake-houses often filthy, and the labour is protracted and exhausting. Would that some company would start to do the work by machinery, and in properly built, and well ventilated buildings ! There is very much for our sanitary officers to do, and they must not be chary in asking for fresh powers if they require them.

Dr. Anderson is thanked.

Mr. B. Jones.—Newspaper received.

Mr. W. T.—1st. Certainly.—2nd. Not at all.

Pollux.—The subject has not been overlooked.

T. C. B. asks "If a licentiate of the Faculty of Physicians and Surgeons, Glasgow, were elected for an Irish dispensary (registered), would he get the appointment from the Poor-law Commissioners ?

[We presume our correspondent means a registered licentiate, not a registered dispensary. Such a registered licentiate would be eligible, if there were no man in the district better qualified. The decision of the Commissioners would depend on contingencies not adverted to in our correspondent's query.]

The Cause of Animal Heat.

To the Editor of the Medical Circular.

Sir,—Having experienced much courtesy from yourself in years gone by, on the subject respecting which "A Subscriber" addressed you in your last issue, I read with pleasure your philosophical explanation of the probable causes of vital and mechanical heat, especially in the sentence wherein you say, "We agree with you in the opinion that mechanical forces have been too much overlooked in the study of animal or vital action." After some equally pertinent remarks you conclude by saying that "the subject would well repay investigation."

The subject does undoubtedly well repay investigation, but there, in the present temper of the professional mind, the matter may be said to end. It is probable that vital heat is produced by three causes,—by chemical action, nervous agency, and simple mechanical action. Both the first and second, but especially the latter, are attended with consumption of the vital force, which beyond a certain point would be destructive of the integrity of the frame, and therefore movements in the shape of special or general exercises assist in this as in other phenomena of the human body, to spare it undue expenditure of intrinsic force.

I regret, however, to warn your correspondent, should he be disposed to come before the profession with any *mechanical* views as they are termed, that he must be prepared for the action of three agencies upon himself,—namely, loss of *status*, money, and ease of mind. The excesses to which a blind belief in the universal and exclusive powers of drugs has led, are not yet "exceptions to the general rule" with the Profession. A more healthy tone is manifest it is true, and you yourself are leading the van of improvement. Still if your correspondent be prepared to go in on the above terms he may doubtless reap his reward by and by. I am, &c.,

Oct. 24, 1862. The Author of 'Medicina Mechanica.'

W.S.—1st. Yes.—2nd. Lead lotion has been known to produce a chalky whiteness on the surface of the cornea, in consequence of the deposition of the oxide on an ulcer, and incorporation with the membranes during the process of healing.

Dr. W. is thanked. The pamphlet has been received.

Mr. Boyer Brown's note arrived too late to be useful. Announcements intended for the current number of the Circular should arrive at the latest on Monday morning.

M.D. St. Andrew's.—University-robes are supplied by Mr. Brown, of St. Andrew's. We understand that the cost of a silk gown ranges from 6*l.* 6s. to 9*l.* 9s., if a stuff gown, 2*l.* 2s. ; M.D. hood, 1*l.* 12s.; cap, 10s. 6d. Height of person, and size round chest and head required.

MEDICUS (Gloucester) has forwarded to us the following specimen of medical advertising. Mr. Downing being a Member of the College of Surgeons, and recommended to public notice by a former President, we give him the benefit of the circulation of our columns. No comment is necessary; the advertisement speaks for itself:

DISEASES OF THE EAR.—After an absence of eight years from this city, Dr. Downing, of the Bristol Ear Infirmary, is about to revisit it. —(*See advertisement*).

DEAFNESS, &c.—Just published, price 2s., Post free for 24 stamps, THE NATURE and MODERN TREATMENT of DEAFNESS and DISEASES of the EAR, illustrated by engravings and numerous remarkable cases of cure (many of them instantaneous, and treated ineffectually in London and elsewhere, including a great number of the more important forms of Eustachian tube and nervous deafness, Noises in the Head and Ears, Deafness and Defective Speech from Scarlet Fever, &c., discharges, polypi, and other affections of the Ear), by MICHAEL DOWNING, Esq., M.R.C.S., Surgeon to the Bristol Ear Institution, &c., with additions, containing the most recent discoveries and improvements in aural surgery.

"An epitome of the diseases of the ear, affording ample proof of the progress of this branch of pathology."—'Journal of Practical Medicine and Surgery.'

To be obtained in Gloucester, at Mr. JEYNES', 'Mercury' office, Northgate street, where Mr. DOWNING may be consulted until the 6th of November, whilst on a visit to this city. May be had also from the Author's residence, 13 Orchard street, College green, Bristol. —Post free for 24 stamps.

The following are a few of the cures:—A son of Mr. Chapple, Post office, Bristol, who had been almost totally deaf eight years, and quite useless for any business in consequence; Miss Caroline de Ridder, 15 College green, a similar distressing case of nervous deafness, singing in the ears, and a sense of weight and fulness in the head. Mrs. Purtill, Park street, who had suffered from deafness and noises in the ears for upwards of 30 years. The Rev. Mr. E——, a near relative of Sir Hussey Vivian, right ear deaf 18 years, and hitherto regarded as incurable. A lad, son of Mrs. Young, deaf from infancy; and Master Cox, deaf 6 years, both under treatment in London and elsewhere, six months, no relief accruing; and Miss Knowles, deaf from infancy; all three cured instantly. W. Hunt, Esq., who had undergone unsuccessful treatment in London; and Capt. Rye, R.N., aged 81, deaf from the age of 15, a period of not less than 66 years; all perfectly cured by Mr. Downing's treatment.

"I believe Mr. Downing to be a gentlemen extremely well qualified for the practice of his profession, and particularly of that branch (the treatment of the diseases of the ear) which he has more immediately cultivated."—*G. J. Guthrie, Esq., F.R.S., President of the Royal College of Surgeons, &c., &c.*

ERRATA.—*Fowler* v. *Mayne*, in No. 539. For "wrong vowels, quantities," *read* "wrong vowel-quantities;" for "scpenult" *read* "antepenult;" for 'Αροτης *read* 'Αροτης.

CHLORODYNE.

TRADE MARK REGISTERED 1858.

DR. J. COLLIS BROWNE, M.R.C.S.L. Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering, in 1846, a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT. For this new Remedial Agent he was obliged to find a name, and *coined* the appellate "CHLORODYNE," a word unheard of and unknown until he introduced it, in 1856, for public use *through* J. T. DAVENPORT, Pharmaceutist, 33 Great Russell street, Bloomsbury square, London, *to whom he confided* THE RECIPE AND ITS MODE OF PREPARATION, *never having divulged or published the secret of its formula.*

CAUTION.—The great success attending the use of this extraordinary preparation has induced unprincipled parties to manufacture compounds in imitation, calling them after the same name. Medical Men are advised of this dishonourable proceeding, so that they may be guarded against the culpable practice of introducing substitutes in lieu of CHLORODYNE, causing thereby uncertainty of action in the treatment of the patient by the physician, probable disaster to the sufferer, and deception in the preparation.

Each *Genuine* Bottle bears a Red Stamp with the words "DR. J. COLLIS BROWNE'S CHLORODYNE" in White Letters.

To be obtained from all Wholesale Druggists.

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WHOLESALE AND RETAIL DEPOT, 33 GREAT RUSSELL STREET, BLOOMSBURY.

CHLORODYNE. — R. FREEMAN, Pharmaceutist,

KENNINGTON ROAD, LONDON, S., informs the Profession and Trade that he has FOR YEARS MADE and extensively supplied "CHLORODYNE"—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers, though their charge be ever so exorbitant; and he is glad to find the low price at which he sells it allows the Profession to use it in common practice and public institutions, so that its extraordinary beneficial effects are enjoyed by many of the poorest sufferers.

R. FREEMAN almost daily receives letters from Members of the Profession, and also the Trade, who speak highly of his CHLORODYNE. He publishes the following by permission:

"I duly received your sample of Chlorodyne, and I liked it so well that I ordered more through my wholesale druggist. I think it in every way as good as any I have used, and it has the recommendation of being cheaper.

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JOURNAL

OF

Practical Medicine and Surgery.

ART. 6311.

HOSPITAL OF THE SCHOOL OF MEDICINE.

(MR. DUBOIS' WARDS, MR. BLOT, PROFESSOR PRO TEM.)

Premature delivery.

As we observed in a recent number, when noticing a memoir of Mr. Salmon, on this interesting subject, the induction of premature labour, resorted to at a period when the fœtus is viable, in a woman presenting considerable pelvic distortion, is one of the most valuable acquisitions of modern surgery.

This practice was first adopted in 1756 by Dr. Macaulay in London, after a congress of accoucheurs which met in that city, and acknowledged the justifiableness of the procedure. Dr. Macaulay lacerated the membranes at the inferior part of the ovum. In Germany, in Italy, in Switzerland, the method met with the approval of the profession, but in France the first attempt of the kind was made so late as 1831, by Mr. Stoltz; Messrs. Velpeau, Dubois and Villeneuve of Marseilles, soon followed the example set by the Strasbourg professor, and the operation may now be said to have received the sanction of all intelligent obstetricians. Our task, therefore, may be confined to an inquiry into the indications and counter-indications of premature artificial delivery, and to an appreciation of the various procedures by which it may be accomplished with safety.

The uncertainty which generally prevails as to the exact stage of pregnancy, is an objection undeserving of serious notice; Mr. Blot opines that, in most cases, the date can be fixed upon with sufficient precision for practical purposes. It is far more important to ascertain the amount of constriction of the pelvis of the mother, and the size of the head of the fœtus. The natural dimensions of the cranium from one parietal bone of the other, the diameter which corresponds to the narrowest part of the pelvis, should, therefore, be borne in mind. At seven months, that diameter measures, on the average, seven centimetres (2¾ inches); at eight months, eight centimetres (3¼ inches); at eight months and a-half, eight centimetres and a-half (3½ inches); and at nine months, nine centimetres (3¾ inches), figures which can easily be retained in the memory.

As to the degree of constriction which warrants the induction of premature labour, Mr. Blot professes that whenever the narrowest diameter of the pelvis attains three and a-half, and *à fortiori* three and three-quarter inches, the accoucheur should not interfere. If, however, the pelvis measuring three and a-half inches, previous labours have been very tedious, and if the head of the child is surmised to be unusually voluminous, labour may be induced a fortnight before the expiration of the ninth month. But this must be viewed in the light of an exception, because with a pelvic diameter of 2¾ inches only, natural parturition is not absolutely impracticable, and a patient may at the present moment be observed in the wards of the hospital, who under these unfavourable circumstances, was yet spontaneously delivered of a full grown child, a singular piece of good fortune, due to the small size of the head, which did not exceed two inches and nine lines.

By the overlapping of the bones during the descent of the head, the bi-parietal diameter may lose two or three lines, and delivery may, therefore, be effected spontaneously, without injury to the child. It must, however, be remembered that the shape as well as the dimensions of the pelvis must be taken into account.

These remarks apply to the largest measurements; let us now turn to the consideration of the smallest dimensions which authorise the indication of premature labour.

Here Mr. Blot adopts the views of the German School, and prefers premature interference to delay. Experience has taught him that the learned professors of the hospital of the School of medicine and of La Maternité have often determined too late on the induction of labour. Many instances are on record of children born in the seventh month who have lived to old age, and with a pelvis measuring but two inches and seven lines, it is not impossible to interfere usefully at this period, the head then attaining two inches and nine lines, but the sutures are wide, and the head yielding to pressure. Hence, for Mr. Blot, the extreme limits at which the operation is warranted, are a pelvic diameter of two inches and seven lines, and a fœtus aged seven months and a few days. Now, setting aside the question of pelvic deformity, some diseases, perilous to the mother or child, may warrant the induction of premature labour. Mr. Charles Dubreuil resorted to the procedure with success in a case of organic affection of the heart, and Mr. Dubois is of opinion that the active interference of the accoucheur is justified by the presence of intense chorea, incoercible vomiting, asthma, tumours, etc.

Such are the indications originating in the condition of the mother; let us now turn to those supplied by the fœtus.

When, in previous gestations, a woman has borne unusually large children, the induction of labour has been suggested as an appropriate measure. Mr. Chailly twice adopted this line of conduct; delivery in the first case was effected with the forceps; in the second, the child was born naturally, but afterwards died in convulsions.

Mr. Blot would hesitate if the conjugate diameter of the pelvis measured from three inches and seven lines, to three inches and ten lines. But below this figure he would act, if the children were by the same father.

Tumours of the fœtus are numbered among the indications of premature labour, but we are not aware of any means of recognising their presence. The same remark applies to monsters. Surgical interposition does not appear necessary in cases of redundancy of the liquor amnii, because nature usually affords the required relief.

With regard to counter-indications, Mr. Blot assigns the first place to intervening diseases, during the progress of which it would be highly injudicious to operate, such diseases increasing the perils of the puerperal condition, by which they are also aggravated. Excessive debility is a valid objection. Mr. Villeneuve, of Marseilles, relates a case of the kind in which auscultation had already shown that the fœtus had ceased to live; the mother died two days after.

Preternatural presentations, provided they exercise no influence on the dimensions of the head or pelvis, do not constitute counter-indications to the induction of labour. Mr. Blot illustrated this position by an interesting case, in which Mr. Dubois had already once been compelled to crush the head. A second pregnancy followed, and had nearly reached its full time, when Mr. Blot, who replaced the Professor in the hospital, deemed it desirable to have recourse to the operation. The shoulder presented; turning was resorted to, and the child is now nineteen months old. On this occasion the infant was, as we have stated, nearly full grown. The cranium underwent some pressure, and although it has left traces on one of the parietal bones, the child is as active and intelligent as any other of the same age. The same woman again became enceinte; on this occasion, Mr. Tarnier, the *chef de clinique*, did not think it wise to delay, and at eight months and a half, induced labour; the shoulder again presented. Mr. Blot turned the child, and it was born alive. These cases show that preternatural presentations do not inhibit active interference. Indeed, Mr. Blot conceives them to constitute rather a favourable condition; because had the head presented the forceps would have been applied once, twice, or three times, and cephalotrity would then at last have been necessary. Instead of the head the shoulder presented, and Mr. Blot followed with advantage the precepts of Professor Simpson. The third infant weighed seven ounces less than the second, the ossification of the bones was less advanced, and no permanent depression followed. A harsh, grating sound was heard it is true, and a temporary indentation of the cranium was observed, but this is not incompatible with the preservation of life; the insignificance of such injuries is indeed truly

extraordinary, and has often been demonstrated by Messrs. Simpson, Danyau, and other obstetricians.

A point on which accoucheurs differ, is the degree of importance to be attached with regard to the induction of labour to the first gestation.

On this question, Mr. Blot disagrees with his masters, and his conviction arises from practical experience. As the difficulties of the accouchement can only be estimated by the notions acquired in a previous delivery, the surgeon is not justified in premature interference in the case of a primipara. Such is the objection raised, and Mr. Blot acknowledges its plausibility. It is further supported by the remark that women whose pelvis measured but three inches and a half, have been naturally and safely delivered; and further, that the size of the head and shape of the pelvis are unknown quantities. But admitting that a first child may have been born without any necessity for surgical assistance, it does not follow by any means that, under the same circumstances, a second infant, more especially if by a different father, may also have the same good fortune. If the accoucheur refrains from active interference, he therefore dooms the child to certain death, because the presentation will probably be different particularly if the mother has suffered from rachitis. On the first occasion, the favourable issue may have been the result of chance or accident, and it is therefore injudicious to trust to the unaided efforts of nature, when so inoffensive a resource is at hand. For analogous reasons Dezeimeris required two previous labours, and others, even less easily satisfied, demand that the necessity for action be demonstrated by three or four anterior accouchements; this is merely preposterous. The circumstance of a woman being primiparous is not, therefore, according to Mr. Blot, a sufficient counter-indication to the induction of premature labour. It should be resorted to whenever the diameter of the pelvis does not exceed three inches.

At what period should the operation be performed? The course to be adopted must be dictated by our knowledge of the size of the head at the various stages of pregnancy, and by the amount of the pelvic distortion. We are, for instance, aware that at seven months, the diameter of the head from one parietal bone to the other is seven centimètres (two inches and eight lines), and that it gains one centimètre (four lines and a half), during each succeeding month. The amount of the constriction being also known, the line to be followed is distinctly traced. Thus, if the dimensions of the pelvis be three inches and three lines (eight centim.), labour should be induced at seven months and three weeks. By this anticipation of a week German practitioners have effected frequent success. The child, it is true, will be somewhat less vigorous, but the difference is so trifling that the surgeon, for the sake of both infant and mother, should not hesitate. Another circumstance also requires attention: although the size of the head cannot be ascertained, it is possible by palpation of the abdomen to discern if the fœtus is large. If it is unusually voluminous, early interference is justifiable; if small, some delay may be admitted.

With regard to the procedures best calculated to excite expulsive action, we may say that the numerous methods which have been proposed may be arranged under two heads—viz., those which preserve the integrity of the ovum to the conclusion of labour, and those in which this integrity is destroyed at the beginning of the travail.

The former class of proceedings is preferable to the latter.

It was formerly the custom to prescribe a preliminary treatment, founded upon an idea which still prevails with many, that certain remedies, such as baths, soften the organs and are a suitable preparation for spontaneous labour. The notion is merely speculative. Nature acts in a more efficacious manner than baths, and induces an increase of the follicular secretions which softens the cervix, and as it would be impossible artificially to bring on this result in the cases in which it is desirable to excite labour, much valuable time would be lost in unavailing preliminaries, when it is all-important not to delay. The specific action of ergot of rye has also been frequently trusted to; but the researches instituted by Baron Dubois and Mr. Dubreuil, jun., show that this drug does not promote uterine contraction before labour has actually set in, and that it is moreover dangerous for the child. The local remedies or applications to the mammæ or cervix are generally inefficient and undeserving of serious notice.

The object of the surgeon should be to imitate, as closely as possible, the modifications which spontaneously occur in the os uteri and the inferior segment of the uterus, during the last fortnight of gestation, the ovum remaining to the last moment in a state of perfect integrity.

Mr. Blot, therefore, rejects the laceration of the membranes as an injurious operation, so long as dilatation has not been effected. But the membranes may be detached without being ruptured, and this plan has proved very successful. When the finger is insufficient, bougies may be used, small at first, but gradually larger. In a case of obstinate vomiting, Mr. Dubois resorted to this method, which has been improved on by Cohen (of Hombourg), who injects with a syringe a small quantity of fluid between the ovum and the uterine walls. Two and a half or three ounces of tar-water are thus thrown up, and in eight or nine instances this trifling amount of liquid induced premature labour with entire success.

During the last six years, Mr. Blot has several times adopted this plan, and injected water with a small syringe, or double-acting irrigator. In six instances, at least, the ovum was sufficiently detached, and in two cases only were some slight rigors complained of. None of the alleged bad effects of intra-uterine injections were ever observed; labour always instantaneously set in, and in the last case the expulsive action of the womb was determined by an injection, which barely lasted five or six seconds.

Mr. Blot lays much stress on the extremely prompt action of this method; its importance is enhanced by the fact that the vaginal douche has several times been known to fail. Mr. Blot adduced, amongst others, a case in which twelve douches had proved unavailing, and in which an ounce and a quarter of fluid injected into the uterus effected the desired purpose.

In addition to the detachment of the membranes, the introduction of prepared sponge has been recommended (Klug's method). The sponge is cut into a conical shape, inserted into the os tincæ, and supported with a plug, or with Gariel's india-rubber ball. But the contractions are induced much more slowly than by the detachment of the membranes and the injection. Seven or eight days are required, and the procedure is therefore worthless, if time be an object.

The most recently employed appliance is Mr. Tarnier's instrument, the tube and ball. It appears, in most respects, satisfactory; but until it has acquired the popularity it perhaps deserves, Kiwisch's vaginal douche will continue to be resorted to, as applicable in all cases. The only apparatus necessary merely consists in a bucket of water at 98 deg. to 110 deg. Fahr., suspended to the wall, and a syphon. Three douches should be administered in the course of the day, each of half-an-hour's duration. A common irrigator, containing two gallons of water, may be used instead, the air being previously excluded.

In conclusion, the ascending vaginal douche is the most generally applicable and most innocuous method of inducing premature labour; should it, however, fail, the detachment of the membranes, followed by the intra-uterine injection, is the plan which presents the greatest chances of success.

Art. 6312.

AURAL SURGERY.

(MR. TRIQUET'S DISPENSARY.

Catheterism of the Eustachian Passages.

The injections recommended in our July number (Art. 6269), for the cure of nervous deafness, have met with approbation; but the inexperience of many practitioners with regard to the management of Eustachian catheterism unfortunately detracts from their value. We therefore venture to extract from Mr. Triquet's clinical lectures, a few practical instructions for the performance of an operation, doubtless delicate, but

the difficulties of which are very materially decreased by a modification introduced by that distinguished aurist in the procedure, such as it is described in his *Treatise on Diseases of the Ear.*

This method is special to Mr. Triquet, and is recommended above all others by Mr. Malgaigne, in the last edition of his *Manual of Practical Surgery.* In the mode of operation generally adopted, the catheter is conveyed along the flooring of the nasal fossa gown to the pharynx; whereas, in Mr. Triquet's procedure, the instrument glides along the external wall of the inferior meatus. The operation then consisted of three successive manœuvres; but the modification now proposed suppresses the first and the last, and the procedure is accomplished as follows:—

The patient, seated in a chair, rests his head on a firm surface, and the surgeon, standing in front, holds in his hand, like a pen, the special catheter which he intends to insert.

The instrument is at once inserted through the nostril, beneath the inferior turbinated bone, the concavity of the catheter being directed upward and outward, and the convex surface resting on the septum. When its extremity reaches the middle of the flooring of the nasal cavity, it glides into a groove formed by the outer and superior wall of the meatus and the turbinated bone, and is *very slowly and gently* pushed as far as the posterior extremity of the meatus, when it meets and readily enters into the orifice of the Eustachian passage.

This simplification greatly facilitates the operation, and will enable practitioners to establish with ease the diagnosis of diseases of the ear, and to resort more generally to the various therapeutic measures, which can be carried out only with the assistance of the catheter.

The innovation proposed does not, it is true, remove all the difficulties of Eustachian catheterism; the operation remains a delicate one, and may still give rise to accidents with which the practitioner should be acquainted, in order to avert or remove them. To these we shall take another opportunity of recurring, and will now complete our remarks on the procedure by a few observations on the principal difficulties to be encountered.

Of these difficulties some, according to Mr. Triquet, depend on the patient, whilst others are inherent in the operation.

The indocility of children is a very serious impediment in the application of the measures of treatment; and yet in young subjects who, after enjoying both speech and hearing, have become deaf, or who have displayed but doubtful signs of audition, and negative indications of articulate speech, catheterism cannot be dispensed with Thus, in the former instance, it is above all requisite to ascertain whether deafness results from catarrhal inflammation of the tubes or tympanum—a curable disease—or in the latter instance, whether deaf-muteness is referable to the accumulation, before or shortly after birth, of mucous secretions in the Eustachian passages and the middle ear. This opinion was propounded by Lebouvyer-Desmortiers, on the authority of Herpold, of Copenhagen, and appears to Mr. Triquet to rest on strong grounds. He contends that if thick and adhesive mucus can be deposited in the tubes in the adult, and occasion deafness, it is highly probable that the same condition may be observable in the fœtus at the close of intra-uterine life, or during the first weeks after birth. The importance of acquiring precise data on this point is enhanced by the fact that the consequent deafness necessarily involves muteness. If, therefore, a child is so unmanageable that the catheter cannot be introduced, chloroform must be resorted to.

Two or three drops of the anæsthetic poured over a cambric handkerchief, and held at some little distance from the nose, are sufficient to effect the surgeon's purpose, and to secure the desirable immobility of the subject. As soon as the well-known signs of the stupor which follows the first inhalations are apparent, the examination may be proceeded with. Mr. Triquet formerly placed the child in a reclining posture on a couch or bed, but this attitude increases the difficulties of the operation, and he now merely seats the child in the lap of the nurse or mother.

The fractiousness of children interferes with the performance of catheterism, but the pusillanimity of adults also occasionally proves an almost insuperable difficulty. The surgeon, however, by an appeal to reason, generally succeeds in gaining his point.

More serious obstacles often arise from the extreme narrowness of the nasal fossæ, especially when the nose is high, thin, and long. A slender and very slightly incurvated catheter must be selected for the operation, and inserted gently beneath the inferior turbinated bone; it should then be slowly propelled in the proper direction, until it glides into the orifice of the Eustachian tube.

These precepts are equally applicable to cases of more or less considerable tightness of the inferior meatus, in the whole or a portion of its extent. Whatever the precautions adopted, the instrument is sometimes suddenly checked in its progress in the middle of the nasal fossa, and remains jammed between the septum and the turbinated bone, or between the latter and the superior maxillary. In this instance, the exact position of the catheter should be carefully ascertained, and if further progress be impracticable, it must be withdrawn, and, after a short interval of rest, be cautiously reintroduced into the inferior meatus. Mr. Triquet has often remarked that these difficulties chiefly result from the extremity of the instrument accidentally entering the middle meatus.

In addition to these difficulties dependent on both surgeon and patient, others may arise from a congenital or morbid obstruction of the meatus. This passage may, for instance, be narrowed by chronic inflammation, turgidity of the mucous membrane, polypi, or fleshy growths, elongation, or deviation of the turbinated bone, deflection of the septum, exostosis of the ascending process of the superior maxillary bone, &c. When these various conditions absolutely prohibit the introduction of the catheter, even with the slenderest instrument, and if the operation is indispensably required, an appropriate course of treatment must first be resorted to for their removal.

In chronic tumefaction of the mucous membrane, for instance, the practitioner may have recourse to cauterisation with a solution of nitrate of silver, or sulphate of copper, of progressively increased strength, or the tannin and glycerine mixture; or the local use of trisnitrate of bismuth powder, white or red precipitate, or pulverised extract of ratanhy will be found serviceable. It would be unnecessary and tedious to enumerate the different remedies applicable to the other causes of obstruction. In addition to local measures, medicines calculated to act on the system generally should also be prescribed; as to deflections of the septum, they may frequently be corrected by dilatation with prepared sponge.

Mr. Triquet conceives that the extreme irritability of the Schneiderian membrane, and the pain occasionally induced by the slightest contact, may be serious obstacles to the use of the catheter. In order to diminish the susceptibility of the lining of the nose, he prescribes the powders above referred to, and endeavours to accustom the mucous membrane to the contact of instruments. This precaution, combined with the inhalation of the fumes of sedative and emollient plants, such as stramonium and solanum nigrum, in most cases effects the desired object.

Such are the chief obstacles the surgeon has to encounter in the performance of Eustachian catheterism; they depend, as we have said, more on the patient than on the operator. The difficulties inherent in the procedure result from the selection of an imperfect procedure, the choice of an inappropriate instrument, or the unsuitable direction given to the catheter. It would doubtless be interesting to follow Mr. Triquet's example, and to compare here the relative advantages of the different methods in use; but as the proceeding recommended by that aurist has received the sanction of so competent a judge as Professor Malgaigne, it is needless to dwell on the subject. We will therefore confine ourselves, in concluding the present article, to a few remarks on the choice of the instrument, and the most appropriate degree of incurvation.

The catheter should not be too slender, as this would increase the chance of injury to the mucous lining, and the smallness of its calibre might, moreover, interfere with the deobstructing injections and insufflations. Too thick an instrument, on the other hand, may be checked in its progress, fracture or dislocate the turbinated bone, or lacerate the Schneiderian membrane. The same objections apply to a considerable curve of the catheter. That described by Boyer is bent to an angle of 136 degs., and the length of the incurvated portion is six or seven lines. Mr. Gairal prefers a curve of 145 degs.

and lengthens the curve to the enormous extent of two inches. Mr. Triquet reduces it to about three lines, and the curve he advocates is so slight as to deviate but two lines from the axis of the instrument. "This appliance," says Mr. Malgaigne, "answers every practical purpose, and is more easily managed than any other."

MEDICAL CORRESPONDENCE.

ART. 6313. EFFICACY OF DEPLETION IN THE COMPLICATIONS OF SCARLATINAL ANASARCA.—These complications generally consist in symptoms of cephalic suffering, sometimes involve the thoracic viscera, and may occasionally assume the form of continued fever of so grave a type that death is its frequent consequence. Not having personally observed the latter condition, we shall merely record a few instances of scarlatinal anasarca, with cerebral or thoracic complications, in order to illustrate the good effects of depletion in such cases.

Scarlatinal Anasarca with Cerebral Symptoms.

In the year 1850, I was summoned to attend a child, aged ten years, of healthy constitution, who, for twenty-four hours, had presented cerebral symptoms consequent on scarlatinal anasarca. Convulsions, delirium, and drowsiness followed each other in quick succession, and promptly yielded to an application of leeches to the mastoids.

In 1852, a young seminarist, of Arras, was sent back to his friends during the premonitory stage of scarlet fever. Œdema appeared simultaneously with the eruption; and on examination of the case, I found that cerebral symptoms of the same nature as those above enumerated had set in since about twelve hours. A liberal application of leeches to the head relieved these alarming manifestations.

Five years ago I met in consultation Dr. Toursel, the habitual medical attendant of the school of Miss Charruez, in order to examine together a young lady, aged seventeen, an inmate of the establishment. The case was one of very mild scarlet fever, attended, however, with œdema. Very alarming indications of cerebral suffering—viz., epileptiform fits, with loss of consciousness, followed by alternative delirium and torpor, suddenly made their appearance. The patient was a young woman of sound constitution, and habitually excellent health. Half a pound of blood was twice taken from the arm in the course of the day, and leeches were applied to the mastoids, a line of treatment which induced prompt improvement, and was therefore persevered in. Venesection was again resorted to on the following day, the convulsions ceased, consciousness returned, and the œdema speedily disappeared.

Mr. Toursel was much struck with the favourable issue of the treatment, and recently adopted the same method in a severe case of a similar kind with entire success.

Mr. François, a practitioner of Boiry, a village in the neighbourhood of Arras, has also this year twice resorted to depletion under the same circumstances with a degree of benefit which illustrates, as distinctly as my own cases, the advantages derivable from blood-letting as a remedy for the symptoms alluded to.

Scarlatinal Anasarca with Thoracic Complications.

Although more unfrequent than the former, thoracic complications only, were met with in the epidemic of scarlet fever I have observed during the last several months. The following is an instance, the particulars of which may, perhaps, be found interesting:—

At the beginning of last August, I was summoned to the village of Blangy for a child aged thirteen, of average strength, suffering from a severe but regular attack of scarlet fever. Ten days had elapsed since the disappearance of the eruption, and the patient had returned with his father to his usual work: all danger was deemed to have ceased, when he was found to have swelled. I was again applied to, and ascertained the presence of simple anasarca, for which I prescribed an aperient, diuretics, repose in bed, and soup diet. Œdema of the lungs and copious effusion within the right pleura suddenly supervened on the sixth day of this treatment; the breathing became more and more accelerated, and the pulse extremely weak. A large blister was applied without delay to the chest, but when, after an interval of four hours, I again visited the case with Dr. Bramard, the symptoms had become much more urgent, asphyxia was gradually setting in, and death obviously impending.

Arguing from analogy, and encouraged by the success I had previously met with in cerebral complications, I proposed venesection, which Dr. Bramard assented to.

The pulse, after the operation, resumed its strength, and the respiration became less embarrassed; but in the course of ten hours this amendment was checked, and the thoracic symptoms returned with increased violence. Phlebotomy was again resorted to; again the relief was immediate, and this time enduring. Twelve hours after the operation the breathing became natural, and in the course of twenty-four hours the effusion entirely disappeared, no rhonchi indicative of pulmonary œdema were discoverable, and in the course of ten days after depletion was instituted, the anasarca was entirely dispelled.

It may not be unimportant to observe that, six weeks previously, I had the misfortune of losing three patients from scarlet fever; pulmonary œdema was present, and death was induced by slow asphyxia. I deeply regret not having had recourse to the lancet in these three cases, and having confined myself to the measures of treatment usually adopted in France—viz., blisters, aperients, diuretics, sudorifics, the outward application of cotton-wool, &c.

The results I have attained since I have discontinued this practice, have been invariably satisfactory, and should be placed to the credit of Van Swieten, Frank, Méglin, and Dr. H. Kennedy, who, in a paper read in 1855 before the Obstetrical Society in Dublin, advocated an opinion in every respect similar to mine.

V. SERRÉ, M.D. (*Arras*),
Formerly Interne and Laureate of the Hospitals of Paris.

The Medical Circular.

REVIEW OF THE PERIODICALS.

The 'American Medical Times.' We extract from this journal a notice of a novel operation for the *Radical Cure of Exomphalos in the Adult*, by Dr. PATRICK HERON WATSON:

"Dr. W. was requested, last February, to see a married woman, aged thirty-five, who had a hernial protrusion in the situation of the umbilicus, about as large as a cocoa-nut with the husk. It was composed principally of bowel, but partly of omentum. About seven years before she had received a kick from a cow, immediately after which a protrusion showed itself in the situation referred to. It was always reducible, but she was never able by any contrivance to keep it in position. This was due partly to the size of the protruded contents, and partly to a tendency which she had to obesity. The protrusion, from being comparatively small at first, gradually increased in size. The opening was large enough to admit the ends of the four fingers, covered by the pouch of redundant skin. When walking about, the protrusion would hang down in front of her like a bag, with the cicatrix of the umbilicus at its most dependent portion. The patient being extremely anxious to obtain relief by operation, Dr. W., from the condition of the parts, the opening being large, the amount of protrusion being great, and the absence of any canal between the sac and the abdominal cavity, did not think it advisable to attempt to follow the ordinary plans which are recommended for the treatment of hernia. He thus describes his method of procedure in this case:—

"'It occurred to me, that by passing a wire backwards and forwards subintegumentally through the margin of the fibrous aperture, the parts might be drawn together, as the mouth of a bag or purse is, by a string, so as to prevent all protrusion for the time, while such an amount of consolidation would occur as should effect the permanent occlusion of the opening. Accordingly, on the 20th of May, the patient having had her bowels freely evacuated, I reduced the hernial contents, and keeping them reduced by introducing the fingers of the left hand into the large circular opening, I passed the point and shaft of a needle in a fixed handle armed with stout silver wire, three times backwards and forwards, subcutaneously, through the upper half of the tendinous circumference of the aperture. The point of the needle was then carried outwards through the skin, and the wire disengaged. Having then withdrawn the needle, it was

again armed with the other extremity of the same wire, and, introducing its point by the first cutaneous puncture, it was passed three times backwards and forwards through the lower half of the circumference of the tendinous opening, and made to emerge through the same cutaneous puncture as the end of the wire which had been first passed. In this way, the aperture was surrounded by a loop of wire, and its margin so picked up as to admit of its being firmly drawn together. The two ends were now drawn by an assistant across each other, when the aperture was felt to become more and more contracted, until the little finger was tightly constricted; with a little more traction, this opening was felt to become entirely occluded. The ends of the wire were now crossed two or three times, so as to twist them together, and thus prevent the opening from becoming relaxed. The ends were further crossed over a roller bandage, so as to admit of the wire being tightened by twisting from day to day, should this be requisite. To afford steady support, a pad was placed over the site of the hernial aperture, and a flannel bandage carried round the abdomen.

"'As the immediate result of the operation, the sac became distended with serous fluid and masses of lymph. But these were speedily removed by absorption, without the employment of any treatment. Slight suppuration, however, occurred along the course of the wire where it emerged from the skin, and a limited abscess formed beneath the skin, but external to the tendinous surface; this was opened—after which the parts cicatrised. At the end of the first week, the wire was daily twisted more and more, and on the tenth day after the operation the wire came away of its own accord. The loose integumental texture which enveloped the hernia gradually contracted until the surface became quite level, and a mere thimble-like projection indicated the portion of the tissues which had been spread out over the rupture. On the 20th of March, eighteen days after the operation, the parts were perfectly consolidated. After this the patient was up every day and walked about; and by the 20th of April was so perfectly strong and well as to be able to return to the country to resume her duties in the kitchen.'

"In oblique inguinal hernia, and in femoral hernia he does not think, owing to the peculiar anatomical arrangement of the parts that the operation would be justifiable; the relation of the hernial sac to vascular parts rendering its performance attended with too great a risk. He, however, recommends it in cases of direct inguinal hernia. He says—

"'In such cases, then, there seems to be nothing which should so absolutely interfere with the safety and success of the encircling of the fibrous textures constituting the mouth of the hernial sac in the manner already detailed, as to forbid its employment. The epigastric artery could alone come in the way, and might with moderate care be easily enough avoided, the finger being passed along with the integuments within the abdomen, so as to guide the point and passage of the needle. Having, however, had no occasion, since treating the case of exomphalos which I have detailed, and which led to the first employment of this method, to meet with any case of direct inguinal hernia which could not be retained by means of a well-fitting truss, I can only throw out these remarks with reference to the adoption of this plan in such cases, as a suggestion which, although it has no foundation in experience, may appear not unworthy of being tested in actual practice.'"

he 'British Medical Journal' (Oct. 25) contains some introductory remarks to a series of papers on *Therapeutical Inquiries* by Dr. J. Hughes Bennett. We quote a few passages, which though expressing self-evident truths, require to be borne in mind:

"It has long been thought, that the proper method of improving treatment is to try the effects of drugs on animals, then try them clinically in various diseases, record the cases, and so on. But, although valuable information may be thus arrived at, it can never conduce to our knowledge of correct treatment until we are capable of recognising with exactitude the disease, and of knowing its nature and natural progress. These steps must be preliminary to our future advance in therapeutics; and that they have not hitherto been made so is at once the explanation of past failure and the indication for future success. The true promoters of therapeutics, consequently, are those who direct all their energies to improving diagnosis, and advancing pathology. This conviction is gradually forcing itself on the minds of those who seriously consider this subject, and is what renders most earnest and truthful students physiological pathologists. It teaches us—1. That an empirical treatment derived from blind authority, and an expectant treatment originating in an equally blind faith in nature, are both wrong; 2. That a knowledge of physiology, pathology and therapeutics, and not experience alone, is the real foundation for the practice of the medical art; and 3. That a true experience can only have for its proper aim determination of how far the laws evolved during the advance of these sciences can be efficiently made available for the cure of disease.

"I am aware it has been argued that many of our triumphs in practical medicine have no such scientific foundation, and were discovered as the result of accident. But of these I would remark that, although the mere remedy may have been so applied in the first instance, still the cause, diagnosis, and course of the disease were accurately known, and that from these the pathology could be correctly inferred. For example in ague and scurvy the diagnosis is easy. The cause—malaria in the one case and improper diet in the other, and the pathology—a morbid state of the blood—were known. The progress of these diseases was also recognised to go on from bad to worse so long as the cause continued. Then it was ascertained that Peruvian bark and lemon-juice removed these morbid conditions. Why the one should be removed by the first remedy, and the other by the second, has still to be discovered. All I contend for is, that such cases only support the principle now put forth, viz., that therapeutical trials in order to produce permanent and correct results, must be preceded, 1. By an accurate diagnosis of the disease; 2. A knowledge of its pathology; and 3. An acquaintance with its natural progress."

The author then describes a *Schedule* for registering cases of pneumonia. We extract the annexed *General Remarks on Acute Pneumonia*:—

"*Definition.*—By acute pneumonia should be understood a disease consisting of exudation of the liquor sanguinis into the tissues and air-vesicles of the lung, producing, by its coagulation, condensation of the organ. It is preceded by local and general changes, accompanied by various phenomena and physical signs; and runs its general course in various periods, according to the extent of the disease and general vigour of the constitution.

"No doubt the act of exudation is preceded by congestion in the lungs; and the idea for a long time existed that, if a large blood-letting was practised at an early part of the disease, it might be cut short or strangulated at the onset. But it is impossible to recognise with any certainty mere congestion of the lungs in the living body. The late Professor Alison maintained that an inflammatory was to be distinguished from other congestions by its *tendency* to exudation. But if, on bleeding largely in any given case, no exudation follows, how can it ever be known that the tendency was there? Whereas, when as most frequently happens, exudation occurs, and continues to spread notwithstanding bleeding, it is then only we have any proof that such tendency existed; together with the certainty that, in all such cases, the remedy has failed to fulfil its supposed function. All cases of supposed strangulation of pneumonia are assumptions, which never can admit of proof. Whilst, therefore, all undoubted instances of this disease are characterised by the existence of exudation, we must regard that as its essential phenomenon. For what is further known on this point, with an account of the blood-letting controversy of 1857-8, I must refer to my *Clinical Lectures on the Principles and Practice of Medicine*, 3rd edit., p. 268, *et seq.*

"*Natural Progress.*—From the numerous cases I have collected, as well as from those I have myself carefully watched, it seems to me that, when an acute pneumonia is limited to a fourth of one lung, recovery may occur in seven days. If half a lung be involved, recovery may occur in from ten to twelve days; if two-thirds of a lung, in from twelve to fourteen days; and if a whole lung or both lungs be involved at once, in from fourteen to twenty-one days. It will further be observed, however, that such recovery always bears reference to the amount of exhaustion and feebleness of the patients; such as are strong and vigorous rallying soonest, and passing through the disease and subsequent convalescence in the shortest time. A pneumonia at the apex also is more slowly removed than one at the base. For my own part, I do not believe in the possibility of cutting short a pneumonia by a large blood-letting and by antiphlogistics, as was formerly supposed; but of this I am certain, that such practice invariably tends to prolong the disease, and produces a lingering convalescence, even should a fatal termination be avoided.

"*Termination.*—The natural tendency of an acute pneumonia is towards recovery. Since blood-letting and antiphlogistics have been abandoned, I have not met with a simple pneumonia, single or double, that has proved fatal. Indeed, the deaths have been very few, and only in cases complicated with organic diseases of the brain, heart or abdominal viscera. I have, however, heard of simple cases proving fatal, when there existed extreme exhaustion and starvation before they came under medical treatment. This result, when compared with the uniform mortality of one in every three cases during the reign of the past antiphlogistic system of treatment, is the most satisfactory proof of the modern advance in practical medicine.

Diagnosis.—The diagnostic symptoms of pneumonia have been previously enumerated (see allusion to column 15); and in the majority of cases they are clear, and capable of ready appreciation. Occasionally, however, there are difficulties presented by the following diseases; viz., phthisis pulmonalis, certain cases of pleurisy with effusion, cardiac disease with hydrothorax, chronic bronchitis with collapse of pulmonary tissue, thoracic aneurism, and cancer of the lung. Whilst any of these morbid states may be mistaken for pneumonia, it may also happen that any of them may complicate a regular pneumonia. I can here only indicate these circumstances, as a description of the diagnostic characters of each would lead me

too far. For the general purposes of this inquiry, I think the diagnosis may be safely left to the general tact and observation of the profession.

"*Pathology.*—I consider acute pneumonia to be a true inflammation, dependent on irritation (generally reflex), acting on the texture of the lung, and, as a result, producing congestion of the capillaries, terminating in exudation. This exudation of the liquor sanguinis insinuates itself into the air-vesicles and all the interstices between the ultimate tissues of the organ, and, subsequently coagulating, produces its condensation or so-called hepatisation. This, at first reddish or sanguinolent, becomes afterwards gray or suppurative; a change resulting from the exudation, as a molecular blastema, passing into pus cells. Numerous researches have satisfied me that the cell-formation is caused first by molecular aggregation and formation of nuclei; and, secondly, by the deposition of cell-walls around them. In no instance, although frequently assisted by the pupils of Professor Virchow, have I ever been able to see any appearance capable of supporting the hypothesis put forth by that pathologist which attributes the origin of pus in pneumonia to proliferation either in the epithelial cells lining the air-vesicles, or in the nuclei of the pulmonary fibrous tissues (*Verbindungi-körperchen*). I consider that, so far from being an exceptional and fatal occurrence, suppuration is the ordinary method by which nature breaks up the solid exudation, and renders it capable of rapid disintegration and absorption. In chronic cases where this is not accomplished, it remains molecular or granular. If this view be correct all those circumstances which favour suppuration, such as local warmth, and maintaining the strength of the economy, are those which best favour the onward progress and rapid recovery from pneumonia; a result I consider established by the facts and statistics of my practice previously referred to.

"In conclusion, I have to suggest that, in addition to the schedule now circulated to each member of the Association, an extra 500 or 1,000 be struck off, so that any practitioner, and especially hospital physicians, though not members, may be enabled to assist in this inquiry, on application to the editor. I shall endeavour to do my best to reduce the various observations into order, and present a report on the subject at the next meeting of the Association at Bristol. But to accomplish this it will be necessary that the schedules be forwarded to me at a certain time; and I would name the 1st of July, 1863, as the latest day for that purpose."

Mr. C. J. Meller gives an account of the *Fevers of the South-East Coast of Africa*, and Mr. Berkeley Hill a census of *Foreign Opinions of the Nature of Syphilis*.

The 'British Medical Journal' (Nov. 1). This number contains an article by Mr. Zachariah Laurence on *Binocular Ophthalmoscopy*; and Dr. Stiff, of the Nottingham County Asylum, contributes some remarks on the *British Pharmacopœia* with reference to weights and measures. It is an elaborate article on the subject, and recommends the continuance of the existing practice in the new Pharmacopœia, with the addition of tables of equipoises and equivalents with the metrical system in juxtaposition.

The 'Medical Times and Gazette.' The *Blood of the Vertebrata*, by Mr. Gulliver, opens this number. He traces the connection between the number and size of the red corpuscles and the respiratory function, and the development of the cerebral mass. We quote a few passages:—

"*Relations of the Red Corpuscles to the Respiration, and to the General Activity of the Animal.*—The large proportionate quantity of the corpuscles is always, and their small size generally, characteristic of the warm-blooded vertebrates. In other words, the blood of Apyrenæmata and birds has a much greater proportion of red corpuscles than the blood of reptiles and fishes; while the corpuscles are commonly smaller, so as further to increase the sum of their surface, in the two first than in the two last classes. Whenever exceptions to these conditions occur, they will indicate a deviation from the regular amount of oxygen taken up by the blood of the class for the purposes of the economy. For example, in certain species of the Scomber family, the richness of the blood in red corpuscles approaches that of mammalia and birds, and we find an exceptional high temperature in these fishes accordingly, as Dr. Davy has so well proved. Now, it is obvious that the total surface of a given quantity of the corpuscles will be increased in proportion to their minuteness, just as the surface of a pound of lead would be greater in small than in large shot; and his measurements show that, with this greater proportion of red blood, the size of the corpuscles is comparatively small, even in that huge species—the Tunny. On this question his observations are the more valuable, as they would appear to have been made at different times, quite independently, and without the least thought of the speculative view which we have now entertained. In cold fishes, with as small, or smaller, corpuscles, the number or proportion of the corpuscles relatively to the other proximate constituents of the blood will be much diminished.

"Accordingly, about two centuries ago, before the red corpuscles were scarcely known, Lower and Mayow showed a connection between the colour of the blood and respiration; and in recent times the special relation of the red corpuscles to that function has been abundantly proved. Moreover, whenever I have made observations on the comparative size of these corpuscles and the pulmonary air cells, it generally appeared that there is a relation in this respect, though these examinations were not sufficiently extended to be conclusive, but only to indicate the interest of further inquiry.

"*Relations to the Brain, and to the Perfection of the Organisation.*—But, though the red corpuscles are undoubtedly connected with respiration, you will perceive that this increase of their number, and of the sum of their surface by minute sub-division, is also in relation to the general perfection of the organisation, of course including the lungs, and, *à fortiori*, the brain. As before mentioned, the lowest fish, the lancelot, has only pale blood; and the red corpuscles, though often larger in reptiles than in fishes, are, for the most part, comparatively scanty in this last and lowest class, and scarcely more plentiful in the one next above; while in birds, with a marked advance in the brain and respiration, there is a corresponding increase in the red corpuscles, and in the rapidity of their circulation. And, lastly, in Apyrenæmata, where we find the highest cerebral development, we have the blood very abundant, the red corpuscles in the largest quantity, and in their peculiar and highest form.

"Now, it has already been observed, that the illustrious Harvey described the blood as the primogeneal part, the fountain of life, the centre of the vegetative faculty of the animal. And Mr. Paget, who has so well traced these relations between the blood and the nervous centres, concludes, also, that it is as surely the highest member of the parts concerned in organic life, as the brain is the highest organ of animal life; the blood appearing sooner than any of the persistent organs of organic life, just as the brain is before the subordinate organs of animal life.

"*Relations to the Bone-cells.*—When the important discoveries of our late and lamented Professor of Histology displayed the forms and value of the bone-cells in the different classes of the vertebrate sub-kingdom, it was immediately perceived that there is a relation between the size of these cells and that of the red corpuscles of the blood; the largeness of either being generally, as we have described, connected with the lower forms of vertebrate animals, though not without some such deviations or exceptions as we have already indicated.

"*Relations in Embryonic Life.*—We have already noticed the structures and analogies of the corpuscles of the embryo; and the large size of the temporary red set during the rudimentary state of the general organisation, as discovered by Hewson, and confirmed by Prevost and Dumas, in birds and reptiles, and observed by Professors Wagner, Paget, and myself in mammalian and human embryos, is now generally known. At a later period of intra-uterine life, as I have particularly observed in the human fœtus from the fourth to the eighth month of utero-gestation, and in fœtal fallow deer, the red corpuscles are not only more unequal in size, but their average diameter may even be rather less than in the mother, and this, though some much larger and perfect corpuscles, destitute of nuclei, may be present in the fœtus. Indeed, this inequality in the magnitude of the perfect fœtal corpuscles often makes it difficult to determine their mean size.

"*Use of the Red Corpuscles.*—We shall be in a better position to view this very interesting branch of our subject when we come to the Lectures on the Colour of the Blood, and on Respiration and Animal Heat. Meanwhile, the description just given of their relations cannot but have suggested to you that the red corpuscles, as carriers of oxygen, must be of immense importance in the distribution of this potent agent throughout the economy of vertebrate animals; and in what manner will be more particularly shown in due course. Upwards of a century ago it was supposed that the red corpuscles are converted into fibrin; and a similar hypothesis has been revived, only to die again, in our time. Nor has a better fate been shared by the more recent doctrine of the development of these corpuscles into the tissues."

Dr. Whitehead contributes some notes to this journal on *Causes of Infant Mortality*. It is a statistical article. We quote some general remarks:—

"From these figures it would appear that the male birth-rate in this country stands the highest among those whose circumstances expose them to influences commonly considered to be more than all others prejudicial to life and health,—inconvenient agglomeration, insufficient breathing-space both at work and at home, an impure, ozoneless atmosphere, mephitic vapours, poverty, dissipation, squalor, and some others. It is clear, therefore, that these agencies cannot be fairly reckoned among the causes of a low male birth-rate.

"The cause may possibly with greater reason be sought for in the hereditarily-continued habits of luxury and inaction, together with an excess of brain labour as compared with that of the muscular

system, inferable from the character of the communities furnishing the second and fourth items.

"It has been shown in several of the preceding inquiries that the preponderance of the male birth-rate is constantly on the side of the legitimately-born; and there seems to be no reason to doubt that an extended examination of the records, if faithfully made, would result in a similar issue. Nor need one hesitate to look with confidence for evidence of like tenor in future, so long as the causes thereof, which in the main points appear sufficiently obvious—the absence—namely, of the skill and care towards the illegitimate which the more fortunately-circumstanced enjoy, and which affect detrimentally the male, so far as parturition is concerned, much more than the female, —continue to operate. But more on this subject hereafter.

"As regards other alleged causes of the preponderance of male progeny, little need be said. Allusion to one popular notion, however, may be ventured here, if only to afford an opportunity of expressing a doubt of its validity—namely, that old men, sickly and feeble men, those of the lymphatic temperament, and they who have long suffered under specific ailments, are less likely to propagate males than females. This impression I believe to be unfounded in fact, as could be illustrated, if needful, by a multitude of examples. One such instance shall suffice. A gentleman (a well-known public character) of remarkable athletic power, married in early life a woman of his own age, and by her had three daughters, but no son; after which his wife died. At the age of sixty-nine he was again married to a lady just half a century younger than himself, and by her had five children, the first four of whom were sons, and the fifth a daughter.

"The determination of sexuality is probably a process which belongs entirely to the female, and in which the agency of the male has no participation. And it is not improbable, or, at least, it would be difficult to disprove, that as many sons, comparatively, are born to old men as to young, to the weak as to the athletic, to the morbidly-enfeebled as to the healthy. Nor does occupation, climate, poverty, wealth, or any other tangible circumstance, seem, in the male, to exercise a determining influence. This opinion is further strengthened by the marked tendency to the reproduction of one sex, whether male or female, in preference to the other being hereditarily continued in the female, but not in the male."

Professor Pettenkofer's *Researches* take their place also in this journal.

The 'Lancet.' Mr. Hilton's lectures on *Pain* are continued in this journal. Dr. Max Pettenkofen's *Researches on Respiration* are also continued. Mr. Thomas Smith, Demonstrator of Anatomy at St. Bartholomew's Hospital, contributes an article on *Horsehair as a Substitute for Wire*. After making some objections to the use of wire sutures in lax and delicate parts, as the eyelid, foreskin, &c., he says:—

"With a view of finding a material for sutures as unirritating and as unabsorbent as wire, but more easy of adjustment and withdrawal, I performed during last spring a series of experiments on animals to determine the suitability of horsehair as a substitute for wire in certain cases. The horsehair used was such as is ordinarily sold by fishing-tackle makers. The experiments were performed upon dogs. The general results showed that there was no appreciable difference shown by the tissues in their tolerance of silver wire and horsehair. Both materials were equally unirritant; yet there was a difference in favour of horsehair in the greater facility of its adjustment and subsequent removal.

"For the comparison between silk and horsehair as illustrating the relative merits of the two materials for sutures, I venture to refer to the following experiments:—

"June 10th, 1861.—Two wounds of equal length, dividing the entire thickness of the integuments, were made on opposite and corresponding parts of a dog's abdomen; four sutures were applied at equal intervals to each, horsehair being used to one wound, and fine ligature silk to the opposite On the third day both wounds looked alike healthy, and having their edges in close contact. On the fifth day the edges of the wound with the silk sutures were slightly reddened, and pouting a little between the points of suture; the opposite wound had united without suppuration. On the eighth day, three out of the four silk stitches had cut their way out, and next day the remaining one came away, leaving the edges of the wound just separated, but granulating healthily. Three days later the wound had almost entirely healed. At this time the opposite wound had healed up soundly around the tracks of the horsehair sutures, which remained *in situ*, exciting no irritation whatever, until the dog's death, a month after the commencement of the experiment.

"May 3rd.—The opposite femoral arteries of a dog were exposed to the same extent just below Poupart's ligament. Around the vessel on the right lower limb was passed a stout horsehair, and loosely tied; a silk suture being similarly adjusted around the opposite artery. A month after the operation the wound on the right side was all but healed, and was secreting a little serous discharge. At the same time the wound on the left side was swollen, its edges were everted and inflamed, and there was a profuse sanio-purulent discharge. Two days later the wound on the right side had healed around the track of the horsehair seton, which was retained. While around the silk on the other side there was profuse suppuration; the surrounding parts were red, tender, and much swollen; and as the animal's general health was suffering, and it was rapidly emaciating, the silk was withdrawn. The wound now speedily altered its character, and by June 20th was soundly healed. September 3rd, four months after its introduction, the horsehair still remained around the right femoral artery, exciting no irritation, the parts being soundly healed around the track of the seton.

"The unirritating nature of horsehair as a material for suture is no less marked when applied to the tissues of the human body. It was used by Mr. Paget in a case of double entropion, the wound of the operation being in one eyelid, secured with horsehair sutures, while the opposite was brought together with fine sewing cotton. At the end of a week, three out of the four cotton sutures had cut out, while at the same time all four horsehair sutures remained firm.

"As a material for attaching the margins of the skin and mucous membrane after circumcision, or other operations for phimosis, I have found horsehair most useful, having employed it both in children and adults. In one case particularly, where a complete circumcision of the foreskin, with a free division of the mucous membrane was performed on a middle aged gentleman, its good effect was remarkable. Six sutures were introduced, and excited so little disturbance that the patient was not kept for a single day from his business, which involved pretty active exercise. The wound healed without suppuration, and though left in, at the patient's request, some of them for fourteen days, the sutures caused no irritation, and were removed at last without difficulty. In the removal, the advantage of horsehair sutures over wire is considerable, since, unlike wire, which, after remaining a few days in a wound, stiffens into a metallic ring; horsehair, when cut just aside the knot, either retaining its original elasticity, springs open, or if it has been long soaked in the wound secretions, it becomes soft and pliable. I would recommend the use of this suture for wounds of the eyelid and other parts of the face, and to the loose integuments of the scrotum and penis; since to all these parts I have either applied the suture myself with good effect, or I have seen it used by others at my suggestion.

"But I can imagine that there are other uses to which it might be extended, and especially to facilitate the union of wounds of the conjunctivæ. For the purposes of suture, long white tail hairs are the best. Before being used they should be soaked for a minute or two in water, or they may be drawn once or twice through the moistened finger-ends. The suture may be fastened off in a double knot, but if the hair is stiff, a third knot is often required. It may be removed in the ordinary manner, seizing the knot with the forceps, and dividing the suture just aside of it. It is scarcely necessary to remark that horsehair, as a suture, is not suitable for wounds where there is much tension between the edges."

A Case of Embolism of much interest is reported in the same journal by Mr. Geo. Fredk. Giles, of Hackney.

The Manchester Medico-Ethical Association.—The following memorial from this Association was presented to the Manchester City Council by Mr. Councillor Horsfall, on Wednesday, the 29th ult.:—"To the Mayor, Aldermen, and Citizens of Manchester in Council assembled.—Your memorialists, on behalf of the Manchester Medico-Ethical Association, beg to express their satisfaction that the Council is inquiring into the efficiency of the Coroner's Court, and its capability of fulfilling the ends for which it was instituted. The objections to the Coroner's Court as at present constituted are numerous and important, not merely local, but general and inherent. Your memorialists submit that the mode of appointment of the Coroner, his qualifications for the office, the extent of his powers, the routine and imperfect system of investigation, and the class of persons from which coroner's juries are usually selected, are some of the more prominent defects which demand the serious attention of the Council. Your memorialists, whilst expressing their concurrence generally with the substance of Professor Taylor's letter, and without committing to the scheme there embodied in its entirety, regard it as a basis for entirely remodelling the ancient institution, and adapting it to requirements of a more advanced age, which, in their opinion, is urgently called for. Your memorialists, feeling the importance of the subject, propose to take an early opportunity of petitioning Parliament (where only reform can be obtained); and, in conclusion, they respectfully suggest to the Council the value of the co-operation of all public authorities."—Signed on behalf of the Manchester Medico-Ethical Association, by the President, Vice-Presidents, Treasurer, and Honorary Secretaries.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 12, 1862.

THE COTTON FAMINE.

The reports published by the Registrar-General inform us that up to the end of last quarter, the prevalence of much distress in the manufacturing districts was coincident with a reduction of the ordinary rate of mortality. Were we not well acquainted with the normal condition of the factory operatives when in full work, we should have felt much surprise at this statement. But the causes of mortality among mill-hands and their dependent families are no mystery. The confined and close atmosphere in which the men and women work, the want of sufficient exercise in the open air, the habits of intemperance in which many of them indulge, inevitably induce sickness and shorten life. Their families, moreover, are neglected; the sucking children, left to the care of neighbours or nurses, are fed with improper food, and if made restless and peevish, are drugged with opium to still their cries. Hence infantine mortality swells the death-lists of those cities of industry in an inordinate degree. Enforced idleness and privation are the natural cure of these evils. That distress which beforehand might seem to be an unalloyed evil has proved a blessing, by the diminution of suffering and the prolongation of life. These general conclusions cannot be contested, however strong may be our apprehensions of the future, or however lively our sympathy with particular instances of suffering.

Surely the coincidence of these facts should teach the people of this country a lesson as to the operation of the factory system upon the health and happiness of the labouring classes. Full work and good wages are not the only conditions necessary to health. The laws of physiology compel other requirements, and these are ignorantly or wilfully disregarded. We should be as unwilling as most men to recommend any interference with the operations of industry, but we cannot overlook the testimony of these facts; and we think that it is the duty of the Government to establish such a sanitary inspection of mills, and to enforce such a regulation of labour, that the health and comfort of the workmen might be secured, whilst the enterprise of the capitalist should have legitimate scope. That regulations of this nature will ultimately be adopted we cannot doubt, however reluctant the millowners may be to see any sanitary inspectors, armed with Government authority, intrude into their precincts. With increasing experience and enlightenment the men themselves will ere long demand the enforcement of more humane regulations in their behalf. Physiological knowledge makes slow progress in this country; but the evidences of its appreciation are becoming daily more numerous, and we have no fear that in due season medical science will exert a paramount influence in the regulation of all our domestic institutions.

We cannot, however, expect, if the distress in the manufacturing districts should continue, that the next quarterly return by the Registrar-General will be so favourable as the last. It is a law of nature that famine shall be followed by fever, and the decree is unchangeable. We have already heard the first mutterings of the storm at Preston. The little cloud no bigger than a man's hand has collected over that doomed city, and by and bye it will spread over and cover the whole manufacturing district. It is computed that nearly 500,000 persons are suffering privation from the stoppage of the mills, and these are receiving from various sources less than 1s. 6d. a-head. Life cannot be sustained on such a pittance. We know it cannot; for what is an exceptional case in Lancashire is the permanent order of things in some London parishes, and we have abundant evidence there that 1s. 6d. a week and fever are constant yokefellows.

What, then, should be done? The daily press is stimulating private charity to the uttermost, and it is aided in its efforts by civic committees and religious organisations. We are aware that charity can do much, but it will be powerless before the immensity of the expected suffering. Those persons who have made it a business to solicit the benefactions of the charitable know that the number of donors to any benevolent object is very limited. Double or treble them, and their benefactions too, and they will be unequal to cope with this great calamity. Why, too, should the factory operative be made ostentatiously dependent upon charity? What is the use of our boasted Poor Law if it be not available to mitigate the privation caused by a national misfortune?

We plead now, as we have pleaded before, for such an efficient and equal administration of the Poor Law that its resources might easily be brought into operation to relieve, without a day's delay, any amount of privation occurring in any district of the country, without placing an undue burthen upon a sectional portion of the community. Lancashire, after all that can be told about its suffering, is not half so deeply steeped in misery as many of the districts of this metropolis. The ratepayers there are not yet paying 3s. in the pound; the claimants upon the rates are not 1 in 10 of the population; but there are parishes in this metropolis where the rates stand at 6s. in the pound, and the paupers are 1 in 5 of the population. Does the cry of distress come from Lancashire, and shall it be stifled in Middlesex? The nation ought to prepare itself to look this great evil manfully in the face, and to do its duty to remove it in a just and Christian spirit. A trifling rate of a penny in the pound upon the property of the country assessed to the poor-rate would more than suffice to meet this great exigency; but we cannot raise it, because it is not accordant with our system; and we would rather risk the impoverishment and temporary destruction of the manufacturing interests by making a high rating compulsory on particular districts, or the wholesale sacrifice of a helpless and starving population.

What is good for Manchester would be good also for the Metropolis, and a benefit to the nation at large. Nothing but prejudice stands in the way of this necessary reform, which, if once effected, would dispel like a charm all our anxieties respecting the destitution and suffering of our fellow-countrymen n the cotton districts.

A SUBSCRIPTION FOR THE WIDOW OF THE LATE MR. BRENT.

The notoriety which the proposal to collect a fund in behalf of the widow of the late Mr. Brent has received, makes it compulsory on us to notice the subject in this journal. We were last week waited upon by a gentleman, who represented himself to have formerly been a clerk in the 'Lancet' office, and whose immediate object was to beg a subscription towards a fund for Mrs. Brent. He stated that the late Mr. Brent had been for twenty-one years in the service of the late Mr. Wakley, acting originally as his private clerk, subsequently as sub-editor of the 'Lancet,' and latterly as Deputy-Coroner for Middlesex; that his salary as Deputy-Coroner was only 200*l.* a-year, and that at one time, when he required the services of a clerk, he was called upon to pay the expenses incurred out of his own

pocket. He had found it impossible to save any money out of such a pitiful allowance to provide for the maintenance of his widow, who is therefore now left in a state of great privation. He alleged that Mr. Brent died over-worked and broken-hearted in suffering, sorrow, and want, without either friendly sympathy or pecuniary help; and he added, with considerable warmth, that the widow had received five pounds from some member of the late Mr. Wakley's family to buy mourning; but that she had not made, and did not intend to make, any claim upon them or the proprietors of the 'Lancet' in aid of this subscription. The gentleman then showed us a long list of subscribers, in which were included the names of some of the leading members of the Profession.

We must confess that, moved by this earnest appeal, and reflecting upon the honourable position, literary and judicial, which the late Mr. Brent had occupied, we thought it a scandal that his widow should be left destitute, and we gave our mite to the fund, with a promise to help the cause so far as it lay in our power. We considered it a sorrowful and deserving case, and had no doubt that, if the circumstances were fairly stated, the widow would find many friends, who would make for her a suitable provision.

Judge our surprise, therefore, when, on last Saturday morning, we noticed in the papers the report of an application at Bow street, by Dr. Wakley, who characterised this appeal as a swindle. We extract the report from the 'Daily Telegraph:'

BOW STREET.—FRAUD ON THE MEDICAL PROFESSION—Mr. Wakley, Surgeon, waited on Mr. Corrie, to ask his advice, under the following circumstances. He stated that, since the death of Mr. Brent, late Deputy-coroner to his father, the late Mr. Wakley, Coroner for West Middlesex, certain persons had gone about obtaining money upon the pretence of a subscription for Mr. Brent's widow and children. To carry out this fraud, they represented that they were authorised by him (Mr. Wakley) to say that he approved of the subscription, and would contribute. Now the fact was, that he (Mr. Wakley) knew nothing at all about this pretended subscription, which he believed to be entirely fraudulent, and which certainly was so as regarded the pretence that he had anything to do with it.

Mr. Corrie did not like to give advice on a matter occurring out of his district, but he had no objection to state that if contributions were obtained by false pretences, the parties were liable to fourteen years' imprisonment.

Mr. Wakley hoped that if it went forth that he had nothing to do with any such subscription, that statement would put the members of the profession on their guard.

We are bound in truth to say that the gentleman who waited upon us did not represent that any member of the late Mr. Wakley's family "had anything to do" with this subscription, but just the reverse. So far, therefore, we cannot say that we have been deceived or defrauded.

At the same time, the parties who are collecting the subscriptions are bound to give an explanation, either before the magistrates at Bow street, or to some persons of repute in the Profession whose names are on the subscription list. If they do not, they must remain under the stigma that they are making a fraudulent appeal, and in the meantime we counsel the Profession to reserve their contributions.

SUMMARY OF THE WEEK.

MEDICAL REMUNERATION.

A coroner's inquest has been held in Shoreditch on the body of a child that died without medical aid. During the inquiry it was ascertained that Dr. Buss had been sent for to see the child, but that he refused to go until the father had signed an agreement to pay five shillings for the visit. When the man had affixed his mark to the document, Dr. Buss went to the house, but the child was dead. In his remarks to the Court, Dr. Buss pleaded that he must live by his profession, and that if persons are so poor that they cannot afford to pay for medical advice, they should require the services of the Union surgeon. These are doubtless correct general principles, but the world is not governed by logic; there is such a thing as sympathy which goes for something in the intercourse of life. No doubt Dr. Buss was placed in an awkward position. He might have been unwilling to withhold his aid, yet felt if he gave it without conditions, he should be defrauded of his requital. This is an oft-recurring incident of medical practice in poor neighbourhoods. He was unwise, however, in requiring a written contract before visiting the child in such an emergency; it would have been better to have run the risk of non-payment than to have insisted upon a written recognition of liability. It appears from the observations of the Coroner, that Dr. Buss is not singular in this act, but that it is a custom among the practitioners in the neighbourhood. If this be so, it is obvious that the calls upon medical practitioners residing in poor neighbourhoods, for which a reasonable requital cannot be expected, must be numerous and vexatious, and that this is the only way in which, as it seems to them, that they are able to defend themselves against a large amount of unpaid service. It is a mistake, we are sure. Every man who hopes to rise in his profession must make some sacrifices.

The jury, however, threw out a sensible suggestion, to the effect that the Boards of Guardians should pay the surgeon a fee for the first visit in all cases of attendance upon poor people. This is both the humane and just view of the case; but Union surgeons know that the difficulty of obtaining fair remuneration for the cases they already attend is so great, that there cannot be much hope that this suggestion will be realised. It shows, however, that tradesmen, when *out* of office, hold more correct views of justice and propriety than they act upon when *in*. Would that Boards of Guardians generally could be induced to adopt the suggestion of the Shoreditch jury.

ST. THOMAS'S HOSPITAL.

The 'Times' is carrying on the war with unusual pertinacity against the Governors of St. Thomas's Hospital. We have no hesitation, however, in saying, that the present *locus in quo* is not a desirable one for the Hospital. The site is low, damp, and insalubrious. During the summer and autumn nights, for months together, a fog rises over that area to about the height of forty feet, which is one of the chief causes of the unhealthiness of the Borough. At present the inhabitants of Southwark can derive little or no advantage from the Hospital, it being more than a mile and a-half from the old site—a wearisome walk to a sick old woman wanting a bottle of physic;—yet it is for these people that Deputy Elliott and his City confrères are making a stand. We believe that their opposition might be conciliated by a complete fulfilment of the plan delineated in those columns—viz., a Reception-house for Accidents, with an Out-patients' Department in the Borough, and a General Hospital in the Suburbs. We do not see that any other arrangement will answer all requirements, and we sincerely trust that the majority will adopt this comprehensive scheme. We should be very much dissatisfied if nothing were effected but a General Hospital ten miles out of town. Such an institution, without a feeder in the densely-populated districts, would lose its chief value. We desire to see the new hospital the most complete and useful institution of its kind in London; and we believe this also to be the wish of all the Governors, but the object can be attained only by such a plan as we have described.

THE M'WILLIAM FUND.

A meeting of the Committee who undertook, in July last, to promote this most praiseworthy object, was held on the 3rd instant, at the College of Physicians. Drs. Babington, Copland, Farr, Lewis, Guy, Milroy, and Mr. Propert, were present. Letters from Dr. Cooke and Mr. Simon expressed regret at their inability to attend. The total amount of subscriptions received was announced to be 272*l.* 12s., being made up of sums varying from 10*l.* to 1*l.* and less, and including two donations of 50*l.* from a friend of the family, and of 50*l.* from a wealthy private gentleman. Hitherto the appeal has been addressed almost exclusively to the immediate friends and acquaintances of the late Dr. M'William, and the Committee believing that very many of his professional brethren, not only in the metropolis, but in different parts of the kingdom, would be glad to have an opportunity of testifying their respect for the memory of so eminent and upright a man, resolved that it should be more widely and extensively circulated. They propose that the Fund should take the form of a Testimonial, to commemorate the important public services of the deceased; and they consider that the best and most useful mode of carrying this into effect will be by investing the whole of the money subscribed for the benefit of his family, with the exception only of a small sum to be reserved for the procuring of a medallion portrait, to be placed in some suitable public building or buildings, as an enduring record of his worth and of their esteem.

THE AERATED BREAD COMPANY.

We referred last week to the insalubrity of the London bake-houses, and to the necessity of some organisation for their abolition. We are glad to find that the Aërated Bread Company is conducting its operations with activity, and is likely to supply the desideratum described. It has already established a model bakery at Islington, and proposes to establish similar ones in different parts of the metropolis. We have no doubt that the speculation, if carried out with spirit, would be profitable; whilst it would be highly conducive to the public health both with regard to the wholesome and nutritious quality of the bread manufactured, and the abolition of the evils incident to the present system of making and baking bread.

CORONERS' COURTS.

The corporation of Manchester has appointed a committee to inquire into the organisation and mode of working of Coroners' Courts, with the especial purpose of taking measures to correct the multiplied abuses of the present practice. The Manchester Medico-Ethical Association, anxious to assist the City Council in its investigation, has held a meeting, and agreed to certain resolutions on the subject, which it has embodied in the form of a memorial, and addressed to the City Council. We do hope that this will be the beginning of a movement that will terminate in a thorough reform of the existing system, which we cannot but avow is a disgrace to the statute-book of England.

DR. HENRY SCOTT.

We give a report in another column of an application made in a Police-court by Dr. Henry Scott, of Woburn place, to restrain some other Dr. Henry Scott, of advertising notoriety, from using his name and designation, and pretending to be a duly registered practitioner. The result of the application serves to show the utter inutility of the Medical Act.

MISS ELIZABETH GARRETT.

The University of St. Andrew's has been placed in what the Americans call a fix, in consequence of this lady having been admitted to attend certain of the medical classes of the University, without the previous concurrence of the Senatus to this alleged innovation. The Senatus was therefore convened, and at the instigation of Dr. Ferrier, her admission was disallowed. Miss Garrett seems to be bent upon becoming a doctor; and in order to gratify her ambition, she has made a trial of the courtesy of most of the schools in England, where she thought there was a chance of her application being favourably received, but hitherto without success. We can conceive nothing more indecent than for young men and young women to sit together round a table where the anatomy of the human frame is demonstrated. If the ladies cannot see the impropriety, we are sure the gentleman can. You are, no doubt, Miss Garrett, very clever, very ambitious, very disinterested, and very earnest, but the innate modesty of your sex you certainly do not exemplify. Perhaps you are too strong-minded to value it; but, in the name of all the proprieties, do not lead all our young students, with sensibilities more magnetic than your own, into temptation. We do not wish to prevent any lady from learning the science and art of medicine, and practising it, too, if she can get patients; but we cannot consent to the promiscuous instruction of young ladies and young gentlemen in such delicate subjects.

WILL-O'-WISPS.

The reality or otherwise of these phenomena has been under discussion in the 'Times' during the week. Some gentleman wrote to that journal, ridiculing the belief in their occurrence. Was not the article a concoction of the editor, in want of an interesting topic to set his readers agape after the will-o'-wisp he started, and is he not now rubbing his hands over the joke? At any rate, we can hardly conceive that any person with any pretension to science, or any experience of natural phenomena, could doubt of the reality of these marsh-lights. We can assure the 'Times' that we have seen them; and that is the best testimony we can give, short of having lighted a cigar at the flame. We shall expect to see the reality of the aurora borealis questioned next—perhaps of moonshine—who knows?

THE VACANT SERGEANT-SURGEONCY.

The decease of Sir Benjamin Brodie has created a vacancy in the appointment of Sergeant-Surgeon to her Majesty, and the question is now raised as to who will succeed to that honourable post. One of the Surgeons-Extraordinary will, in all probability, be appointed, this being the rule generally observed on such occasions. It is to be hoped that Mr. Fergusson's great repute will entitle him to this distinction, for it is but due to the surgical science of the country that its best man should be placed in the highest office under the Crown. Other names have been mentioned, but it is quite time that precedents connected with particular hospitals should be broken through, and acknowledged merit alone receive the palm of Royal favour.

GARIBALDI'S WOUND.

M. Nelaton has made a report on the state of Garibaldi's wound, which is by no means satisfactory. He states that the ball lies within the wound, and that "the probe strikes against it when introduced about one inch into the part." The phrase "about one inch into the part" describes nothing. Which part? In what direction? His description will bear no comparison in regard of surgical precision with Professor Porta's. One would think that if the ball is in the wound, and only an inch from the surface, there could be no difficulty in removing it. Then, again, it is said that the ball is lodged in the tibia, though

the place of entry cannot be detected. This, too, is rather odd. M. Nelaton made his discovery of the ball on the 28th October, and he allowed a week for the dilatation of the wound preparatory to its extraction. That period has elapsed; so that if his advice have been followed, we ought now to hear that the offender has been liberated from its place of incarceration.

Since the foregoing article was written, a report has appeared, signed by "Pirogoff" and "R. Partridge," in which it is stated that, "as far as we can judge by external explanation, the ball will be found towards the external part of the articulation, fixed in the bone." "The suppuration is sufficiently good, but not abundant." "The foot is slightly turned inwards." "The distance between the two malleoles (malleoli ?) is greater on the wounded side by 1¼ to 1½ than on the uninjured side." To the rest they add, that it would be impossible to attempt to remove the ball until it became loosened, or splinters should be detached, or an abscess form. This, then, is the last utterance upon this obscure question. It does not appear that anybody has yet touched the ball, either with finger or forceps, although it is believed to be only an inch from the surface.

This article having been written from time to time as information arrived, must be composed of appendices. We have now the pleasure to add an elaborate report on the case by Mr. Partridge, which will be seen to differ from the alleged report said to have been agreed to by him and Pirogoff. Mr. Partridge's comments on M. Nelaton's report, as well as on the state of the joint, accord exactly with our criticisms; and we cannot help feeling that the conclusion arrived at by Mr. Nelaton, Pirogoff, and the majority of the Italian surgeons as to the presence of the ball, is rather an assumption of what is possible than a reasonable deduction from the facts observed:

The following Report has been made by Professor Partridge to the Garibaldi Italian Unity Committee for publication:—

"The revival of the unfavourable reports respecting the state of General Garibaldi's health and wound, even implying the necessity for an amputation; and an invitation from Dr. Ripari and his colleagues to attend a consultation of doctors for the purpose of determining what measures should be adopted for the General's relief, induced the committee of gentlemen at whose instigation I first went to Varignano to request me to make another journey, and, although the visit was undertaken at much personal inconvenience, I felt it my duty to yield to their solicitation, and accordingly having received, on the 25th of October, an intimation by telegraph that the consultation was fixed for the 29th, I left London on the morning of the 26th. Owing, however, to the tempestuous weather, which prevented the steamer from leaving harbour, I was unable, though I travelled without intermission, to reach Spezia until after the consultation. I cannot, however, regret my absence, as the large number of medical men assembled rendered it less satisfactory than it might otherwise have been.

"I saw the General on the 30th of October, the day of my arrival at Spezia, where he occupied a suite of apartments on the first floor of the Marine Hotel. I was present at the afternoon dressing on that day, and on the following one I made in conjunction with Dr. Pirogoff, the chief of the medical department of the Russian army at Sebastopol, and perhaps the first authority on gun-shot wounds in Europe, a careful, quiet, and satisfactory examination into the state of the General's wound and health.

"It should be stated that on the day preceding the consultation M. Nélaton, the eminent French surgeon, examined the wound with a probe, and believed that he detected a hard substance, which he declared to be the ball, about an inch within its orifice. His recommendation was that the wound should be gradually enlarged by means of tents of increasing size, by which he anticipated that in the course of five or six days the ball could be readily removed by a pair of forceps.

"On the 29th of October, at the consultation, the question of amputation was proposed, discussed, and, happily, rejected as unnecessary and uncalled for. At the same time M. Porta, the experienced and distinguished surgeon of Pavia, made a searching examination with his little finger thrust forcibly and deeply into the wound, but though he turned the finger round in every direction, no bullet could be detected, showing that M. Nélaton was mistaken in supposing that he felt the ball within an inch of the orifice of the wound; in fact, the bullet has never yet been felt by any one, nor have its presence and whereabouts been determined by actual demonstration.

"M. Pirogoff thought that the ball might be lodged deeply in the lower joint of the greater and lesser bones of the leg (the inferior tibio-fibular articulation), and he based this opinion on the greater width (three-quarters of an inch measured by a pair of callipers) between the ankles of the sound and of the unsound foot, but the puffy condition (œdem) of the parts about the joint, caused probably by the severe examination of the 29th, accounted to my mind for this difference, and the most careful examination and pressure with the fingers in various situations about the articulation failed to detect any hard substance, or to indicate the presence of matter, nor could any matter be extruded from the wound by pressure at the supposed site of the projectile. Up to the present time, therefore, though it would be presumptuous in me to declare the impossibility of the bullet being in the leg, I see no reason to change my first opinion, agreeing as it did with the result of M. Porta's examination on the 4th of September, only six days after the injury, and confirmed as it was by M. Zenetti, of Florence, at our consultation on September the 19th—viz., that there is no present evidence of the ball having lodged in the wound. It must be borne in mind that the shot was a large obtusely-conical rifle bullet, weighing more than an ounce, fired obliquely from below and in front, at a distance of only 150 or 200 paces, which penetrated trousers, boot, and stocking, and broke off by an obliquely transverse linear fracture the internal ankle bone, but without smashing or comminuting it, though the fracture laid open of necessity the ankle joint.

"The bone discharged from the wound from time to time has been in the form of fine sand-like particles, and only once has a fragment equal in size to that of half a pea come away. At present the joint is more swollen than when I saw it at Varignano (probably the result of the examination of the 29th, of which the General vividly complained); the foot, though otherwise in good position, is turned a little more inwards, owing, I believe, to the want of support from the broken off internal ankle. The joint is free from pain, and can be moved in flexion and extension.

"The General's health is excellent, and his face and expression are quite unchanged; his appetite, sleep, &c., are also good; in fact, he has little of the outward appearance of an invalid. The leg is suspended in a Salter's swing fracture-cradle, sent to him by his English friends, and he reposes on an invalid bed which I was commissioned to select and sent out to him from England, upon which he was removed from Varignano to Spezzia, and which affords him the greatest comfort and ease. We found him at first in a confined room, with the windows pasted up; but on the day I left Spezia his removal was effected into a large and airy adjoining saloon. The General has been overwhelmed with visitors, whose intrusion, of necessity, greatly fatigued him; and I am sorry to say that our own countrymen and countrywomen have been the most pertinacious intruders. I ventured, while at Spezia, to suggest a plan for the exclusion of these self-indulgent and inconsiderate pilgrims.

"I am happy to hear by a letter received from Spezia, yesterday, that some such measures have been adopted, that visitors have been rigidly excluded, and that the General already begins to feel the benefit of the greater quiet and of the more airy room, in the improved appearance of the wounded ankle, and in more unbroken and tranquil sleep.

"The General, however, suffers much from rheumatic pains, and Spezia, at this season of the year, is so damp and muggy, that his removal for the winter to a warm and dry climate is imperative. Dr. Pirogoff and I concurred in the opinion that amputation is not called for, that the wound should be simply and lightly dressed, and allowed, if it be so disposed, to heal; that if the bullet be really lodged in the wound, it must be deeply seated, and that time will indicate its presence, and facilitate without injury its removal.

"Nothing can exceed the tender care and skilful dressing of his surgeons, who with the General himself received my visit with hearty pleasure and welcome, and who permitted the examinations of Dr. Pirogoff and myself with the utmost courtesy and kindness. In conclusion, I have only to reiterate my former opinion that though the cure must needs be tedious, yet that with rest, quiet, good air, &c., the case will do well without loss of limb, and perhaps, even without much impairment of the utility of the injured joint.

"Some under clothing peculiarly adapted to relieve the rheumatic tendencies of the General has been at my suggestion sent out to him by an English lady, and I trust has by this time arrived at Spezia.

"P.S. I have received intimation by a letter from Spezia this evening (October 8) that the General feels himself desirous of open air exercise, and for that purpose Colonel Vecchi asks me to obtain for him an invalid couch on wheels, which I trust his friends will enable me to send him.

"The telegram of to-night also intimates the Generals's removal to Pisa, the most favourable climate for him in Italy.—Nov.

THE IRISH MEDICAL AND SURGICAL SCHOOLS.

The Annual Meeting of the senate of the Queen's University took place on the 15th ultimo, in Patrick's Hall, Dublin, to confer degrees on a few medical students, &c. The Vice-chancellor alluded to the meeting of last year, and congratulated the senate on the increase in the number who presented themselves for examination this year, being 18 over the last. He was not satisfactory in his illustration of the progress of the University, neither did he hold out hope of its being more liberal in opening its portals to medical men desirous of obtaining the degree of M.D. on examination, without leaving home and practice to seek for it in England or Scotland. His lordship after a few routine observations, was silent.

The Lord-Lieutenant after the degrees were conferred delivered some pleasing platonisms on political science, education, and religion, concluding with bestowing a paternal benediction on the graduates amid general applause.

Sir R. Peel, who is now a member of the senate in the room of the late Sir T. Wyse, alluded to the meeting of last year in that Hall, when he suggested placing the endowments of this university on the same footing as in other similar institutions. He then went into an account of the funds raised, and eulogised the patrons, friends, and benefactors of the University in Ireland and England, congratulated the Professors on having obtained for them an increase in their salaries, and then asked, why ought Scotland, with only half the population of Ireland, to have four universities, and three or four thousand students? Why should England have her immense academic advantages, and Ireland not have them in a corresponding degree? But Sir R. gave no replies to his own questions, although, in my opinion, he could have done so satisfactorily, by simply stating that in England the London University grants degrees on examination without enforcing residence, and some of the Scotch universities do the same, while the Queen's University demands an attendance of one year in her college, yet has no college or school in Dublin or in the province of Leinster. Although Sir Robert Peel, at last year's meeting, loudly exclaimed against the anomaly, but found it convenient to evade any allusion to it at the meeting this year. The university retired to its nook in an angle of the castle, to hold on for another year under the rule of its secretary, who alone represents the university in Dublin.

Trinity College opened its Medical Session on the 3rd inst. The College of Surgeons also threw its old carapace over the many crawling things in council and school, and was, as usual, represented by Dr. Jacob, who was anxious to impress on his hearers the necessity of acquiring a knowledge of English grammar and composition.

Mr. E. Ledwich delivered a lecture, principally directed against the faults of the Medical Act, which be described as totally inadequate to the present state of the medical system in either its literary or scientific departments. He concluded with a suggestion on the utility of separating the junior and senior classes in physiology or anatomy.

The Catholic is still a mythical university, yet commences with prayers for success and a sermon from its rector on the duties of students. There was a large assemblage in the church on the occasion.

The School of Anatomy opened with a discourse by the Professor of Hermaneutics, on the usual orthodox subjects.

BETA.

REVIEW OF BOOKS.

On Military and Camp Hospitals, and the Health of Troops in the Field, &c. By L. Baudens. Translated and Annotated by Franklin B. Hough, M.D., late an Inspector of the U. S. Sanitary Commission.

The great attention that has been devoted to the sanitary condition of armies in recent times has given to this branch of medicine a peculiar importance. All the principles of hygiene applicable to civil life apply equally to military organisations, whilst the latter are liable to causes of deterioration and mortality that exert but slight influence upon the denizens of towns. Military organisations, being, moreover, governed under one system, subordinate to a central authority, and regulated by positive laws, the principles of hygiene, so far as they are known, may be carried out in connexion with them in a precise and complete manner. On this account we may expect more satisfactory results from the application of sanitary rules among armies than can be anticipated from the fragmentary and exceptional mode which alone is possible in towns.

M. Baudens' work is the result of his inspection of the French army, and incidentally of our own and other armies in the Crimean war. We have perused many works on this subject, but we give the palm for comprehensiveness, completeness of treatment, and grace of style to the present work. It may be read like a romance from beginning to end, and it is unusual to find any work on a medical subject handled in so artistic a manner. It has been translated into English, by Dr. Franklin Hough, for the use of the Medical Officers of the Federal Armies of America,—a recognition of its authoritative character.

This work must be read to be appreciated; no extracts that we can make can do it justice—we are tempted, nevertheless, to cull some interesting passages. This brief description of the Battle of Inkermann will be read with interest. Fancy the Russians leaving the dead bodies of their troops on the field of battle to be destroyed by vultures.

"We know of the heroic defence made by the English, as they were attacked about daybreak, in their camps, without any works of consequence to protect them. These valiant troops, commanded by the Duke of Cambridge, fought with valor the compact masses pressed against them. The corps of General Bosquet coming up in haste, turned the Russian columns by bayonet charges, while General De Lourmel vigorously repulsed the Russians under the wall of the city, and met a glorious death. General Canrobert, who planned by wise arrangements all the movements, was wounded in the elbow, but fortunately not dangerously. Our ambulances collected about 500 of the enemy's wounded, and it is estimated that 6,000 dead bodies of the Russians were left upon the battle-field. The English lost three generals, a hundred officers, and a multitude of soldiers; and our loss, though much less, included about 500 wounded. After this great battle, we cut up the road, here and there, with enormous trenches, to render another surprise more difficult. On their part, the Russians destroyed the bridge, to cover their retreat. At the foot of the mountain, from the top of which the Russian battalions were thrust by our soldiers, was a true ossuary, the bodies having been devoured by vultures, leaving the skeletons only of the men to await burial. These skeletons had belonged to men whose stature was not great, but whose frames were remarkably firm; and the femur or tibia of a Russian, very easily distinguished him from a Frenchman or an Englishman."

Here, too, is a graphic sketch of the heroic Battle of Balaclava:—

"Between Kadikeui and the valley of the Tchernaia, extends an undulating field, where on the 25th October, 1854, was fought the battle of Balaclava. In the morning, the troops under General Liprandi, sustained by powerful artillery, and numerous squadrons, took four unfinished redoubts, which the Turks had abandoned after a vigorous defence, and began a series of cavalry combats in which the advantage remained with the English, when an ill-timed or badly-interpreted order saddened the events of the day. The Russians having taken some cannon near the redoubts, the light horse under General Cardigan received orders to re-capture them, a thing next to impossible. These splendid squadrons rushed forward, sabred the cannoniers of the Russians at their pieces, and swept through compact columns, but assailed on every side by overpowering numbers and a storm of shot, they turned upon their course, and opened again a passage through the ranks of the enemy, until, with the aid of the African Chasseurs of General Morris, they regained our lines with only half their numbers, the rest being left upon the battle-field. It is known that the order to charge, emanating from Lord Raglan, was taken to General Lucan by Captain Nolan, who was killed in the charge, and it is altogether probable that it was not imperative."

The capture of the Malakoff is also narrated with spirit.

We find the following remarks upon the diet of the French army They show how powerful is prejudice even in the breast of starving men.

"When fresh meat was wanting, it was replaced by preserved dressed meat, put up in tin cans hermetically sealed, and as it contained no bones, the ration was reduced to 120 grammes (0.25 pounds). These preserved meats were of excellent quality, but the soldiers disliked the change, for they estimated the weight and bulk more than the quality, and although the quarter of a pound fed them really as much, they declared it insufficient, and preferred fresh meat, even of poor quality. Sometimes the ration was sausage and lard, and occasionally packages of powdered meat. The latter was eaten by very few, was liable to adulteration, had a suspicious odour, and the men were always in doubt whether animals of all kinds were not used in its manufacture. After a few days' use, the troops manifested a great repugnance and disgust towards it.

"The sheep, which contrived to find a few blades of grass, although insufficient for the sustenance of cattle, were kept in good condition, and were highly prized. A great number of horses died during the winter of 1855-6, and following the example of the distinguished savan, M. Isidore Geoffroy Saint Hilaire, I preached the doctrine of eating horse flesh, but made few converts. The horse is herbivorous, like the ox; no animal is more neat, it is washed and cleaned daily; its flesh, although more firm, is not less satisfying,

and it would make excellent soups. In Germany, horse flesh, cut up, is sold publicly in the butchers' stalls. The two artillery batteries of Autemarre's division, encamped at Baidar, fed upon horse flesh; nor did they have reason to regret it, as they escaped the diseases and mortality which swept so cruelly through the rest of the army. Experiments made by very competent savans have proved that horse flesh, even tainted, as in the black-tongue, when purified by fire, may be eaten without danger, but still, I would not venture to advise the eating of diseased horses. I know that the meat of oxen, flaccid, colourless, and gluey, which we were sometimes forced to distribute in times of scarcity, has caused diarrhœas."

It would seem, from the annexed paragragh, that the value of lemon-juice as an anti-scorbutic is even yet unknown—except by hearsay—in France. M. Baudens refers to the English opinion of it as a novelty. On the other hand, the dandelion is highly commended. The Russians state that their troops escaped scurvy by the use of cabbage and fresh meat:—

"In the army of the East, the imperfect aeration of the blood could be traced in sanguineous effusions, and in scurvy. As to food and habitation the Crimean expedition might perhaps be compared to a long voyage; the army being, as it were, limited to a great ship, and subjected to the influences of navigation on a vast scale. Prolonged habitation in common, generated noxious exhalations, and finally typhus. The invasion of scurvy was delayed by the presence of a plant, as precious as it was abundant, the *Terrassacum* of Linnæus, commonly known as the dandelion. As the trees and their roots were removed from the soil of the Crimea, this plant became the king of vegetation. The Crimea was the Promised Land of the Terrassacum. It resisted bravely the destructive war which our soldiers waged upon it; torn up without stint, it sprung up again in still greater profusion. It made a salad of easy digestion, and with a pleasant and salutary bitterness. It appeared daily on the table of Marshal Pélissier, with whom it was a great dainty. Unfortunately, in the heart of winter, and middle of summer, the extremes of cold and heat checked the growth of this youthful plant, and its disappearance was followed by the development of scurvy. The Minister of War caused to be purchased in the markets of Constantinople large quantities of fresh vegetables. One of my reports says, '100,000 francs spent in fresh vegetables is a saving of 500,000 francs in the expense of sending the sick to hospitals.' Towards the close of our sojourn we made kitchen gardens, and raised some few things of first necessity. They promise great resources in the future, should we remain in a country so destitute of everything. I am surprised that the army was not furnished with sour krout, which is so easy to keep. Lentils were scarce, but kidney beans plenty.

"Vegetable acids, that is apples, lemons, and oranges were wanting. These, as we know, are antiscorbutic. The English drew rations of lemon juice preserved in casks, and they used it in their grog, with rum and sugar. Our field hospitals and regimental infirmaries were well provided with it towards the close of the campaign, but our experience, although attended with good results, was not sufficiently tried to render it fully conclusive. The English physicians ascribe great antiscorbutic virtues to the lemon juice, and say it is in a large degree owing to its use that their army was saved from the scurvy in the winter of 1856. It has for a long time been valued as an antiscorbutic by their mariners, who take with them on long voyages."

M. Baudens praises the habits of cleanliness which distinguished the English army, and regrets that the same habits were not observed in the French corps—

"They washed their body linen in warm water, and changed twice a week, but our soldiers were not so careful. Filthiness checks the functions of the skin, and engenders vermin. When a patient arrived at Constantinople, we first washed his garments in boiling water. On a review day our soldiers presented, by their new and well-brushed uniforms, an irreproachable military aspect; but these fine battalions left as they passed the marked and well-known stench of the barracks. Is neatness incompatible with the soldiers profession? The Turks finds time, in the midst of a campaign, to perform many times in a day the ablutions required by his religion; and surely military discipline ought to be as imperative as the law of Mahomet? If that has achieved so meritorious a victory, military education should introduce gradually into the families of our labourers and peasants those cleanly habits which we so envy in the English. This would be a national reform which would result in profit to the public health. Our quarters for troops shine with the greasy filth of daily neglect. It is forbidden—would any one believe it?—to scrub the floors, the benches, and the tables, for fear of wearing them out. Why cannot a barrack be kept as neatly as a ship, and why cannot floors, waxed and rubbed by the soldiers, take the place of the imperfect tiling in the rooms? We have introduced at length this luxury into our military hospitals, in spite of the opposition of routine; and, upon entering the barracks, may ask with surprise why such useful reforms are so slow in finding their place here?"

Here is good reason for thinking that the disparagement of our own arrangements in the Crimea, which was very general at the time of the war, was hardly merited. Bad enough, no doubt, we were, but the French were worse; yet we used to be told that their arrangements were patterns for us to imitate.

There are also many excellent remarks on the clothing of soldiers, but we must pass on to other matters. We notice that M. Baudens eulogises the use of chloroform, about which, among our own military authorities, there was some dispute at the time, though, perhaps, no longer. M. Baudens says:—

"By subduing pain, chloroform gives a calmness and mental tranquillity to the wounded, very favourable to healing. It deprives the traumatic fever of an excess of reaction, often caused by the anxiety of the patient. Before the discovery of this precious agent, some soldiers, it is true, endured amputations without a groan. I have seen an Arab continue to smoke his pipe while I took off his arm; but this paroxysm of courage gained by a great exaltation, fell some days after into a nervous depression, so much the more dangerous on account of the stoicism which had hitherto sustained him. Therefore, those surgeons who know how dangerous it is to struggle against suffering tell their patients not to resist it, but to let it express itself in cries. I remember an unfortunate soldier who, having decided to allow his leg to be cut off, exclaimed: 'They told me it was nothing—that some sing under the operation; I should like to see them!'

"We know that in great operations death ensues oftener from nervous prostration, consequent upon excess of suffering, than from hæmorrhage. It is the same with animals. M. Claude Bernard observed, that in laying open the spinal column, in experiments upon rabbits, they always died at once, unless they had previously been rendered insensible by chloroform.

"But used imprudently, this agent, while it takes away suffering, may also take away life. It shares this sad privilege with the most potent remedies; taken in large doses, they are for the most part poisonous, and kill instead of curing. The danger may perhaps be certainly avoided by observing certain rules, and especially by not pressing the inhalation to its extreme limits. This extreme limit is, in my opinion, when in accordance with the precept laid down for several years, we pass the stage of *insensibility* and reach that of *collapse*, and a complete muscular prostration. This condition is reached when a limb is lifted up, and falls like a mass of dead matter, for then life almost borders upon death, it has retired into the vital centre, placed by M. Flourens in the medulla oblongata, at the origin of the eighth pair of nerves which absolutely control the function of the heart and lungs. To approach this point is rash temerity; to reach it is death. This rashness appears to me unjustifiable. We ought always to stop when insensibility is reached; it is enough for the patient that the pain is alleviated. The surgeon may find it convenient to cause a prostration of the vital powers, but should abstain from affecting it by such dangerous means. The movements of the patient are easily restrained by the assistants, and if not entirely repressed, I would even then abstain from its use. The physicians of the army of the East were of this opinion, and administered chloroform with great prudence, stopping at the point of insensibility, and never intentionally exceeding it. They had therefore no fatal accidents to deplore, although in the campaign of the East this agent was employed at least thirty thousand times. In the Crimea alone it was administered to more than twenty thousand wounded, according to the estimate of M. Serive. The physicians of the Sardinian army, at the beginning of the campaign, hesitated to use it, but the success of our surgeons soon gave them confidence in its efficacy. Henceforward we may have a steadfast confidence in chloroform, and thank Providence for having allowed human skill to invent an agent that can suspend pain."

In treating of the diseases prevalent among the troops, M. Baudens makes the following remarks on typhus:—

"The typhus of the Crimea has solved the question of identity or of non-identity between the two diseases, and it is no longer possible to confound them, although they have more than one bond of relationship, and an apparently common cause. It is generally agreed that typhus originates in an animal miasmatic intoxication, resulting as well from too great a number of human beings closely shut up, as from the putrid decomposition of animal matter. Consequently this disease appears in vessels, barracks, camps, prisons, and field hospitals, crowded with the wounded, whose sores are a source of abundant suppuration. It shows itself in besieged cities, and in certain localities infected by dead animals, or men left without burial. There is this distinction between the two diseases: Want is the essential cause of typhus, while it is scarcely an accidental cause of typhoid fever. Authors agree on the non-relapse of typhoid fever. Two physicians, Messrs. Lardy and Laval, were attacked with typhus, although they had four or five years before had the typhoid fever. There were found traces of the latter in the cicatrices of intestinal ulcers in M. Larey, who, less fortunate than M. Laval, died. This is another proof of the non-identity of typhus and of typhoid fever.

"Contagion, still very much doubted in the latter, is not in the

former. We have seen, especially in the service of M. Lallemant, major physician, the typhus propagated from bed to bed in the wards, spreading itself by contact, and killing those sick of some light affection. At another time, as in the field hospital of the first division of the third corps, the typhus attacked almost every hospital employé; fifteen physicians in sixteen were attacked, and there did not remain a single healthy attendant. The word contagion, as applied to typhus, ought to be explained. The typhus, generated spontaneously by certain definite causes, does not transmit itself by the contact of a sick person with one in health, but rather by infection; that is to say, by the air charged with the elements of typhus. The morbific miasm exhaled from the surface of the sick, or from animal detritus, infects the man who breathes it; and once absorbed, during a longer or shorter time, called the period of incubation, it prepares the organism for sickness.

"Typhus differs on one point from most epidemic diseases, such as small-pox, scarlatina, measles, sweating sickness, cholera, etc. These are brought on by a pre-disposing condition of the atmosphere, and the physician has no means of preventing their invasion. On the contrary, the causes of typhus are known to such a degree, that we can produce or terminate at will the typhic influence. Another remarkable difference between typhus and common epidemic maladies is, that the latter have a regular course of duration, while typhus holds on and extends its ravages indefinitely, so that by any well directed measures we cannot master it.

"Typhus breaks out more or less quickly, according to the intensity of the affection, and the resistance of the organism. Every sick person sends out noxious emanations. When the wards are full, when the cases of primary or contracted typhus increase, the epidemic furnace acquires a greater energy, and its manifestations radiate through the entire personnel of the hospital. It was in this way that the sisters, the chaplains, the physicians, and the attendants were so cruelly struck down during the war of the East. We have seen some physicians, less predisposed, endowed with a greater power of reaction, or of elimination of the absorbed miasm, overcome the epidemic influence in a manner little apparent, but still real. Each time that the fire of infection increased in the hospital by swelling the numbers of the typhic, they were seized with headache and sleeplessness, the tongue was dry, and the countenance assumed a typhic aspect. These symptoms held on three or four days, when the typhic veil was torn, and they returned to their usual health. Sometimes, however, the morbid state continued, and then the issue was almost always fatal."

We cannot continue our quotations from this interesting volume, but refer the reader to its pages for further information of its contents. It deserves to be in every library.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, NOVEMBER 4.

Mr. COULSON, Vice-President, in the Chair.

Dr. POLLOCK showed

PART OF A LUNG TAKEN FROM A CHILD, AGED THREE AND A-HALF YEARS, WHO DIED OF PNEUMOTHORAX.

The interesting feature in this case was the occurrence of pneumothorax in a patient so young. He had suffered from cough and mild thoracic symptoms for a short time. Suddenly, symptoms of collapse, dyspnœa, with great exhaustion and restlessness, set in. Examination of the chest showed pneumothorax on one side. After death it was found that a very small cavity in the middle lobe had opened into the pleural sac at the interlobular fissure. There was much effusion of lymph on the pleural surfaces.

Mr. COULSON asked Dr. Pollock if, in any case, it would be justifiable to make an opening through the chest-walls to evacuate the air? He had seen a case in which, on account of the great distress, this procedure had been contemplated.

Dr. POLLOCK did not think that such a procedure could be of any avail. In some cases, the condition of the lung, after recovery from pneumothorax, seemed to be improved. He supposed that was from rest. It gave the lung time to rally. He agreed with Dr. Alison, that pneumothorax was much more common in phthisis than was supposed. He did not, however, agree with him in calling it the fourth stage of phthisis.

Dr. BRISTOWE thought with Dr. Pollock, that pneumothorax often occurred in phthisis; and he had noticed that patients often seemed to improve after recovery from the pneumothorax, especially when the side on which it occurred was the only one diseased.

Dr. POLLOCK then exhibited a specimen of

CANCER OF THE LUNG.

In this case there was a small tumour externally, about the position of the second and third ribs. The left pupil was contracted, and the left pulse was much smaller than the other. There was found extensive cancerous disease of the lung and pressure on its root, from disease of the glands. There was puckering in some places, but no tubercle was found. There was one or two cancerous masses in the other lung.

Mr. COULSON remarked on the difficulty of diagnosis in such a case, unless there had been the evidence of the external tumour.

Dr. WILKS said, in reference to the question of the existence of tubercle and cancer, that he had several times found low organisable lymph along with cancer, and several times ordinary tuberculous matter. He was, he said, under the impression that there was no such thing as true primary cancer of the lung. It was generally secondary, beginning in the bronchial glands, and then extending to the lung. Another disease described as cancer was not, he thought, true cancer.

Dr. CRISP said that there were cancer masses in the right lung which could not have been produced by extension of disease from the bronchial glands.

Dr. POLLOCK regarded those deposits as secondary to the cancer in the left lung.

Mr. SPENCER WELLS wished to know what was exactly meant by one of the forms of "secondary cancer" of the lung, alluded to by Dr. Wilks? That form of secondary cancer in which the lung was affected, as in Dr. Pollock's case, by extension from neighbouring parts, was easily understood; but in the other form, where deposits of cancerous matter were disseminated throughout a lung, it seemed clear that, if the growth was not primary, the cancer cells must be brought in the blood from some distant part of the body, and be stopped mechanically in the pulmonary capillaries.

Dr. WILKS said it was difficult to answer that question, as no one had ever found cancer in the blood. He, however, fairly believed that something was carried—a sort of cancer seed, to use an expression of Dr. Crisp.

Dr. BRISTOWE had seen true primary cancer of the lung.

Mr. T. CARR JACKSON exhibited a

TUMOUR OF THE SUPERIOR MAXILLA WHICH HAD BEEN REMOVED BY OPERATION.

The patient was a woman twenty-six years of age. Three years ago she had toothache in the upper jaw, attended with much swelling. A tooth was removed, but the swelling did not subside. The tumour occupied a great part of the superior maxillary bone, bulging the cheek, the septum of the nose, and the palate. Mr. Carr Jackson removed the whole of the superior maxilla, except the orbital plate. The chief point of interest in the operation was that no incision was made in the cheek. An incision was begun inside the nose, and carried down along the media line of the lip. The patient recovered very quickly: except a very slight hollowness of the cheek no deformity existed.

Dr. WILKS exhibited a specimen of

ADENOID TUMOUR OF THE OVARY,

From the Museum of Guy's Hospital, in which structures similar to those of the specimen shown by Mr. Spencer Wells at the last meeting, had been noticed by Dr. J. Braxton Hicks a year and a-half since, who had then pointed it out to some of those interested in the subject at that Institution. The drawings then shown were made at the time. It was intended to have brought out these observations this year, but interruptions occurred. The resemblance, both in generic form and microscopical character, of this to adenocele, is made still more striking by the fact that, in some of the specimens, fatty globules were formed. Dr. Hicks had found this condition in those forms of ovarian disease, hitherto classed as "proliferous cysts," but for which Mr. Wells' name of "adenoma" seems more suitable. Of the many specimens of this kind in Guy's Museum, those examined possessed this structure, some of them appearing to the naked eye like villi. Dr. Hicks considers it to be derived from the follicles of an irregularly developed skin, thereby forming one class of what are called "dermoid cysts," one of the specimens of this class in the Hunterian Museum, including both hair and teeth.

Mr. SPENCER WELLS said he hardly thought that Dr. Hicks and he had been looking at the same things. He had long been perfectly familiar with the groups of pediculated cysts, so often seen to project like cauliflowers from the inner surface of large ovarian cysts, constituting what are known as "proliferous cysts." But in the case he had brought before the society at the last meeting, the naked-eye appearance was totally different. The growth looked exactly like a mass of soft cancer, and it was only by hardening in spirit, and making thin sections, that the true character was discovered. He had searched all the best authorities, but had found no account of the growth he had ventured to describe as ADENOMA. It was very interesting to hear that Dr. Hicks had found the well-known proliferous cyst to have a similar structure.

Dr. BRISTOWE said that nine or ten years ago he had published the details of a case similar to that related by Dr. Wilks. In that case there was cancer of other parts of the body; and he felt inclined to suppose that there was in the part he described a cancerous tendency.

Dr. WILKS said that he supposed Dr. Bristowe distinguished between true villus and villus-like. In true villus the vessel was the chief characteristic. The specimens he had shown was not true villus.

Dr. BRISTOWE said that his specimen was like the one exhibited.

It was, he said, difficult to tell whether there was a vessel in the villus or not.

Dr. BRISTOWE then showed a specimen of

RUPTURE OF THE MEDIAN COLIC ARTERY.

The patient fell suddenly at his work, and was taken to St. Thomas's Hospital in a state of insensibility. He remained insensible until his death three days later. At the post-mortem a large clot was found in one of the hemispheres; and, on opening the abdomen, a large quantity of blood was found in that cavity. On careful examination it was found that this had ensued from a rupture of the median colic artery. Dr. Bristowe believed that this rupture had taken place when the man fell from the effects of the cerebral apoplexy.

Dr. WILKS said that he had several times seen blood effused in the abdominal cavity in large quantity, but had never been able to trace it.

Mr. EDOAR BARKER then showed a specimen of

EMBOLISM—PLUGGING OF THE FEMORAL ARTERY.

A gentleman, sixty-five years of age, who, until within a few months before his death, had been quite well. He had a sudden attack of giddiness with sickness, but this passed away. He had, however, a second, from which he never recovered. When Mr. Barker first saw him, after this second attack, he was much emaciated, and seemed very ill, but had no head ache, no giddiness, no pain, and on examining the heart no valvular disease could be detected; and there was no increase of cardiac dulness. A week before death, however, high up in the left side, among the large vessels, a violent bruit was heard. Two days before death this bruit suddenly disappeared. Simultaneously, acute pain extended down the right leg, and in the course of the femoral artery, attended with marked diminution of temperature, and also with loss of sensation. Soon after this he became faint and died. At the autopsy the heart was found flabby, and its structure pale, and all the cavities were more or less enlarged, especially the right auricle, which was filled with recent fibrinous deposit. The aortic semilunar valves presented a remarkable appearance, being covered with bunches of warty-looking fibrinous matter, more or less firmly attached to this structure. The aorta to the origin of the large vessels was considerably dilated and pouched, and the submucous tissue over the whole surface was infiltrated with atheromatous deposits, some of bony hardness. The large vessels were unhealthy as far as they were traced. On exposing the femoral artery at its highest point in front of the thigh, the tissues around it were found injected with blood; and at the point where the deep femoral was given off, the artery was found to be plugged with fibrinous matter to the extent of several inches. This, on exposure, was seen to be slightly adherent only to the sides of the vessel.

In reply to Dr. Bristowe, Mr. BARKER said that the clot was supposed to have been carried; as the bruit disappeared, and the pain, &c., appeared at the same time.

Dr. CRISP thought that a clot so large could not be carried so far, and then assume such a form in the femoral artery. He thought that such clots were formed, and not carried. He considered that the disease in the heart was, to a certain extent, conservative. If parts of the arterial system were degenerated, and the heart strong and healthy, rupture would be more likely to take place.

Mr. HOLMES said that it was clear that clots were sometimes carried to a distance, and instanced a case related by Esmarch, of Kiel, in which plugging of the carotid and cerebral arteries followed rough examination of an aneurism.

Mr. CALLENDER thought that the cylindrical shape of the clot in the vessel had nothing to do with the original source of the clot forming the obstruction. In this case there was a bruit; it disappeared, and, at the same time, pain, loss of sensation, and diminished temperature, were found in the leg. There was extensive atheromatous disease of the great vessels, and he considered it probable that a piece of calcareous matter had formed a nucleus, on which fibrinous matter was deposited. This became detached, and was carried forwards, and the femoral artery was plugged. A further formation of clot took place here, just as it did after surgical ligature of an artery.

Dr. HARE said, that as the artery exhibited had not been opened, it was impossible to judge whether it was a case of embolism or not. He felt quite sure that the theory of embolism had been carried to a great excess. He thought that the disease of the valves in this case was enough to produce murmur, and that its disappearance might be accounted for by the failing strength of the heart. He thought, too, that the explanation of the cause of the fibrinous deposits in the spleen, and other organs, might be as well explained by local disease in the arteries as by secondary disease from clots carried from other parts of the circulation.

Dr. BRISTOWE also entertained doubts as to whether the specimen exhibited was one of embolism; and he agreed with Dr. Hare that this theory was carried too far. A few sessions ago he had recorded several cases of plugging of the cerebral arteries, but he felt certain that several of them were not cases of embolism.

Mr. SPENCER WELLS said that, whether the frequency of plugging of arteries by the detachment of vegetations from the valves of the heart, was or was not overrated, he felt convinced that the converse, or the mechanical plugging of the heart or lungs by fibrinous clots carried from the periphery to the centre, was not yet sufficiently recognised by surgeons as a cause of mortality after injuries, operations, or local disease. If any one still doubted the transmigration of clots, he would remind them that Dr. Druit had shown in that room a clot where the seat of fracture was most evident. The two broken portions fitted together exactly. He (Mr. Wells) had seen several cases of what some would call pyæmic pneumonia, others pulmonary embolism, in which it was very clear that the origin of the disease had been clotting of blood in the vessels of some part of the body injured or operated on. In one case he believed that an ordinary boil had been the source of the mischief. In another case serious cardiac and pulmonary symptoms, with an almost instantaneous appearance of a rash, like erysipelas or scarlatina all over the body, had followed the application of perchloride of iron to a cauliflower exerescence of the uterus: and in this case clots of various sizes had been found in almost every vessel examined after death.

Dr. WILKS believed that there was such a thing as embolism, and regarded Mr. Barker's case as a genuine instance of it.

Mr. Holmes and Dr. Hare were appointed to report on the specimen.

LEGAL INTELLIGENCE

COURT OF EXCHEQUER, WESTMINSTER, Nov. 4.

(Before Mr. Baron Martin,)

WALTERS *v.* LUSH.

This was an action to recover commission for the sale of a medical practice. Mr. O'Malley conducted the case for the plaintiff, and Sir F. Slade appeared for the defendant. It appeared that the defendant, a medical gentleman residing at Salisbury, in 1861 consulted the plaintiff respecting the disposal of his practice, and placed it in his hands for that purpose. A correspondence then took place between them, respecting the price to be paid by a purchaser. One of the conditions required by the defendant was, that while sufficient details of the nature and value of the practice were to be furnished in reply to any inquiries, the name of the vendor was not to be mentioned unless it appeared probable that a purchase would be effected. Defendant supplied these particulars to several applicants, amongst whom was Mrs. Young, the wife of a surgeon who was then abroad for the benefit of his health, and who had desired her to find a practice on which he might enter on his return to England. But as the particulars were not satisfactory to Mrs. Young, chiefly on account of the premium required and the large establishment it was stated to be essential to maintain, no correspondence took place between her and the defendant. As no purchaser for the practice was procured by the plaintiff, the defendant requested plaintiff to make out his bill of charges, which amounted to 5*l.* 8s., which he satisfied. Having taken the affair out of the hands of plaintiff, the defendant then instructed Mr. Needes, another medical agent, who introduced Mr. Young to defendant, and a sale was effected through his agency. This fact becoming known to the plaintiff, he demanded his commission for the sale, payment of which being refused by the defendant, the present action was instituted. On examination, plaintiff stated that the conditions upon which he transacted business were supplied to Mrs. Young, amongst which was a provision, that if any sale should be made to any party to whom he had furnished particulars, the commission should be payable, although such sale might eventually be completed through any other agency. This was admitted by Mrs. Young; she, however, denied that the purchase was effected through plaintiff's agency, as he had only furnished the details of the practice without giving the name. No further witnesses were called.

Mr. Baron Martin, in his directions to the jury, explained that the affair resolved itself into a matter of bargain between the parties, and that as it was clear that the terms had been stated on the one side and admitted on the other, the defendant must abide by the consequences.

Verdict for the plaintiff for 38*l.* 19s., with leave, however, for defendant to amend the declaration for new trial.

THE MEDICAL "PROTECTION" (?) ACT.

On Tuesday an application for advice was made to the sitting magistrate at the Police Court, Bow street (Mr Corrie), by Dr. Henry Scott, Physician, of Upper Woburn place, Russell square, as to the misuse of his name, and those of other regular and qualified practitioners, by the class of pretended medical men, notorious in the profession as the "sham" Brodies, Listons, Lococks, Scotts, &c. It is well known to all professional men, that every name that has become distinguished in medicine is immediately taken up by quacks, who under colour of a known name, deceive the ignorant, and obtain an extensive and most injurious practice.

Dr. Scott stated that he had been subjected to great annoyance in consequence of a person who carried on a certain kind of practice in Adam street, Adelphi, advertising as Dr. Scott. This person had been brought up to this court on a former occasion, when prac-

tising as "Mr. Scott, surgeon." He was prosecuted on that occasion under the Medical Protection Act, for calling himself a surgeon, whereas he was not entitled to that designation. The failure of that prosecution showed that the so-called "Protection" Act was but a dead letter. Now he had assumed the title of "Doctor," to which he was no more entitled than to the designation of "Surgeon." He had inserted in the 'Daily Telegraph' an advertisement, such as no professional man would issue. Indeed it was unprofessional to advertise at all; but the terms of this advertisement were peculiarly scandalous, suggesting proceedings which were clearly immoral and illegal. The advertisement commenced, "Dr Scott attends and corresponds confidentially in cases of midwifery, pregnancy, and other private cases. He has had thirty years' practice. 17, Adam street, Adelphi." Then followed the title of a book, to be forwarded by post on receipt of 13 postage stamps. In an article in one of the medical journals, containing some severe but well merited strictures on the advertisement, it was observed that he (Dr. Henry Scott) need never fear being confounded by the profession with the author of that advertisement. This was quite true; but though the profession were not misled, the public were. He had received from a lawyer a letter claiming from him payment of a sum of 15*l.* for a year and a half's rent for a house at Westhill, Wandsworth, being, in fact, the country house of the spurious "Dr. Henry Scott."

Mr. Corrie thought that annoyance would be best got over by letting the matter alone. It would die out of itself. There might be many Scotts and several Henry Scotts. Scott might be a real name.

Dr. Scott said there were only seven of the name of Scott in the profession in London, including himself, and he was the only Dr. Henry Scott. He, of course, was not prepared to prove that the advertiser's real name might not be Scott, though he had good reasons to believe that the real name was something very different. The matter would not die out as long as these advertisements were continued, which probably would be as long as it could be done with impunity.

Mr. Corrie said there could be no confusion, because the address in the advertisement was not the same as the address of Dr. Scott. It was not in any way similar, not even in the same parish.

Dr. Scott said that confusion had actually arisen. The lawyer who had written to him, a most respectable solicitor, had confounded him with his advertising namesake. He was pestered with letters intended for that person. Many persons supposed he was the same man, and only a day or two ago he had heard of a statement made by a servant girl that she knew all about him; that he had a place in Adam street, and was an "advertising quack." He wished to know whether this man could not be precluded from calling himself a "Doctor." He had no degree or diploma.

Mr. Corrie asked why the profession did not take that up and prosecute the man under the Medical Act. It seemed as if the profession attached no importance to the matter.

Dr. Scott said the man had been prosecuted at this court under the Medical Act; but that statute was found to be inoperative, and he only hoped that the medical members of Parliament would take care that a more effective Act should be carried next session.

Mr. Wm. Dyott Burnaby, the chief clerk of the court, here observed that the reason of the failure of the prosecution was not any defect in the Act. It was that the Registrar had not at this time any proper registry. There was no book or register in which the names of persons registering could be entered. Now it was impossible for the magistrate (the late Mr. Jardine) to fine a man for not entering his name in a register which did not exist.

Mr. Corrie, after consulting the Act, said it was most probable that after such a decision, the Registrar would take care to have a proper register. The former proceedings, as it seemed to him, had been taken too soon—before there had been time to establish a proper register. No doubt there was a proper register by this time—indeed, long ago. A fresh prosecution now would probably be successful. Dr. Scott had better draw the attention of the Medical Protection Association to the case.

Dr. Scott did not think they would take it up.

Mr. Corrie could not tell why they were called a "protection" association if they did not protect the profession in such cases.

Dr. Scott was equally at a loss to understand in what sense the Act was called a "Protection" Act. He was not aware that it "protected" anybody—unless the quacks. He had paid to register his name on the faith that he would be "protected." It was now pretty obvious what protection he had or could hope for. He thanked the magistrate for his patient hearing and advice.

Births, Marriages, and Deaths.

MARRIAGE.

LEARY—CALDWELL.—On the 5th inst., at Killeter, Samuel Leary, Esq., L.K.Q.C.P.I. and L.F.P.S.G., of Pettigo, to Lizzy, youngest daughter of the late Audley Caldwell, Esq., of "The Firthtown house," Castlederg, co. Tyrone.

DEATHS.

BENJAMIN.—July 27, at Tarree, New South Wales, R. D. Benjamin, aged 43.

BRUORTON.—On the 30th ult., William Bruorton, M.R.C.S. Eng., L.S.A. Lond., M.S.A., of Wincanton, Somersetshire, aged 61.

GARDNER.—On the 17th ult., Mr. Gardner, of Haverhill, Suffolk.

HARRISON.—On the 28th ult., Edward Harrison, L.S.A. Lond., of Sheffield, aged 46.

LAWRENCE.—On the 4th inst., at No. 1 King Edward's terrace, Lower road, Islington, John Lawrence, surgeon, late of Brighton, aged 46.

MALLALIEU.—On the 30th ult., Francis Colston Mallalieu, M.R.C.S. Eng., L.S.A. Lond., of Fairfield, near Manchester, aged 53.

WATTSFORD.—On the 30th ult., William James Wattsford, M.R.C.S. Eng., of Croom's hill, Greenwich, aged 68.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations, received the certificate in Dental Surgery at a meeting of the Board on the 4th inst.: James Clarke, Nottingham; Murray Joel Davis, Norfolk street, Strand; Morris De Courcy Dickinson, Euston square; John Elwin, Southampton; Henry Thomas Kirby, Leicester; Henry Charles Hervey Longhurst, Lutterworth; John Thomas Browne Mason, Exeter; Thomas Morgan, Orchard street, Portman square; Isaiah Afred Mosely, Grosvenor street, Grosvenor square; William Henderson Nicol, Leith; James Robertson, Rochester; James Joseph Simmons, Chester place, Kennington; Nathaniel Stevenson, Cleveland square; Daniel Tayler, Cheltenham; John Thomas Henry West, Old Broad street, City.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 30th ult:—William Johnstone Irvine, Galgate, Lancaster; William Thomas Jones, Kentish town; Edward Howard Moore, Newmarket terrace, Cambridge heath; Robert Thomas Nichols, Rotherhithe; William Smyth Russell, Dublin.

As an Assistant—William Gowland, Sunderland.

The following gentlemen also on the same day passed their first examination:—Charles S. A. Atkinson, University College; Josiah Court, Sydenham College, Birmingham; George Elkington, Guy's Hospital; Hugh Taylor, St. Bartholomew's Hospital.

FEVER AT BOSTON.—We regret to learn that typhus fever has made its appearance in an aggravated form at Boston, in Lincolnshire.

CHOLERA IN INDIA.—By the latest Bombay mail, we learn that cholera has again visited Peshawur in an aggravated form.

THE MIDLAND MEDICAL SOCIETY.—Dr. John B. Melson, M.A., M.D., and J.P. for Birmingham, has been elected President, and Mr. Langston Parker, F.R.C.S., and Dr. James Russell, Vice-Presidents of this Society.

UNIVERSITY OF LONDON.—The examination for Medical Degrees in this University will take place during the present month. For degrees of Bachelor of Medicine, the examination will commence on Monday next—the candidates being examined in physiology and comparative anatomy, surgery, medicine, midwifery, forensic medicine, and pathology. The examination for the degree of Doctor of Medicine will commence on Monday, Nov. 24th.

MEDICAL ATTENDANCE ON THE POOR.—At the Fox Tavern, Paul-street, Finsbury, an inquiry was held by Mr. H. Raffles Walthew, the deputy coroner, touching the death of Richard Clarke, aged two years. Mrs. M. Clarke, 94 Paul-street, said that on Thursday last her son became ill. He had received a fall some time before. On Friday morning, at half-past three o'clock she noticed the child getting stiff, and her husband ran for Dr. Buss. The doctor did not come until after some delay, occasioned by his getting her husband to sign a paper binding himself to pay 5s. The child was dead when the doctor came. Witness's husband was a mechanic. Mr. Henry Buss, M.R.C.S., said that at the time in question Mr. Clarke called him up and told him he was wanted to see the child, but did not say it was dying. Witness said, "Are you prepared to pay? Have you got 5s.?" The father said he had not, and witness asked him for some security. Witness wrote out the following:—"I promise to pay Dr. Buss 5s. for visiting my child." When the father affixed his mark to the promise witness went to see the child, whom he found dead. Witness was paid the 5s. on Saturday night. A Juror: Your conduct was very mercenary. Witness: Yes; but I am obliged to act thus to guard against imposition. I have to live by my profession. I have often been called up at night and defrauded of all payment. Those that cannot pay ought to apply to the parish doctor. If a person asked me to go purely as an act of charity I would attend. Deceased died from effusion on the brain. The Coroner having summed up, and remarked that the course pursued by Dr. Buss was not peculiar to that gentlemen, the Jury returned the following special verdict:—"That deceased died from effusion of serum on the brain; and the jury desire to express their regret that medical men should refuse to attend the poor without guaranteed payment; and the jury consider that, as such refusals are frequent, the parish authorities should take it upon themselves

to pay the fees for firsts visit of medical men to poor persons in urgent cases, and the jury are of opinion that such a provision would be the means of saving life."

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.—The introductory lecture at the opening of the winter session wss delivered in the theatre of the institution, by Dr. Jacob, F.R.C.S.I., the subject being "Medical and Rudimental Education."

YELLOW FEVER AT BARBADOES.—Yellow fever was still very prevalent at Barbadoes on the departure of the last mails, and most of the officers of the 1st West India Regiment had been attacked, and six of them bad succumbed to this fatal disease.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 12.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, November 13.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Prolapsus Uteri and Fibrous Tumour of the Uterus; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, November 14.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 15.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, November 17.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.—Medical Society of London, 8½ p.m.; Lock hospital, Dean street, Soho, 1 p.m.

Tuesday, November 18.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Evils Resulting from Rising Too Early after Childbirth. London: J. W. Davies, 54 Princes street, Leicester square.

The Dental Review for November. London: J. W. Davies.

The Lung Diseases of Cattle, or Pleuro-pneumonia Curable by Homœopathy. By J. Moone, Esq., M.R.C.V.S. London: H. Turner and Co., 77 Fleet street.

The Monthly Homœopathic Review for November. London: H. Turner and Co.

General and Descriptive Anatomy of the Domestic Animals. By J. Gamgee, Esq. and J. Law, Esq. Vol. I, Part II.—"Articulations and Muscular System." Edinburgh: T. C. Jack, 92 Princes street.

On Diseases of the Chest. By Dr. H. W. Fuller. London: J. Churchill.

The Dublin Quarterly Journal. No. LXVIII.

NOTICES TO CORRESPONDENTS.

INQUIRER.—1st. No.—2nd. The degree could not be registered.—3rd. The Brooklyn General Hospital, New York, one of the finest in the world, is open to medical practitioners and students without charge. What a happy consummation!

M.R.C.S.—If our correspondent will turn to the Journal of Practical Medicine and Surgery in our last number, he will see that Professor Porta, of Pavia, considers that the ball is not in the wound; but, he fears that it will be a long time before General Garibaldi will recover the use of the joint.

M.R.C.S. Eng. and L.A.C.—There must be plenty of opportunities in the United States for medical practitioners to make their way. They are wanted both in army and civil life. The demands of the army have almost denuded some districts of civil practitioners; but surgeons must be content for the present with remuneration in "green-backs." The only pre-requisites for the appointment of assistant-surgeon, are testimonials of moral and physical fitness for the duty, and an examination before an army board consisting of three surgeons, or assistant-surgeons.

QUERIST.—There were no direct evidences of poisoning detected in the case alluded to. It was surmised that colchicum was the agent employed. The medical evidence undoubtedly failed in proof; but proof could not be expected from it. The woman was nevertheless guilty, and was deservedly hanged.

A GENERAL PRACTITIONER.—1st. Yes.—2nd. A vaccination station is now established in connection with all the Hospitals. We should doubt that it is so numerously attended as you suppose.—3rd. You cannot claim.

A POOR-LAW SURGEON.—Your relieving officer is quite wrong in assuming that he can call upon you whenever he pleases for a report upon a case under treatment. Yet this is a very general opinion, created no doubt by the Relieving officers themselves, to save trouble and responsibility. There is no power given to them to require such a report in that portion of the Consolidated Order enumerating their duties; and the article to which you refer says, that the Medical officer shall give a certificate to the Guardians, Relieving officer, or pauper, of the sickness of such pauper "*when required to do so*," but it does not say required *by whom*. The sense of the passage is, however, supplemented by the comment which expressly adds, "*That is*, when required to give such certificate by the *Guardians* of the Union of which he is an officer." It is absurd to suppose that any pauper has the right to require a medical officer to give a certificate of his illness when, and as often as he chooses to ask for it; and it would be an arbitrary power to place in the hands of a relieving officer, who would thus be placed in authority over the medical officer, and might incessantly worry him with such requirements to enable him to skulk the performance of his own duty. The Guardians are the only persons who have, and ought to have such power, the weekly Report of the Medical officer being a sufficient guide for the relieving officer. We except from these remarks all cases of the removal of sick paupers.

DR. MCC.—We are obliged by your note.

DR. PARKER.—Yes.

MR. WILSON.—Received and attended to.

CHIRURGUS.—Dr. John Davy is the brother of the great Sir Humphrey Davy.

W. S.—Dr. Brown-Séquard or Dr. Radcliffe.

LONDINENSIS.—1st. No.—2nd. No.

DR. C. E.—The cases are reported in this Journal, but we cannot find the time to hunt through the back numbers to discover them.

ST. ANDREW'S.—To several correspondents who have addressed us on the subject of the examinations at St. Andrew's, we believe we may say generally that if the candidates are well-up in Medicine, Surgery, and Midwifery, and show a practical knowledge of those subjects, they will not be sent back. Men therefore, who have been a few years in practice, and are well up in general professional acquirements, would not be expected to exhibit any great acquaintance in chemistry, and the other subjects for examination. The licentiates of the College of Physicians who have undergone just such an ordeal as we have indicated, and who may be desirous of converting a title by courtesy into a title by right, would do well to take advantage of the only chance left them of becoming M.D.'s as well as Physicians, by a visit to St. Andrew's, on the only remaining day for examination, which by the advertisement is fixed for Dec. 17th. Of course it will be necessary for them to notify their intention before that day to the Registrar of the University.—To "Senex," and to "One who desires a handle to his name," who have enclosed their cards, we say, "Go!"

POOR-LAW MEDICAL APPOINTMENTS IN IRELAND.

To the Editor of the Medical Circular.

SIR,—In your "Notice to Correspondents" in the last number of your journal, T.C.B. asks "if the Poor-law Commissioners in Ireland would recognise a licentiate of the Faculty of Physicians and Surgeons of Glasgow;" and, as many such queries may be put to you by your readers, I subjoin a copy of the last order of the Commissioners, by which T.C.B. will find out that he must possess the *double qualification*. A licentiate of the Glasgow Faculty is as much recognised in Ireland as a licentiate of any College of Surgeons—a question which the Medical Act completely sets at rest. I must, however, add that L.R.C.S.I. are *alone* eligible for County Infirmaries, and I hope, by your advocacy, that this anomalous state of things will be repealed. It makes little matter whether another candidate for a dispensary appointment may have more qualifications (and probably less brains), as the appointment altogether depends on the votes of the dispensary committee, the candidate, of course, possessing the double qualification of either surgeon and (Dublin or London) apothecary, or of surgeon and M.D., or of surgeon and physician, a midwifery diploma or certificate being also indispensably necessary. The following is a copy of the commissioner's letter referred to,

"QUALIFICATION OF DISPENSARY MEDICAL OFFICERS.

"SIR,—The Commissioners for Administering the Laws for the Relief of the Poor in Ireland have had under their consideration that part of the General Regulations for the Government of Dispensary Districts which relates to the qualification for the office of medical officers of dispensary districts, and have thought right to make some alteration in the qualification therein required. A copy of a General Order, which the Commissioners have accordingly issued, is forwarded herewith, by which it will be seen that the qualification required for future appointments is as follows:—

A degree, diploma, or licence in medicine;
A diploma or licence in surgery;
A certificate in midwifery;

and that the person appointed shall have attained the age of 23 years. It will be seen also that the Commissioners have reserved to themselves the power of dispensing with that part of the qualification which requires a separate medical certificate or diploma in any case in which, under special circumstances, it shall appear to them necessary to do so; and that the new regulation is not to apply to any person holding the office of Dispensary Medical Officer at the date of this order. The Committee will probably think it right, in advertising for medical officers in future, to make known the double qualification now required.

"By order of the Commissioners,

"B. BANKS, Chief Clerk,

"To the Honorary Secretary of each Dispensary District in Ireland."

I am sure the above information will be of use to some of your readers. As Dispensary Doctors must always dispense their own medicine, the Commissioners give always the preference to the Apothecary and Surgeon, as of all practitioners the most practical at compounding, having, of course, served an apprenticeship, without which he should be a fumbler. M. D——.

A SUBSCRIBER (A. F.)—He is permitted to practise medicine under the diploma; but he could not legally charge for medicines. Take the office, and never mind the difficulty.

ALPHA.—They are all good works. There is a new edition coming on of Brande and Taylor's chemistry; so you had better wait a little.

DR. QUINLAN.—Received. His request shall receive consideration.

C H L O R O D Y N E.

TRADE MARK REGISTERED 1858.

DR. J. COLLIS BROWNE, M.R.C.S.L. Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering, in 1846, a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT. For this new Remedial Agent he was obliged to find a name, and *coined* the appellate "CHLORODYNE," a word unheard of and unknown until he introduced it, in 1856, for public use *through* J. T. DAVENPORT, Pharmaceutist, 33 Great Russell street, Bloomsbury square, London, *to whom he confided* THE RECIPE AND ITS MODE OF PREPARATION, *never having divulged or published the secret of its formula.*

CAUTION.—The great success attending the use of this extraordinary preparation has induced unprincipled parties to manufacture compounds in imitation, calling them after the same name. Medical Men are advised of this dishonourable proceeding, so that they may be guarded against the culpable practice of introducing substitutes in lieu of CHLORODYNE, causing thereby uncertainty of action in the treatment of the patient by the physician, probable disaster to the sufferer, and deception in the preparation.

Each *Genuine* Bottle bears a Red Stamp with the words "DR. J. COLLIS BROWNE'S CHLORODYNE" in White Letters.

To be obtained from all Wholesale Druggists.

Sole Manufacturer—J. T. DAVENPORT, Pharmaceutist,

WHOLESALE AND RETAIL DEPOT, 33 GREAT RUSSELL STREET, BLOOMSBURY.

The Aerated Bread Company

(Limited), for the supply of London with Bread under Dr. DAUGLISH'S Patents. Incorporated, with Limited Liability, under the Joint-Stock Companies' Acts. Capital, £500,000, in 50,000 Shares of £10 each. Deposit, £1 per Share. First issue limited to 10,000 Shares.

DIRECTORS.

HENSLEIGH WEDGWOOD, Esq., 1 Cumberland place, Regent's park, Chairman of Price's Patent Candle Company, Chairman.

Col. BROWNRIGG, C.B., Ashford, Staines.

Dr. GUY, 26 Gordon street, Gordon square, Physician to King's College Hospital.

W. F. HARRISON, Esq., Bartropps, Weybridge heath.

JAMES SYDNEY STOPFORD, Esq., 18 Savile row, Director of the Agra and United Service Bank.

JAMES CHILDS, Esq., 107 Victoria street, Westminster, Managing Director.

Auditor.—EDWARD CHESHIRE, Esq., 26 Old Broad street,

Bankers.—Messrs. WILLIAMS, DEACON, and Co., Birchin lane.

Solicitors—Messrs. WILSON, BRISTOWS, and CARPMAEL, 1 Copthall buildings.

Secretary—GEORGE DAUGLISH, Esq.

Temporary Offices—3 Copthall chambers, Throgmorton street.

The object of this Company is to establish bakeries in different parts of London for the manufacture and sale of aërated bread under Dr. Dauglish's Patents.

Wherever the aërated bread has been introduced it has obtained favour with the public and support from the Medical Profession by its perfect cleanliness and purity and wholesome and nutritious qualities, and it must, when supplied in quantity, supersede the use of fermented bread.

The Report presented to Parliament at the close of the last Session, by Mr. Tremenheere, the Commissioner appointed by the Home-office to inquire into the grievances complained of by the journeymen bakers, calls attention to the "great public importance" of Dr. Dauglish's process.

In the ordinary method of making bread, the necessary distension of the dough is produced by the chymical process of fermentation by means of yeast, which developes carbonic acid gas by decomposing certain elements of the flour. This process of fermentation destroys a part, and deteriorates the whole of the substance of the flour. It is tedious and uncertain, and liable to derangement by any variation in materials, weather, or temperature; and it requires the close and continued attention of a master or of a steady and experienced workman.

The new method of bread-making substitutes machinery for skilled hand labour. The dough is distended by carbonic acid gas, produced independently, and admitted by mechanical means; an operation which can be conducted on a large scale with perfect regularity and certainty, and so rapidly that in an hour and a half the sack of flour is converted into baked loaves; waste and deterioration being entirely avoided, and the most perfect cleanliness secured, as the flour passes from the sack into the baked loaf without being once touched by the hand.

The long hours and exhausting night-work of the operative bakers are rendered unnecessary, and all the other evils of the trade are entirely remedied.

A model bakery, open to inspection, has already been established by the Patentee and his friends at Islington, at a very moderate cost, for the purpose of proving, by the best of all evidence—that of practical working—the beneficial and profitable character of the process. All the bread is there sold for cash. It is proposed that this Company shall take over the model bakery, and establish 19 other similar bakeries in favourable situations. The management will be of the most simple and economical kind. Each new bakery will be a repetition of the last of those preceding it, and will be easily managed by an intelligent foreman; and the whole establishment will be superintended by one experienced general manager, whose services are already secured, and who shows his own perfect confidence in the success of the undertaking by agreeing to receive no remuneration for his services till the Company shall be in a position to pay a dividend of 10 per cent.

On the first issue of 10,000 shares, or 100,000*l.*, 60,000*l.*, will be called up. With this sum the first 20 bakeries can be completed and worked. Further bakeries will be established as the demand increases; and the Company may eventually become their own millers. It is intended to rent in preference to building.

No call will exceed 2*l.* per Share, or to be made at less than two months' notice. In every increase of capital, whether within the first 500,000*l.* or beyond it, an option will be given to existing Shareholders to take the new shares in proportion to their several holdings. The Subscribers to the first 20 bakeries will thus secure to themselves the entire benefit of an enterprise of unlimited extent, supported by a daily demand for the first necessary of life, by a population equal to that of Scotland, or half that of Ireland, concentrated in one spot; whose bread consumes 60,000 sacks of flour per week, and costs eight millions sterling per annum. This vast population increases at the rate of 1,000 souls per week, and would require the annual addition of eight bakeries of the size proposed. The enterprise, moreover, is one which, however much it may extend itself, will require no complicated accounts, no heavy stocks on hand, no considerable liabilities.

An arrangement has been made with the Patentee, and with Mr. Childs, who has an interest in the patents, for an exclusive licence for the whole of London (including the entire district, within a radius of 10 miles from St. Paul's), at a moderate fixed price per bakery, payable only as each bakery is erected.

The Directors hope to be able to declare a dividend in the course of the year 1863. Meanwhile they are happy to state that out of the profits of the model bakery at Islington they will be enabled to pay interest at the rate of 3 per cent. per annum on the deposit and calls from the dates of payment till the first general meeting in May next.

An estimate for the first twenty bakeries based upon actual experience obtained by the working of the model bakery at Islington, has been carefully prepared. It shows a clear profit of 33½ per cent. It should be understood that only two kinds of bread are now produced and sold, the lucrative business of selling flour, fancy bread, and biscuits not having yet been entered upon. These obvious and legitimate sources of profit are not reckoned upon in the estimate.

The Directors wish it to be understood that they are under no engagement whatever to make any purchases or payments which do not appear on the face of the detailed estimate attached to the prospectus, for which application must be made at the offices of the Company.

To the Directors of the Aërated Bread Company (Limited).

Gentlemen,—I request you to allot to me shares in the "Aërated Bread Company (Limited)," and I agree to accept that or any less number that may be allotted to me, and to pay the deposit thereon.

Name .....
Address .....
Description .....
Date .....

J. Clarke (late Thompson),

Surgical Instrument Maker, Cutler, Truss and Bandage Maker, 225 Piccadilly, near Regent's Circus, W.

Royal College of Physicians

OF LONDON.

FIRST PART of the PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School, will commence on Tuesday, DECEMBER 2nd.

SECOND PART of the PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, DECEMBER 9th.

Registered Medical Practitioners qualified before January 1861, are admitted to Examination, under special Bye-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-laws are to be left at the same time.

Pallmall East. H. A. PITMAN, M.D., Registrar,

Society for Relief of Widows

and ORPHANS of MEDICAL MEN in LONDON and its VICINITY.—Instituted 1788.—The MEMBERS are REMINDED that a QUARTERLY COURT of DIRECTORS will be HELD on the 3rd day of DECEMBER next, at which Candidates for admission into the Society can be proposed. It is desirable that the form of proposal be filled up and forwarded to the Secretary a few days before the Meeting. The form of proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing.

The Secretary attends at the office every Wednesday and Friday from Four to Five o'clock.

S. W. J. MERRIMAN, M.D., Secretary.
53 Berners street, W.

Society for Relief of Widows

and ORPHANS of MEDICAL MEN in London and its Vicinity. Instituted 1788.—EXTENSION of LIMITS.—All legally qualified Medical Practitioners residing in the County of Middlesex, or within the limits of the London District Post, are now eligible as Members of this Society.

Half-yearly relief is given to the Widows and Children under fifteen years of age, of members of at least two years' standing, if in distressed circumstances.

The Election is by Ballot, at the four Quarterly Meetings of the Court of Directors, on the first Wednesday in March, June, September, and December; the Proposal having been read at the previous Quarterly Court. Forms of Proposal, etc., may be obtained from the Secretary, who attends at the office of the Society, every Wednesday and Friday, from four to five p.m.

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JOURNAL

OF

Practical Medicine and Surgery.

SCIENTIFIC MISCELLANEA

ART. 6314. REMARKS ON THE PECULIAR SHAPE OF THE FINGERS IN CHRONIC DISEASES OF THE CHEST.—Mr. Trousseau carefully points out every year to his pupils the peculiar deformation of the hand, called *hippocratic*, or *clubbed finger*, which, since the most remote antiquity, has attracted the notice of pathologists. Ancient writers thus describe the appearance of the fingers in consumptive subjects :—"*Tabidis ungues contrahuntur*," or "*tabidis ungues adunci.*" In 1832, Mr. Pigeaux, a Paris practitioner, again invited attention to this, in some measure, forgotten symptom, and endeavoured to establish with precision its semeiotic value. Mr. Trousseau describes it as follows in his lectures:—It is a shortening of the third or ungual phalanx, attended with inspissation and transversal enlargement of the digital extremity. The nail, at the same time, becomes incurvated, and the point of the finger assumes the shape of a club, or more properly, of the head of a serpent. The deformation is sometimes a slow process, but occasionally takes place very rapidly, and not without pain.

As to the relation of the clubbed finger to scrofula or tuberculosis, Mr. Trousseau remarks that, not having observed it in genuine scrofula, nor in uncomplicated abdominal tuberculosis, he inclines to consider the symptom as special to chronic affections of the chest. He has met with it in the second and third stages of pulmonary consumption, and in young subjects suffering from chronic pleurisy. The sign is not, therefore, exclusively pathognomonic of phthisis: it is but fair to admit, however, that the clubbed finger is much more frequently observed during the progress of that affection, and that the uneiform nail becomes better marked in proportion as the disease is in a more advanced stage. In the main, Mr. Trousseau opines that the hippocratic finger affords valuable presumptive evidence of the existence of pulmonary consumption.

With regard to the nature and causes of the deformation, the Professor ascribes the alteration of shape to hypertrophy of the bone, or at least to preternatural development of the fibrocellular tissue in the pulp of the finger, invading the thumb and index, first of the right and afterwards of the left hand, the other fingers becoming successively affected in the order of their development, the little finger thus preserving sometimes its natural form, while all the others are already distinctly clubbed. Mr. Trousseau judiciously confines himself to the bare statement of the fact, and establishes its coincidence with phthisis. As an opportunity occurs of mentioning the circumstance, we may, however, remark, that Mr. Caron recently brought the question before one of the Medical Societies of Paris, and that although he agrees with Messrs. Pigeaux and Trousseau as to the semeiotic import of the symptom, he also connects it with the scrofulous diathesis. We find, on the other hand, in a recent number of the *Revue Médicale*, a new and satisfactory explanation of the deformation of the fingers by Mr. De Saint-Maclout. This gentleman observes, that in cyanosis, as Mr. Gintrac has before correctly remarked, the digital extremities sometimes assume the hippocratic character. Now, the disturbance of nutrition which generates in cyanosis —the change alluded to in the phalanges—is consequent on the unnatural admixture of venous with arterial blood; and it does not appear improbable that the same morbid confusion of the two kinds of blood also induces the clubbed form of the tips of the fingers in phthisis. Mr. de Saint-Maclout adopts this theory, and adduces in support of his opinion Mr. Natalis Guillot's researches on the *disarterialisation* of the blood which passes through the lungs in tuberculosis. Mr. de Saint-Maclout, therefore, conceives himself justified in the assertion that clubbed fingers denote a change in the blood peculiar to cyanosis and pulmonary consumption, and attributes especial value to a sign which may reveal the existence of tuberculosis, at a period when the other symptoms are uncertain or altogether absent.

ART. 6315. THERAPEUTIC AND HYGIENIC USES OF COFFEE.—The action of tea and coffee on the human system is very much the same. Both contain cafein, ethereal oil, tannin, gum, &c. But tea, and more especially green tea, interferes less actively with the nutritive process, and acts more powerfully on the nervous system than coffee; hence it is preferred as an article of diet in northern countries—in England, for instance, where a large amount of animal food is consumed.

According to Dr. Schutze, of Breslau, the azotised elements of coffee are very sparingly assimilated; but the infusion of roasted coffee retards the elimination of urea, of the phosphoric acid and salt ingested with the food, and diminishes in consequence the activity of nutrition. Coffee would thus enable us to dispense with more substantial nutriment, and deserves, in the opinion of the Prussian Professor, to be classed with aliments; although digestion may be slackened by the beverage alluded to, yet it imparts a certain amount of excitement to the circulation and innervation, and induces most grateful sensations of general comfort.

Coffee, like other good things, has not escaped disparagement, and Madame de Sévigné's well-known unfavourable prognostications as to its future prospects have not been realised. Stoll opined that the more frequent occurrence of hysteria was referrible to the increasing favour of the beverage with the public. Hahnemann charges coffee with the production of intellectual decay, and conceives that under the evil influence of that substance, the mind is wasted away in unprofitable agitation, and becomes incapable of any great or enduring effort. These, says Mr. Fonssagrives, (*a*) are groundless reproaches, analogous to those which of lato have been heaped up against vaccination. Coffee in itself is like wine, a useful article of consumption; but the abuse of either is, of course, injurious. Coffee with milk, when the ingredients are unadulterated and well prepared, constitutes a wholesome and pleasant aliment. It becomes pernicious when indulged in without moderation, or when, as too often is the case, it is the only food taken in the morning. Under these circumstances it may give rise to a peculiar form of gastric disturbance, which Chomel describes as *dyspepsia from fluids* (dyspepsie des boissons). But mixed with pure milk, and not taken in excess, *café au lait* cannot, according to Mr. Fonssagrives, be considered, in spite of what has been said and written to the contrary, an active cause of uterine catarrh.

In a recent article published in the *Gazette des Hôpitaux* Dr. Petit, of Château-Thierry, adduces in illustration of the nutritious properties of coffee the flourishing health of the miners of the northern districts of France. These men eat but little animal food, and drink three or four pints of coffee daily. The same argument was brought forward at the Institute in 1850 by Mr. de Gasparin, and was objected to by Magendie. But it is, nevertheless, an acknowledged fact that, thanks to coffee, the miners of Charleroi, for instance, preserve unimpaired their health and muscular powers, although the quantity of other food requisite for the support of their strength is reduced from 25 to 30 per cent. Our readers are well aware of the favourable results effected by the introduction of coffee in the diet of the soldiers in Africa, and in France coffee has been universally adopted as the best beverage for railway operatives during the great heat of summer. (Art. 6259.)

Coffee alone, without milk, is not only an article of food, bu a tonic stimulant, and in this capacity—especially since Martin Solon's researches—has been found pre-eminently serviceable in fevers of a low character, or attended with torpor. In adynamic typhoid, Mr. Fonssagrives invariably prescribes it, in doses gradually increasing until the desirable stimulus has been imparted. He occasionally exhibits it iced, and when the stupor is particularly obstinate, he prepares the coffee with a strong infusion of green tea. In malignant small-pox, Boerhavius recommended coffee as a most useful remedy, and of late years it has also been represented as likely to prove beneficial in hoop-

(*a*) The diet of the sick, convalescent, and valetudinarians.

ing-cough (Art. 5546), and in strangulated hernia (Art. 5855). Lypemania, nostalgia, hypochondriasis, and the tendency to torpor evinced by aged persons when obese and inclined to apoplexy, are the morbid conditions in which coffee proves especially useful as a stimulant of cerebral vitality. Mr. Fonssagrives, whose opinions on the subject of the hygiene of the sick and convalescent are entitled to much respect, considers in these cases the daily use of coffee without milk, especially after the last meal, as a precautionary measure of the utmost importance.

Mr. Petit, of Château-Thierry, the author of the article in the *Gazette des Hôpitaux* we have quoted, is even more enthusiastic than Mr. Fonssagrives in his praise of the virtues of coffee. This invaluable beverage, says Mr. Petit, prolongs life, not only by averting the evil consequences of the various morbid predispositions we have enumerated, but by retarding the waste of tissue in the aged. In his old age Voltaire owed to coffee the juvenile vigour of mind and body which he enjoyed; "and," says Mr. Flourens, "had not foolish vanity, which remains to the last, prompted him to undertake at eighty-four a most injudicious journey to Paris, he doubtless might have survived many years." Fontenelle, who was very fond of coffee, lived a full century, and to the last in possession of his great mental powers. "In my own practice," remarks Mr. Petit, "I am acquainted with several persons in very advanced years, who unquestionably owe to coffee alone the preservation of vigorous health. Mr. D**, formerly a prefect, now aged eighty-four, recently thanked me most warmly for having recommended him to take coffee without milk twice every day. He congratulated himself on having followed my advice, and stated that he had never felt in better health."

In conclusion, the author opines that coffee should be prescribed to all aged persons, and even to all those who have exceeded fifty, a period at which the natural decay of the system may be supposed to set in. This rule admits of some very few exceptions, such as are supplied by organic disease of the heart, neurotic affections, nervosism, the sleeplessness of the convalescent; but in general, coffee, taken in an appropriate manner, is a perfectly harmless beverage, and presents advantages which neither medicine nor hygiene can afford to forego.

Art. 6316. Of Various Procedures Applicable to the Treatment of Ranula.—Much has been said of ranula, and the result of universal experience is, that a procedure which succeeds in one instance, entirely fails in another. Hence the necessity of describing, from time to time, the new methods proposed for the cure of a disease, which too often baffles the ingenuity of the surgeon.

Amongst the recent cases published in the medical journals, or observed by ourselves in the hospitals of Paris, several speak highly in favour of the seton and of drainage. The *France Médicale* relates an instance in which the disease had lasted three months, and in which Mr. Foucher, surgeon of the hospitals, inserted transversely into the tumour a seton consisting of three threads: two teaspoonfuls of the characteristic fluid escaped, and the consequences of the operation were most satisfactory. Adhesive inflammation induced the gradual atrophy of the cyst, the threads were withdrawn on the eighth day, and after an interval of forty-eight hours the patient, a woman of thirty, was discharged entirely cured, and suffering no inconvenience in speaking or in mastication.

Mr. Chassaignac is in possession of the particulars of a dozen cases of ranula, in which he resorted to drainage with the most perfect success. His method consists in passing, with an incurvated trochar, a fenestrated india-rubber tube through the tumour. The extremities of this tube are then tied to each other so as to form a small ring, which fits behind the teeth, and may be left for several months, without much inconvenience, *in situ*.

In these cases the ranula consisted in a dropsical condition of the serous bursa which lies beneath the mucous flooring of the mouth, and bears the name of Fleischmann's bursa. Another variety of the same disease appears to consist in the accumulation of mucus in some of the follicles situated under the tongue. In this form of ranula the parietes of the tumour are thin and translucid, its contents are gelatinous, and a relapse infallibly occurs after a short interval if mere incision has been resorted to. For *follicular ranula*, Mr. Chassaignac has recourse to excision combined with the application of lunar caustic. He removes with scissors the entire wall of the tumour down to the points in which it is continuous with the mucous membrane.

In a case of this description, Mr. Foucher applied with success Mr. Jobert's hem-suture. He detached the mucous membrane, exposed the cyst, a part of which he removed, and turning down the remaining portion, so as to place it in apposition with a bleeding surface, secured it in this situation with a suture.

While alluding to drainage, we should not omit to say that Mr. Pauli, a surgeon practising at Landau, instead of Dupuytren's double button, employs a hollow, jointed ring, each half of which is supplied with two apertures. This appliance induces the suppuration and subsequent contraction of the cyst, without inconvenience to the patient.

The *Presse Médicale Belge* also inserted this year in its columns a communication, in which Mr. Deroubaix's hospital practice is described. We extract the following passage:—

"Mr. Deroubaix, in the first place, lays open the cyst by a liberal incision close to the posterior surface of the maxilla. He grasps the posterior lip of the incision with the forceps, and removes with curved scissors a portion about ten lines in width by fifteen in length. The cavity is then cleansed of its ropy and adhesive contents, and the loss of substance presents the aspect of an oval-shaped aperture, limited near the jaw and near the tongue by a margin sufficiently broad to admit of the insertion of sutures. A silver ring (strong enough to resist the pressure of the tongue, but so flexible as to be easily moulded to the form of the artificial orifice, and to adapt itself within the mouth) is placed in the wound, and secured to its margin by eight sutures. At the conclusion of the treatment, in order to avert the possibility of the ring being swallowed during sleep, it is attached with a wire to one of the teeth.

"This procedure absolutely prevents the edges of the wound from closing before its fundus has granulated and healed. Premature cicatrisation is thus hindered, and may be delayed as long as the surgeon deems necessary."

The author conceives that this procedure is open to none of the objections which have been raised against the methods in use hitherto; and in the case he relates, a complete and permanent cure was effected.

Art. 6317. Treatment of Intermittent Fever by Subcutaneous Injections of Sulphate of Quinine.—We related in our last number (Art. 6308), an interesting case of eclamptic convulsions, in which Mr. Wood's method was adopted with entire success. The following is another instance of general disease, which illustrates the efficacy of injections performed beneath the skin.

Dr. Goudas, formerly the chief editor of the *Abeille Médicale d'Athènes*, states, in the *Union Médicale*, that at Smyrna he had an opportunity of witnessing the cure of paludal fevers by hypodermic injections, in the wards of Dr. Schachaud, physician to the European hospital. One of Mr. Schachaud's patients was suffering from erratic neuralgia, complicated by the presence of ague, and subcutaneous injections of atropine were resorted to. It occurred to that intelligent practitioner to try the effects of injections of quinine on the complication, and the results having proved highly satisfactory, he determined on testing the efficacy of the method in other instances of intermittent fever, and his success exceeded his expectations. The procedure resorted to was of extreme simplicity. A small syringe was filled with ten or twelve drops of a concentrated solution of sulphate of quinine (one grain to four drops of water acidulated with sulphuric acid), the skin was perforated with a lancet, and the liquid was injected through the aperture into the cellular tissue. In general the operation was performed while the feverish paroxysm was at its height, and at this period its effects were especially striking. One injection in general checks the fever, and the strength of the system is afterwards restored by invigorating diet, and, if necessary, by the exhibition of chalybeates.

The following are the effects of the injection:—In the course of half an hour the characteristic symptoms of the paroxysm begin to abate, the pulse becomes less frequent, and

the skin cooler; in algid fevers a pleasant warmth is induced, the distress of the patient also diminishes, and copious perspiration breaks out. The absorption of the remedy is demonstrated by the presence of singing in the ears, and convalescence promptly sets in. Dr. Schachaud asserts that, after repeated experience of the method, he is unable to point to more than one instance of relapse, which occurred after an interval of three months, during which the patient enjoyed perfect health.

Mr. Goudas is of opinion that the assertion of a person so justly entitled to credit justifies further experiment, and remarks that, by the subcutaneous injection, the amount of sulphate of quinine requisite for the cure is reduced to an almost insignificant quantity; the digestive system, moreover, escapes the possibility of irritation, and the treatment is at the same time applicable to any co-existing neuralgic complication.

Art. 6318. A Simple Means of Removing the Poisonous Principles of Suspicious Mushrooms.—Our readers may not have forgotten an interesting article, published in 1856 by Lucas Championnière, on the innocuousness of *raw* mushrooms. The son of an esteemed fellow-practitioner at Senlis, Mr. Leclercq, had numerous opportunities of convincing himself of the fact during the Crimean war. Mr. Leclercq further remarked that the vinegar with which the soldiers were in the habit of seasoning them did not develope their poisonous properties, although it is considered an active solvent of their noxious principles.

This circumstance, the singularity of which struck Lucas Championnière, does not admit of ready explanation; and vinegar seems so positively to dissolve the poison of injurious mushrooms, that the late Mr. Gérard, an industrious experimentalist, whose labours have never been adequately rewarded, asserts that vinegar supplies the infallible means of averting the fearful contingencies which we witness year after year.

We reproduce from the columns of the *Journal des Connaissances Médicales Pratiques* a few extracts from a memoir by that author, which seem to us deserving of attention:—

"By repeated experiments on *twelve persons*," says Gérard, "I have ascertained all the means by which mushrooms of the most poisonous description can be rendered wholesome, and I fear no contradiction. I gather the agarics without choice, and without bestowing a thought on any other points but their sufficient firmness and size.

"In the course of one month I gathered upwards of 150 pounds of poisonous mushrooms, such as agaricus muscarius, A. emeticus and sanguineus, boletus luridus, B. aurantiacus; for a week, in spite of the repugnancy induced by unifermity of food, I resolutely eat twice a day more than half a pound of these boiled fungi.

"As I experienced no evil effects from their consumption, and suspecting that my personal susceptibility to vegetable poisons might possibly have been blunted by frequent experiment, I caused all the members of my family, twelve in number, to join me in my researches. No ill effects followed; the test was clearly decisive, and, satisfied that I had perfectly succeeded, I endeavoured to discover the precise amount of time and of liquid necessary to convert the most poisonous mushrooms into innocuous nutriment. I came to the following conclusions, which have now been repeated so often as utterly to defy contradiction.

"Every pound of mushrooms, cut into moderately small pieces (in four for middle-sized agaries, in eight for larger varieties), requires two pints of water, acidulated with an ounce or an ounce and a half of vinegar, or containing two tablespoonsful of bay-salt. The mushrooms should macerate for two full hours in this fluid, be well washed, and subsequently boiled in water for twenty minutes or half-an-hour; they should then be taken from the fire, again repeatedly washed, dried, and served either alone or as a condiment.

Gerard, it will be remarked, does not recommend vinegar alone, but also salt, as likely to effect the desired purpose.

Art. 6319. Inversion of the Uterus Reduced Twenty-four Hours after its Occurrence; Utility of Belladonna.—The *Gazette Médicale de Strasbourg* relates the following case, which is recorded in the last minutes of the proceedings of the Medical Society of the Bas-Rhin.

Dr. Schœlhammer had but just delivered with the forceps a primipara, who was also attended by a midwife. Immediately after the birth of the child, and while the doctor's back was turned, this imprudent matron, by violent and premature traction on the funis, succeeded in tearing away the afterbirth.

No morbid symptoms having intervened on the spot, Mr. Schœlhammer had no suspicion of what had occurred. No flooding was present; he felt above the pubis the contracted uterus, and he referred to extreme irritability the nervous and spasmodic manifestations which speedily set in, and for the relief of which his presence was required in the evening. In the course of the night, however, he ascertained, by examination *per vaginam*, that the uterus was completely inverted. The attempts at reduction, made by himself and by Dr. Ehrmann, failed at first, and were baffled by the spasmodic contraction of the os uteri. A bath was prescribed, together with a sedative mixture, and frictions with a drachm of belladonna over the hypogastric region. A few hours later, about twenty-four hours after delivery, the belladonna was found to have induced relaxation of the orifice of the womb, and to have calmed the sufferings of the patient, who more willingly lent herself to surgical interference. Indeed, partial spontaneous reduction had taken place, and was soon completed by appropriate pressure.

In a few days the woman entirely recovered, no untoward symptoms having intervened.

PRESCRIPTIONS AND FORMULAS.

Art. 6320. New Applications of Croton Oil; Pain, Ophthalmia, Baldness.—To say nothing of inflammation in which the counter-irritant action of croton oil produces the best effects—as, for instance, in bronchitis, pneumonia, pleurisy, phthisis, chronic enteritis, &c.—that remedy may be prescribed with much benefit in affections of a different order.

In muscular pain, Mr. Bouchardat recommends the application of a pitch plaster in which six or eight drops of croton oil have been incorporated.

Mr. Nonat, in a volume which we shall notice at an early opportunity, praises warmly this local remedy in *dyspepsia caused by gastric irritation*. Mr. Léon Marchand, one of the editors of the *Médecine Contemporaine*, states that in pleurodynia he has found frictions with the following liniment more efficacious than mustard poultices or blisters:

℞. Ol. Croton tiglii, ℥iv.
Ol. Amygdal, ℥xxiv.

After three frictions the rubefaction was generally intense, and the pain subsided in the course of a few hours.

The *Journal de Médecine de Bordeaux* publishes a series of articles for the purpose of illustrating the utility of counter-irritation with croton oil in cases of chronic vascular keratitis. Mr. Bitot, Physician of the Hospital for Infancy, has frequent recourse to this method. Ten drops should be rubbed in behind the ears, near the scalp. In some cases in which large and numerous blisters had vainly been applied to the nape, the oil effected a complete cure. Mr. Bitot opines that the action of the liniment is deeper than that of a blister, especially on the head and scalp.

Care should be taken to prevent the child from conveying any of the oil from the ears to the eyes with its hands, as the result would be inconvenient and painful erythema of the lids.

The *Annales de la Société de Médecine de Gand* reproduces a formula which Dr. Hochsteller of Reutlingen has used with success in a case of recent baldness and falling of the hair. The patient was a young lady, who was in the habit of wearing a warm cap at night, and to expose her head very much in the day time. Her hair fell away, leaving broad bald patches. Mr. Hochsteller caused the following liniment to be rubbed twice a day into the scalp:

℞. Ol. Croton tiglii, ℥xij.
Ol. Amygdal, ℥iv.

In the course of three weeks a soft down appeared, which soon became a thick and permanent head of hair, of the same colour as that which had fallen off. This remedy has on several occasions been productive of the same desirable result, but it is necessary to protect the skin of the face from contact with, and even from the emanations of, the liniment, and the scalp should be covered with a waterproof cap.

ART. 6321. NŒVI MATERNI; TOPICAL USE OF TARTAR EMETIC.—We have on former occasions repeatedly alluded to the benefits of vaccination performed on the surface of erectile tumours. In subjects who have been vaccinated the virus may be replaced by tartar emetic. Dr. Zeissi resorted to this ingenious method for the removal of large nœvi occupying different regions of the face, and, according to the *Journal de Médecine de Bruxelles*, the following is his formula :—

℞. Antimon. Potassio-tartratis, gr. xv.
Empl. Saponis, ℥j. M.

A layer of this mixture, about a line in depth, should be deposited over the surface of the nœvus, and somewhat exceed its margin. The paste is supported by strips of gummed paper. In the course of five days suppuration sets in, and a perfectly smooth scar ensues. Mr. Zeissi states that this application is painless, and certain in its effects.

ART. 6322.—UTERINE HÆMORRHAGE; EFFICACY OF TINCTURE OF ACONITE.—While Mr. Beau prescribes Rhue and Savin for the purpose of checking uterine hæmorrhage, Dr. Marotte, physician of La Pitié, resorts for the same purpose, and apparently with equal success, to tincture of aconite. It is in cases of flooding unconnected with organic disease that Dr. Marotte uses the following mixture :—

℞. Mist. Acaciæ, ℥v.
Tinct. Aconitæ, ℥j—ij.

To be taken in tablespoonfuls in the course of the day.

ART. 6323. COTTON IN SHEET, A SUBSTITUTE FOR OAT-HUSKS IN THE DRESSING OF FRACTURED LIMBS.—Dr. Gaillard, in presenting to the Medical Society of Poitiers an ingenious apparatus, contrived by himself, for the dressing of fractures, proposes cotton in sheet as a substitute for the oat-husks used for pads. The cotton is carefully spread out on a table, and rolled so as to form a cylinder two inches in diameter. Both ends are cut with scissors, and the result is a soft and perfectly clean and elastic cushion. Its length should exceed that of the splint by a few lines at each extremity.

By rolling the cotton obliquely the pad may be made wider at one end than at the other. This appliance should be placed beneath the fractured extremity, and be broader at the ham, and narrower at the heel, in cases of injury of the leg.

A MICROSCOPIC VERTEBRATE.—In the "Annals and Magazine of Natural History" for October, Dr. G. C. Wallich, F.L.S., contributes a note on the discovery of an extremely minute vertebrate lower jaw in mud, dredged at St. Helena, at the depth of 30 fathoms. He states that in it the jaws and teeth are fully developed and perfect, there being nothing in the aspect of either to indicate their having formed portions of a creature in a fœtal condition. The extreme length is $\frac{1}{100}$ inch; assuming the body to have been five times as long as the jaw, he concludes that we have here evidence of the existence of a vertebrate animal measuring only $\frac{1}{20}$ inch in length, a size considerably below that of many of the organisms usually regarded as microscopic. Dr. Wallich promises further particulars. His rough sketch shows evidence of an articular condyle, and a well developed verticle coronoid process, as well as four teeth in the premandibular portion, either pair of which might, by their greater size, correspond to the canines. We have not, however, seen the original specimen; and must, in the meanwhile, venture to express very strong doubts as to its actual vertebrate nature. No doubt some of our best microscopical observers will deal with this curious but obscure topic.

EDWARD R. BLACKETT, ESQ., M.D., has recently been appointed magistrate for the Borough of Southwold, in Suffolk, by commission under the Great Seal.

THE Students of Guy's Hospital have subscribed 26*l.* to the Mansion-house Fund for the Lancashire Operatives.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;
DELIVERED AT THE
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.
BY JABEZ HOGG, ESQ.,
Assistant-Surgeon to the Hospital, &c., &c.

The Structural Accessories of Vision: their Mutual Relation and Apparent Functions.

(Continued from page 328.)

Before we pass to other considerations, it will perhaps be expected that I introduce here a short summary of the conclusions entertained upon the subject of accommodation by the most eminent German ophthalmologists, with whom, if I do differ in opinion, I must still in justice say, that to them is due the merit of having made the study of eye disease strictly one of structural economy of that organ, and accordingly, with the aid afforded by the ophthalmoscope, constituted it one of the most satisfactory departments of medical knowledge.

Since Kepler first ventured an explanation of the difficult question of how change is effected in the eye, it has constantly occupied the attention of physicists and physiologists. At different times an altered position of the lens, elongation of the antero-posterior diameter of the eye, contraction of the pupil, change in the form of the lens, have been supposed to furnish a sufficient explanation, either separately or combined. The experiments of Cramer and Helmholz on this subject seem to have resulted in the determination of the following changes as taking place in the eye during the process of accommodation for near objects.

"1. The pupil contracts.

"2. The pupillary margin of the iris moves forwards.

"3. The periphery of the iris is thrown backwards.

"4. The anterior surface of the lens becomes more convex, and its vertex passes more forwards.

"5. The posterior surface of the lens becomes also a little more convex, but does not perceptibly change its position. The middle of the lens, therefore, becomes thicker."

Accommodation for near objects is effected by increasing the curves of the two surfaces of the crystalline lens—*i.e.*, by diminishing their radii, the vertex of the posterior surface of the lens remains *in situ*, that of the anterior passes forwards, and thus the space between the two becomes greater.

Henke maintains that accommodation for distant objects is effected by contraction of the radial fibres of the ciliary muscle. The ligament of the lens, he observes, is relaxed when the radial fibres of the ciliary muscle are contracted, the circular fibres at the same time pressing on its equator.

"Cramer concludes from his experiments that the increased convexity of the anterior surface of the lens is caused by the action of the iris, both circular and radial fibres being contracted at the same time, compressing the periphery of the lens, and thus pushing forwards the central portions. He also considers the use of the ciliary muscle only to be to prevent the lens passing backwards when compressed by the iris, and also to protect the retina. This was opposed by the observation of Gräfe, that in mydriasis the power of accommodating may be either lost or not; in the former case the pupil may again become mobile, and yet the paralysis of accommodation continue; or inversely, the pupil may remain immovable, and yet the power of accommodating the eye return. Szontagh, who has the power of voluntarily dilating the pupil, accommodated for his nearest point of distinct vision equally well with his pupil, varying from 3.9 to 7.1 m. m. in diameter. In him the accommodation is evidently independent of the size of the pupil. Ruete found good accommodation in a case of congenital absence of the iris; and, finally, a case has been recorded in which Professor Gräfe removed the whole of the iris, yet the accommodation remained almost normal.

"The fact that it may continue normal in cases of congenital or artificial coloboma of the iris, in anterior and posterior synechiæ, although worthy of consideration, was, *per se*, insufficient to prove the absence of any participation of the iris in the process. A. von Gräfe hence concludes that not only the processes of accommodation, but also the action of atropine, are independent of the presence of the iris.

"In both respects the tensor choroideæ must be the single active agent. As to the manner of action, no further deduction can be drawn from the position of the ciliary processes than that exact contiguity to the equator of the lens is not necessary. Donders endeavoured to explain the accommodation by the conjoined action of the iris and ciliary muscle. He was the first to assign an important part to the ciliary muscle, that of forming a fixed point for the action of the radial fibres of the iris; he also referred a certain amount to the action of the iris. Helmholtz believed that the

zonula Zinnii, when tense, flattened the lens, and that it became relaxed by contraction of the ciliary muscle. Heinrich Müller distinguished two sets of muscular fibres in the ciliary muscle, external or radial, springing from the inner wall of Schlemm's canal, and passing outwards and backwards, to be inserted into both sclerotic and choroid, and internal or circular, running parallel with the corneal margin, and principally situated in the antero-interior part of the muscle near the insertion of the iris. Müller considers that the circular fibres when contracted must exercise pressure on the ciliary processes, ciliary margin of the iris, and thus on the margin of the lens, and that the longitudinal (radial) fibres cause increased pressure in the vitreous body. The posterior surface of the lens is thus impeded from passing backwards, and the effect of the pressure exercised on its margin is essentially limited to the anterior surface. These changes he considered to be favoured by the iris and zonula Zinnii. Mannhardt holds that the posterior insertion of the muscle forms the fixed point, towards which it draws the anterior portion. He does not deny, however, that the posterior part is also carried a little forwards. According to him the ciliary muscle is probably the single *causa movens* of the mechanism of accommodation, causing a difference in the hydrostatic pressure in the anterior and posterior parts of the eye. The change in the form of the lens is effected by a tension and altered direction of the zonula Zinnii, the very opposite of the view generally adopted by other German authorities, who consider the tensor-choridææ, or ciliary muscle, the principal active agent." (*a*)

Functional Accessories in the Economy of Vision.

The nerves of the cornea, and their peculiar reticulated distribution, I have already described; and it is only necessary to observe further of them here, that they are generally described as proceeding from the long ciliary nerves derived from the third pair. My own observations, however, lead me to the conclusion that they are filaments belonging to the first division of the fifth pair, a nerve of ordinary sensation, united with others received from the sympathetic plexus.

The character of the distribution of the third pair of nerves in the orbit, with branches of the fourth and sixth in addition, all being motor nerves, has attracted considerable attention, and which I cannot pass by without remarking upon the confirmation it affords of my view as to the general relaxing effort in all the other recti muscles of the eyeball to give intensity of contracted power to corresponding ones on either side, by which consentaneous action and accordance in direction is secured in both eyes. It must be noticed that five out of the seven muscles within the orbit are supplied by the third pair, whilst the fourth and sixth pairs are each directed almost exclusively to individual muscles—namely, the superior oblique and the abductor. This special arrangement is evidently intended to subserve some economical purpose; and for no other reason (all being motor nerves and arise from the same cerebral source), but such as I have pointed out, can well be imagined to account for the fact of the third pair of nerves not supplying the whole of the muscles of the eye, in strict analogy with other parts of the body, where one motor trunk is specially made the medium between the muscles and the brain.

Considerable discussion has also arisen as to the real source of nervous irritability to the fibres of the ciliary muscle and iris, and considerable discordance exists between the various authorities who have observed and written upon the subject. There is no doubt, the ciliary nerves derived from the third pair can be readily traced into the structure of the iris, and as in birds, where the ciliary muscle is largely developed, there, these nerves are found increased in size, analogy is strongly in favour of ascribing the peculiar movements of the iris, also, to their presence. Several recent writers, however, have sought to prove that, whilst contraction might be due to the ciliary nerves, dilatation, on the contrary, was due to the influence of certain minute branches issuing from the superior cervical ganglion of the sympathetic passing up into the cerebral plexus, and from thence to the lenticular ganglion, situated at the back part of the orbit. The experiments and illustrations employed to establish this opinion appear to me insufficient by conflicting with the simplicity of a much more natural explanation, based upon the positive presence of true motor filaments from the third pair, sufficient of itself to account for all the movements of the iris, if considered as a sphincter muscle of an exceptional, but not altogether, of an involuntary character, since several signal cases are recorded of the evident influence of the will upon the dimensions of the pupil. At all events, we know that the filaments which are derived from the sympathetic are insufficient to produce contraction under circumstances where paralysis of the third pair has led to the completest dilatation of the pupil; in face of these circumstances, the opinion alluded to is, I think, scarcely tenable.

The most important of the functional accessories of the eye, and which has been admirably designed for the purposes of vision, is the *retina*, which until lately was considered generally as only a simple expansion of the membranous fibres of the optic nerve. Histological anatomy has carried our knowledge considerably beyond this limited view of one of the most elaborate organisms of the body. Besides the special nervous elements of its structure, it exhibits under the microscope tissues peculiarly its own. Enumerated as they can be discerned in a succession of examined objects—for it is impossible in this most delicate texture to follow up the observation of more than two of the several layers at once, the first in close connection with the choroid coat—is the minute cylindrical bodies which constitute the membrane described by Dr. Jacob, and named after him. They are closely packed together, like the pile of a rich velvet, standing at right angles to the true fibrous expansion of the optic nerve, and accordingly perpendicularly in relation to the centre of the eye. Some observers describe a bulbous enlargement at both ends, which, however, I can only corroborate with regard to their lower insertion or origin with their parent source. And I can scarcely understand these so-called rods or cylinders to be anything else but the sensorial organs of vision, and allied in character to the much coarser development which mark the terminations of the gustatory nerve on the surface of the tongue, an analogy I shall push still further when I come to speak of some functional disorders of the eye. Surrounding the inner ends of these rods are observed numerous cylindrical bodies, which, with a much thicker and better defined layer of granular elements succeed them, I am inclined to think, are intimately connected with the fully-developed rods, both in structure and use. As far as regards the cones, Kölliker certainly entertains a similar opinion, as he describes them being rods with a conical inner extremity, instead of a filimentous one, such as he thinks marks the corresponding end of the true rod of Jacob's membrane.

A vesicular layer is next distinguished, consisting of a grey cineritious cerebral substance, interesting chiefly as evidently determining the commencement of a distinct structure, in which the first filaments of the fibrous layer of the optic nerve are definitely discerned. This latter expansion is separated from the rods by the granular layer being partly imbedded in the vesicular one, from the cellular structure of which its specific character sufficiently distinguishes it. Its inner surface is well marked by the distribution of the vascular layer, as it is called, which is supplied by the central artery of the retina, and disappears in a capillary form whenever its vessels penetrate the vesicular and granular structures. Last of all, interposed between the fibrous layer and the vitreous humour is the hyaloidal cells, which some anatomists contend belong to the fibrous layer, whilst others allege that they are to be considered as part of the hyaloid membrane, a matter of little importance beyond attaining that exactness of determination which so honourably marks modern research in everything connected with histology and the structure of the eye in particular.

Having thus briefly enumerated the various described layers, into which the structure of the retina has been resolved, it only remains that I direct attention to the following ingenious summary of the probable *modus operandi*, by which the rays of light proceeding from an object produce a sensation upon the retina, and convey a knowledge of its presence and character to the brain:—

"Instead of regarding the retina as composed of layers, however, we are now generally agreed in considering that the fibres of the optic nerve pass *radially* through the retina; thus from the fibres a thread passes downwards, till it meets a cell of the vesicular layer; this, in turn, is in connection with a granule of the granular layer, which terminates in a cone and rod; these latter forming the real termination of the optic fibres on the pigment layer of the choroid coat. It is now held that the rods and cones are the percipients of light, which they communicate to the cells of the vesicular layer, thence to the optic fibres, and thence to the optic ganglion. The point to be borne in mind in this description is that the sensitive part of the retina is not the surface on which the light immediately falls, but the surface which is in contact with the black pigment.

"So that, if we suppose an image to be formed on the retina, it will not be transmitted to the brain; but it will excite the specific sensations of which the optic centre is alone capable, and *these* will be transmitted. But it will be easy to prove that no images can be formed on the surface of the retina. In the first place, the retina, during life and health, is as transparent as glass. The rays of light must, therefore, pass through it, and enter the pigmental layer, which, being perfectly black, absorbs all the rays. Further, it has been proved that the optic fibres are *totally insensible* to light. There is the 'blind spot,' where the optic nerve enters, and where nothing but nerve fibres exist. There is also a spot in each eye where the sensitiveness to light is at its maximum; and this is a mass of cells without a continuous surface layer of fibres. The especial part for the reception of light rays, out of which the necessary images are formed, Professor Draper maintains to be the *pigment layer*. To prove that this is the real optical screen on which the images are formed, he reminds us of Franklin's experiment, of placing variously-coloured pieces of cloth in the sunlight on the snow, and so arranged that the rays should fall on them equally. After a certain period, he examined them, and found that the black cloth had melted its way deeply into the snow, the yellow to a less depth, and the white scarcely at all. The conclusion which he drew

(*a*) 'Medico-Chirurgical Review.'

has since been abundantly confirmed—namely, that surfaces become warm, in exact proportion to the depth of their tint, because the darker the surface, the greater the amount of rays absorbed. A black surface, absorbing all the rays, becomes the hottest. This principle Professor Draper invokes in his examination of the eye; and he insists 'that the argument against the retina being the screen on which images are formed, are, both optical and anatomical, perfectly unanswerable. During life, it is a transparent medium, as incapable of receiving an image as a sheet of clear glass, or the atmospheric air itself, and its sensory surface is its exterior one—this is the one nearest the choroid coat. But the black pigment, from its perfect opacity, not only completely absorbs the rays of light, turning them, if such a phrase may be used, into heat, no matter how faintly that may be, but also discharges the well-known duty of darkening the interior of the eye. Perfection of vision requires that the images should form on a mathematical superfices, and not in the midst of a transparent medium. The black pigment satisfies that condition; the retina does not.

"If the retina is insensible to the light which passes *through* it, it will be equally insensible to the light which is reflected from the pigment layer. On the other hand, although the pigment layer is capable of absorbing light, we cannot suppose it also sensitive to light. How, then, is the luminous sensation produced? Professor Draper furnishes an answer to this: "The primary effect of the rays of light upon the black pigment is to slightly augment its temperature, and this to a degree which is in relation to their intensity and intrinsic colour; light which is of a yellow tint, exerting the most energetic action; and rays which correspond to the extreme red and extreme violet, the feeblest. The varied images of external objects, which are thus painted upon the black pigment, raise its temperature on becoming extinguished, and that in the order of their brilliancy and colour. *In this local disturbance of temperature, the act of vision commences;* this doctrine being in perfect harmony with the anatomical structure of the retina, the posterior surface of which is its sensory surface, and *not the anterior* as it ought to be if the explanation usually given of the nature of vision is correct; and, therefore, when we pass the tip of the finger over the surface of bodies, and recognise cold and warm spaces thereupon, the same process occurs with infinitely more delicacy in the eye. The club-shaped particles of 'Jacob's membrane' are truly tactile organs, which communicate to the sensory surface of the retina the condition of temperature of the black pigment. Professor Draper's experiments satisfactorily prove that all photographic effects result from an increase of temperature: 'The impinging of a ray of light on a point raises the temperature of that point to the same degree as that possessed by the source from which the ray comes; but an immediate descent takes place through conduction to the neighbouring particles. This conducted heat, by reason of its indefinitely lower intensity, ceases to have any chemical effect, and hence photographic images are perfectly sharp on their edges. It may be demonstrated that the same thing takes place in vision; and in this respect it may almost be said that vision is a photographic effect, the receiving surface being a mathematical superfices, acting under the preceding condition. All objects will, therefore, be definite and sharply defined upon it; nor can there be anything like lateral spreading. If vision took place in the retina as a receiving medium, all objects would be nebulous on the edges. (*a*)

"To explain the process by which the change of temperature in the pigment becomes a luminous sensation, will not be difficult, if—remembering that the luminous sensation is one not depending on the specific stimulus of light, but on the specific nature of the optic centre—we follow this change in its passage from the pigment to the rods and cones of Jacob's membrane, which it affects; these are in direct connection with the ganglionic nerve-cells, in which we suppose the nervous impression to be excited; this impression is thence transmitted by means of the optic fibres to the optic ganglion, and hence it becomes a sensation. Funke has a good illustration of this. 'The wave of light,' he says, 'can no more excite the optic nerve *directly*, than the pressure of a finger upon the air, or the walls of the organ-pipes can excite musical notes. The finger produces a tone by pressing on the keys; each particular key that is pressed brings forth a corresponding tone as the air enters the pipe. In this illustration, the optic fibres are as the organ-pipes, the rods and cones of Jacob's membrane as the keys, and the wave of light as the air. But the most convincing argument against the retina as the receiving screen of images, and in favour of the pigmental layer, is, in my opinion, to be found in the eyes of the invertebrata, where the *pigment* is in *front of the retina*, instead of behind it, as in the vertebrata. In the eye of the Cephalopoda, this position of the pigment has long been a puzzle; and Professor Owen says that it must doubtless be 'perforated by the retinal papillæ, or otherwise a perception of light must take place, in a manner incompatible with our knowledge of the ordinary mode in which the retina is affected by luminous rays.'

"In the crab's eye, the pigment layer covers the retina; in the blind Crustacea, no pigment is present; and in Albinos, in whom the pigment is deficient in colouring matter, the vision is very imperfect. In the Nudibranchs, vision is simply the perception of light and darkness. The changes of temperature produced by the absorption of the rays in their pigment, cannot be elevated into the perception of an image, because the optical conditions for the formation of an image are absent; an indefinite sensation, resulting from change of temperature, is all that they can perceive; nay, even were their eyes so constructed as to form optical images, there is little doubt that vision, in our human sense, would still fail them, owing to the absence of the necessary combination of tactile sensations with sensations of light. We see very much by the aid of our fingers. If we remember that, according to the hypothesis, light only affects the retina after exchanging the temperature of the pigment, which change is communicated to the rods and cones, and thence to the vesicular layer, there will be nothing irreconcileable in the inverse arrangements of the retina in invertebrata; in both, the process is essentially the same; and mere difference of position is not more than the difference of the chain of ganglia, which, in the vertebrata is dorsal, and in the invertebrata ventral."

(To be continued.)

(*a*) "The photographic process, it has been said, is a true analogue of the physical part of vision. The prepared plate is called *sensitive*, so, too, the expansion of the optic nerve within the eye is like it. Mr. Grove has shown that light falling on a plate prepared for photography, will set up a galvanic current. Does not this also suggest itself as an illustration of the process of vision? Light impinging on the retina determines therein a chemical change, which developes in the optic nerve the nervous force. This force sets up in the brain an action of the same order as that in the retina. Hence, again, originates a nervous force, which, conveyed back to the eye, sets up yet a third time a change (in the iris) which causes contraction of the pupil."

CASE OF IMPENDING DEATH.

TREATMENT AND RECOVERY BY TINCTURE OF CANTHARIDES IN LARGE DOSES.

By JOSIAH A. B. MUSE, M.D.,
Attending Physician and Surgeon to the U. S. General (Marine) Hospital, New Orleans, LA.

Benjamin Washer, æt. thirty years, came under my care, at this hospital, labouring under pulmonary tuberculosis. On Sunday, Sept. 7th, he became wildly delirious. Taking it, in view of circumstances, to be a case of tubercular meningitis, I treated it as such, and sedative treatment (qualified by supporting measures) was pursued, but without the least benefit, until symptoms of "prostration with excitement" became so unmistakably evident that all direct sedatives were abandoned, and a plan of treatment, from which they were scrupulously excluded was adopted. On the evening of Tuesday, Sept. 9th, however, he began to sink; he had not slept for three nights; no nourishment, since the first day could be retained for a moment on the stomach. He continued steadily sinking until the time of my visit on Thursday morning, Sept. 11th, when I found him moribund. Animal life might almost be said to be extinct. The radial pulse was still perceptible, and diaphragmatic respiration was yet performed. The reflex action of deglutition could be excited only with the greatest difficulty, and the sphincters were all relaxed.

Prof. R. K. Browne, of New York, Surgeon-in-chief at this Hospital, had intimated to me, a short time ago, that he desired me to administer tincture of cantharides in the first desperate case of impending "death by asthenia" which should present itself in any of my wards. Although I did not consider this as a fair case for an experiment, inasmuch as I hardly expected the patient to live longer, I, however, drew his attention to the facts. At his suggestion I commenced the "heroic" use of tincture of cantharides, in doses of forty minims, frequently though irregularly repeated, according to the effect produced. The result was wonderful. In an incredibly short space of time (in the order of time in which I have enumerated them), warmth returned to the skin; the sphincter muscles regained their normal degree of tonicity; the "Hippocratic countenance" entirely disappeared; respiration was once more fully and equably performed; and every bad symptom vanished as it were by magic. Within three or four hours I had administered between two and three fluids drachms of the tincture. The patient enjoyed a refreshing sleep during the ensuing night. On the following morning he was in the calm possession of his mental faculties; took and retained amply sufficient nutriment, and was fairly on the high road to recovery. The tincture was given in diminished doses, and at length withheld, and the patient, on the Sunday following (Sept. 14th), had entirely regained his previous condition of health; his recovery having been more rapid than his decline, and without the least symptom of strangury having once made its appearance. It is the opinion of Dr. Browne that strangury will never occur in these extreme cases of debility, and that life may sometimes be saved at the last by this heroic remedy. In other cases he recommends it in combination, in smaller quantities, with other remedies, when a pure and powerful stimulant is needed.—'American Medical Times,' Oct. 25.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 5TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

The following gentlemen were elected Fellows of the Society :—Mr. S. J. Burke, New South Wales ; Mr. L. T. Cumberbatch, Cadogan place ; Mr. T. Fender, Alnwick ; Mr. Wm. Hall, Leeds ; Dr. Charles Harris, Sussex ; Dr. T. S. Hewitt, Windsor ; Mr. W. A. Hubert, Bedfordshire ; Mr. F. F. Jay, Norwich ; Mr. George Lowe, Staffordshire ; Mr. G. W. Mackenzie, Norfolk ; Dr. Mackinlay, Paisley; Mr. R. B. Marriott, Norfolk ; Mr. T. R. B. Parker, Dorset ; Dr. Richards, Brighton ; Mr. S. Richards, Bedford aquare ; Dr. Sutherland, Croyden ; Dr. Thane, Hart street ; Dr. Tracy, Melbourne, Victoria ; and Mr. C. G. Wheelhouse, Leeds.

The names of ten candidates for admission into the Society were read. These gentlemen will be ballotted for at the meeting on the 3rd of December.

The Honorary Secretaries announced the donation of about 280 works on the medical sciences from Dr. Charles Clay, of Manchester. A special vote of thanks to Dr. Clay was proposed by Mr. Marshall, seconded by Dr. Drage, and carried unanimously.

The following papers were then read :—"A Case of Sudden and Unconscious Delivery," by John Shortt, M.D., Zillah Surgeon, Chingleput. "A Case of Obstructed Labour from the Presence of the Hymen," by S. Palmer, M.D. "A Case of Acephalo-Cyclopean Monstrosity," by Robert Hardey, Esq., M.R.C.S., of Hull.

Dr. ARCHIBALD HALL reported

A CASE OF PUERPERAL CONVULSIONS, COMPLICATED WITH MANIA; APPARENT RECOVERY ; SUDDEN DEATH.

In this case the patient, in labour with her first child, had severe attacks of convulsions, when the os uteri was very rigid and scarcely dilated to the size of a shilling. She was freely bled twice, forty ounces of blood being taken away, though more was lost afterwards owing to the patient's restlessness displacing the bandage. A blister was also applied to the nape of the neck, ice was used to the head after the hair had been shaved off, and small doses of calomel were given. Chloroform was also exhibited, and, as soon as the parts were sufficiently dilated, delivery of a dead child was effected with the forceps. After the labour there were only one or two attacks of convulsions ; but the maniacal excitement continued for some time. The calomel was persevered with, and morphia, chloric ether, &c., administered. At the end of a week the patient appeared to be doing well, when almost suddenly she sank into a state of collapse, and died.

A discussion followed the reading of this paper, in which Dr. Braxton Hicks, Dr. Tanner, and Dr. Graily Hewitt took part.

Dr. GRAILY HEWITT exhibited, for Mr. Francis Taylor of Romsey,

A NIPPLE-SHIELD.

Mr Taylor had forwarded the instrument in question for inspection by the Fellows of the Society, having seen in the report of a recent meeting of the Society that a nipple-shield had been shown by another gentleman, with which his (Mr. Taylor's) instrument was, he believed, identical. Mr. Taylor's invention was of glass, with a caoutchouc nipple; and had, it was stated, been long sold by Messrs. Barclay and Sons.

Dr. J. BRAXTON HICKS read a paper on

FIVE CASES OF VAGINAL CLOSURE

In this paper an account was given of five cases of vaginal closure, in two of which there was complete atresia of the vagina, while in the remaining three almost complete closure was present, the result of former labours. In one of these there was almost complete retention of menses ; in the other two labour was actually present.

CASE 1.—There was congenital absence of vagina ; external generative organs natural ; recto-urethral membrane very thin ; uterus distended to the size of the fist, and felt above the pubes. Excessive pain was experienced at each monthly period. As the recto-urethral septum was so thin that little probability existed of a successful operation for an artificial vagina, it was decided to puncture the uterus per rectum, which was satisfactorily accomplished (April 21st, 1861) by a curved trocar and canula. About four ounces of dark treacly fluid escaped, with immediate relief. The canula was withdrawn. About the same quantity escaped next day. No bad symptom followed. For some time she had no pain, nor any menstrual evacuation ; but about seven months afterwards the pain having returned, it was found necessary to repeat the operation, which was done in the same manner, complete relief following. From that time she has continued to evacuate the menses per rectum without pain.

CASE 2.—A married woman with complete atresia of the vagina, the uterus and probably the Fallopian tube being distended. As the recto-urethral membrane was thick, an artificial vagina was formed close up to the uterus. When the completion of the operation was intended, the patient refused, and she left the hospital without the final step having been effected. She, however, did not suffer any bad symptom.

CASE 3.—In this case the vagina at its middle third was so nearly occluded that it was only by great pain and effort that the menses appeared ; the aperture was found at the menstrual period, and then only by a very small stream of menstrual fluid. A slight opening was made at this point by the pointed bistoury, and a catheter passed through the constriction, which allowed the flow of the pent-up secretion. A few days after the opening was enlarged so as to admit the middle finger, by dividing the cicatrices in many directions. A week after this the advantage gained was still further increased, and the passage readily admitted two fingers together. The vagina was kept open by large bougies, and continued of the same size when last seen. Intercourse, almost impossible before, was attended with only a little inconvenience, and she had become pregnant and miscarried at the last accounts received.

CASE 4.—This was one of complete occlusion of the middle third of the vagina from former labour ; the upper third being converted into a thick-walled sac containing four ounces of puriform fluid, and the lower third funnel-shaped. Pregnancy was advanced to the seventh month ; labour pains had set in, with tenderness in the lower portion of the abdomen. Only a director could be passed part of the way through the constriction, which was enlarged by a guarded bistoury so as to admit the finger, which was used as a guide. The cicatrices were divided in numerous places by lightly drawing the point of the bistoury over them, till the thick membrane of the upper part was reached. A fine aperture was found, which was enlarged also, and the cavity entered by the finger. On withdrawing the finger the pus flowed away, and afterwards the membranes descended ; after a time these were ruptured, the head being found to present. The vagina was still further dilated so as readily to admit two fingers, and the case left for nature to complete. Pains fully set in in two days, and terminated successfully without further need of interference. The patient made a good recovery, and the vagina kept open afterwards.

CASE 5.—There was occlusion of the middle third of the vagina (admitting only the passage of a catheter) by old cicatrices from former labour. The patient had been in hard labour for many hours, and was becoming exhausted; the head was impacted at the brim. The cicatrices were divided by a bistoury in numerous directions, till at last three fingers were admitted. The death of the child having been ascertained, the head was perforated, and, after some trouble, was drawn through the brim. The head passed easily the former constriction of the vagina. Hæmorrhage ensued a little time after the birth ; but the hand had no difficulty in passing through the vagina in order to control it. She was about in six days, and has since had a dead child without trouble.

In remarking upon these cases, the author said it was a point upon which information was required, to ascertain the period during which the canula should remain in the uterus in puncturing by the rectum. In regard to the mode of incising the cicatrices, he preferred the method he had adopted—namely, making numerous rather than a few deep divisions, inasmuch as in the latter case the necessary expansion must come from the healthy tissues at their base, whereby a rent into the surrounding organs is more likely than when numerous incisions are employed, not quite extending through the cicatrix.

Dr. GRAILY HEWITT wished to call the attention of the Society to an important point in the treatment of that class of cases in which there is retention of menstrual fluid within the uterus, whether from imperforate hymen, or congenital closure of the os uteri. It was the fact, that in a certain proportion of the cases in which the fluid had been evacuated from the uterus by puncture or otherwise, death had occurred a short time subsequently from escape of the menstrual fluid into the peritoneal cavity, causing severe and rapidly fatal peritonitis. It was a remarkable fact that, whereas such escape of menstrual fluid into the peritoneal cavity hardly ever occurred when these cases were left alone, yet that this should happen after operation, and when an outlet by the natural way had been prepared ; but the fact was undoubted. The probable explanation of this curious circumstance was, he believed, that uterine contractions are set up consequent on the artificial opening into the uterus ; that these contractions continue after the first evacuation of the fluid, and when in all probability the artificial opening had become occluded or insufficient ; and that these contractions have the effect of expelling the remainder of the retained blood through the Fallopian tubes, and so into the peritoneum. In laying down rules, therefore, for the management of these cases, this source of danger should be anticipated, and if possible guarded against. Dr. Hicks had very properly guarded against the admission of air into the uterus during the operation by the procedures recommended, but the danger now alluded to was even greater. The best plan to be followed in order to avert this danger would, he believed, be to make a very small aperture in the obstructing tissue, whatever that might be, and to allow the retained menstrual fluid to escape very slowly and gradually, almost *guttatim;* in this way the excitation of strong and forcible contractions of the uterus would, he considered, be avoided.

After some further observations by Dr. Palfrey, Dr. Druitt, Dr. Tyler Smith, and Mr. Walter Chapman, Dr. Hicks replied, and the meeting adjourned.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 19, 1862.

THE COTTON FAMINE.

If ever there was a time when we should urge with pertinacity the duty of the State to provide for the wants of the labouring classes by an equal Poor-rate, it is now, when the industrial population of the cotton districts is threatened with privation in its most gigantic and impracticable form. An intimate knowledge of the sufferings of the poor, on the one hand, and of the hardships to the ratepayers arising out of the inequalities of the Poor-law, on the other, has for some time past convinced us that a thorough reformation of the Poor-law system is required, both in the interests of justice and humanity. That opinion has been often declared in these columns, and we have not been idle in enforcing it elsewhere on suitable occasions. The public, however, have been deaf to the protests of those who have demanded a reform of this unequal and oppressive system; they have been content to take things as they are, and to wink at an enormous amount of suffering and premature death, rather than to disturb existing arrangements, and to discharge a plain Christian duty. *Laissez faire* is the motto of statesmen and the public; and it is only when a great calamity like this of the cotton famine occurs, that the whispers of truth have a chance to be heard amidst the buzz of spindles, and the clamour of iron hammers.

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THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 19, 1862.

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Martin, upon hearing this opinion, immediately stopped the proceedings, with the remark that if the jury were to acquit the prisoner on the ground of insanity, he would be consigned to a lunatic asylum for life. He therefore directed that the jury should convict the prisoner of "unlawfully wounding," which they did. The prisoner was then transferred to the care of his relatives, who promised to place him under proper surveillance. This was a merciful course, and redounds highly to the good sense and humanity of the learned judge.

MEDICAL EDUCATION.

Our readers will remember that, in a recent article on the Prize System," we strongly urged the institution of *weekly* examinations as the best corrective of the deficiencies of the present method of medical teaching. Since then we have received a report of an inaugural lecture, delivered by Dr. Quinlan at the opening of the Medical School of the Catholic University of Ireland, in which that gentleman states that this system of weekly examinations has been introduced into the Medical School of the University with eminent success. There are now 104 students of anatomy in that school; and we find that those gentlemen who have hitherto passed their professional examinations have highly distinguished themselves at the competitive examination for public appointments. The remarks of Dr. Quinlan are so admirable that we quote them :—

"This movement from the abstract towards the concrete in medical examinations must necessarily bring about a corresponding change in medical lectures. At present I am sure the most strenuous opponents of innovation will not deny that these lectures are, perhaps, too much of a strictly professorial or narrative character, and that, although the instruction given by the lecturer may be all that is excellent, and the attendance of the class all that is exemplary, still there is but little opportunity of estimating the amount of knowledge actually acquired by those present at the lecture. This evident deficiency has produced its natural result in the person of the medical tutor, who, instead of narration, or, as it is technically termed praelection, pursues the pure tutorial method of question and answer. Either the professorial or tutorial mode of instruction separately employed has its disadvantages, which would be completely obviated by a judicious combination of the merits of both. In this school a plan had been resorted to which has proved to a very considerable extent a remedy for the shortcomings of the professorial system when alone employed. I refer to the examinations held by each professor at the end of every week upon the subjects treated during that week. Of the effects of these weekly examinations I cannot speak too highly; new views are suggested, habits of generalisation are almost unconsciously brought about, misconceptions are removed, the information conveyed by the lectures is fastened upon the recollection of the pupil—and best of all, that pupil is induced to work steadily, week by week, from the very outset of the session. I have, in fact, been in the habit of awarding an additional set of premiums to the best answerers in the whole series of my weekly examinations, and I have almost invariably found that the students who gain these premiums carry all before them at the regular class prizes which are given away at the end of the session upon our ordinary competitive plan. With my limited experience I feel reluctant to suggest—still the question has often occurred to me whether this most useful system of weekly examinations, encouraged by prizes, could be still further carried out by holding a short examination at the end of each lecture upon the subjects treated in the preceding one."

CHLOROFORM.

A very damaging article to the Profession appears in the 'Social Science Journal,' commenting on two very recent deaths from chloroform at the London Hospital. We are pleased to find that a Committee of the Medico-Chirurgical Society is to be appointed to take the entire subject into consideration in a physiological point of view, though the impression is, that the deaths occur from want of skill in the administration by first year's students, nurses, &c., and in private practice from economy in saving the fee of a generally recognised Anæsthetist.

OLDHAM RELIEF COMMTTEE.

An admirable letter on the subject of the present distress in the manufacturing districts has been addressed to the Relief Committee of Oldham by Mr. T. Thompson, a Medical Practitioner of that town; and we are happy to say that the constitution of the Relief Committee has been enlarged to secure the co-operation of Medical Practitioners, who must be better acquainted than any other persons can be with the multiplied miseries of the crisis through which the industrial cities of the north are now passing.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal' contains an article by Dr. C. HANDFIELD JONES, explanatory of the points to be observed in *Non-Syphilitic Psoriasis*, in connection with the therapeutical inquiries now in progress. We extract it:

"Among the minor disorders, such as do not peril life or seriously impair our more important faculties, there is scarce any which is more obstinate or annoying than psoriasis. There are few disorders also respecting whose pathology we are more completely in the dark. Appearing often without any apparent cause, leaving very frequently the general health unaffected, and permitting all the functions to go on in a normal manner; it fixes its disfiguring patches on the cutaneous surface with a tenacity which too often makes it a very *opprobrium medici*. For lack of certain information, we imagine psoriasis to result from a poison in the blood analogous to the syphilitic; but this theory bears no fruit in assisting us to a rational treatment. We use various means quite empirically, sometimes with complete, oftener with partial, sometimes (even the best of us) with no success at all. In some instances, the disorder appears to depend on some article of diet, which acts as a cutaneous irritant; more often, we can discover no such. We have then that peculiarly difficult condition to deal with, where a single morbid phenomenon exists, and seems to have become, as it were, naturalised in the economy, and where medical interference, except by local measures, seems only to derange the healthy without benefiting the unhealthy parts.

"Taking psoriasis simply as we observe it, we must look upon it as a chronic inflammation of the skin, having a great tendency to localise itself in particular situations, very commonly symmetrical, and not producing for the most part any other organic change than a more or less rapid scaling off of the epidermis, and some straining of the affected tissue. It is prone to periodical relapses, returning mostly about the spring or autumn, and ceasing or diminishing in the colder season. It often increases in inveteracy with years, continuing then for life; sometimes, however, it disappears spontaneously after an attack of febrile disorder, at least, for a time. It resembles other skin-diseases in its relations to arsenic, being sometimes much aggravated by it, when the skin is unduly excitable, and at other times greatly ameliorated or cured by the same doses. Comparing psoriasis with eczema, impetigo, and pemphigus, on the one hand, and with lichen and prurigo on the other, we remark that it seems to be eminently a *tissue*-disorder. The discharging vesicular group seems to be very dependent on vasomotor nerve-disorder, leading, to congestion and exudation, which speedily cease when the nerve-power is restored. The papular group, with its intense itching appears to be closely connected with cerebro-spinal nerve-disorder. The squamous affections, on the contrary, seem to belong chiefly to the cutaneous tissue itself, and to result from some modification of its vital nutritive action.

"The chief points for observation will be to ascertain as accurately as possible: 1. The producing causes in each instance; 2. The natural tendencies of the disease as to disappearing and recurring; 3. The means local or general, external or internal, which are most effectual in its cure. The view of Mr. Erasmus Wilson, that psoriasis, as well as lupus and kelis, are forms of cutaneous disease having their original source in syphilis, should be borne in mind, and any evidence bearing upon it recorded. In cases where a copious desquamation takes place, it would be quite worth while to collect a large quantity of the scales, and have a careful chemical examination made. Uric and oxalic acids should be specially sought for. The state of the urine should be occasionally observed, its specific gravity, acidity, quantity, and sediments (if any) noted. Any deviation from a healthy condition of the alvine evacuation should also be noticed. The diet and habits of the patient should be inquired into, as the cause of the disorder may possibly be detected in them. Special attention should be given to ascertain whether the eruption shows a decided tendency to alternate with dyspepsia, or any other disorder of the viscera, or of any part. The remedies should be fully and fairly tried; and, as far as possible, employed separately;

so as to make it practicable to form an opinion of their individual efficacy. In the use of liquor potassæ arsenitis, it should be remembered that very large doses—as much as fifteen or twenty minims three times a-day—may be requisite. This remedy should be given after meals; while liquor potassæ should be administered upon an empty stomach. In giving the sulphur fume-bath, care should always be taken to vaporise the sulphur together with water; as otherwise the sulphur is very prone to take fire. If dulcamara be given alone, it should be in not less than two-ounce doses of a concentrated decoction three times a-day, which should cause decided *malaise*.

"It is evidently desirable that full time should be taken to make the report complete, as in some very chronic cases no result worth recording is likely to be arrived at under at least one or two years. In other cases, of course, a much shorter period would suffice. But, in all, the solidity of the cure should be tested by observation continued beyond the season of the year when relapse might be expected to occur."

We also notice in this Journal the following case of *Restoration of Sight in an Eye Supposed to be Blind for nearly Sixty Years*, by J. C. Wordsworth, Esq., F.R.C.S.:

"———, aged sixty-two, applied at the Royal London Ophthalmic Hospital for advice on account of her grandchild, who was suffering from an ordinary ophthalmia; and, as she was about to leave the hospital, inquired whether anything could be done for her own right eye, the sight of which was gradually decreasing. She stated that she had lost the use of the left from an accident when she was about two years old; that it had been operated on in Charterhouse square; and that the surgeon had stated that the cataract had been disposed of, but that, in his opinion, sight would never be recovered. Acting on this opinion, her friends had always considered the sight lost, and consequently taken no further steps to recover it.

"On examination, I observed that she had slight perception of light; the pupil being small, pear-shaped, and drawn upwards by a slight prolapse of the iris, probably resulting from the needle-operation for solution. To enable me to explore the eye satisfactorily by the aid of oblique illumination, and by the use of the ophthalmoscope, a drop of the atropine solution was applied to the conjunctiva, and in a few minutes had produced full dilatation of the pupil. Its area appeared to my unassisted vision quite free, black, and patent for the admission of light; but when examined by concentrating the flame of the gas-burner with a convex lens, and so directed as to allow the light to fall obliquely on the eye, the apparently open pupil was at once seen to be occupied by a deeply-pigmented membrane, filling its whole area so as almost entirely to exclude light from the retina. The layer of pigment was so dense as to appear almost black, but with the ophthalmoscope I observed that the pigment was partially deposited on one small portion of the membrane, through which light passed, and afforded her a vivid sensation of its presence, and was so reflected as to produce a dull-red, undefined image on my retina. This partially available space would not be opposite the pupil in its ordinary state; hence she had never become aware of her ability to see light by that eye until the pupil was artificially dilated with atropine. No defined view of the optic nerve or other structures or the fundus of the eye could be gained by the ophthalmoscope; but I was so satisfied of the integrity of the retina, that I ventured to promise her some recovery of vision as the result of an operation, to which she was induced to submit at once.

"*Two* needles were introduced through the cornea, as the membrane was expected to be very tough and elastic, and consequently difficult to tear. By these means the necessary laceration was made, without producing much strain on the ciliary attachments of the membrane; a good clear space became available for vision; and by the aid of a convex lens she was at once enabled to recognise the features of those around her.

"In making a few comments on this case, I shall confine myself to a passing notice of its great physiological interest, its practical illustration of the value of modern means of investigating this class of diseases, and of the consequent precision with which they may be treated.

"1. As the operation was performed while the hospital was in Charterhouse square, now half a century ago, it affords the most remarkable instance with which I am acquainted of recovery of sight after so long an abeyance of the function; and it is not a little singular that the complicated nervous apparatus essential to vision should so long have maintained its integrity under circumstances so unfavourable.

"2. It would be difficult to furnish a more pleasing illustration of the advantages that the ophthalmoscope has given us in arriving at a correct diagnosis, than this. Our predecessors (to their lasting honour, be it said), by their genius and industry placed ophthalmology on a par with other cognate departments of medicine; but, lacking the more exact means of physical diagnosis of our time, necessarily were obliged to speculate more or less on the hidden conditions of the eyeball, and, thus deducing their conclusions from inferential data, were without those landmarks that now may be observed in the progress or recession of disease. No longer left to speculate on subjective signs, we are enabled by the ophthalmoscope, &c., to seek for the physical conditions displayed by the interior of the eyeball. Nay, more improved means of research have made it incumbent on us to scrutinise with a precision not attained in any other branch of our science all functional diseases of the eye. Ten or twelve years have not sufficed to limit exactly or to daunt our hopes in the cure of blindness; on the contrary, we have learned not to despair of vanquishing our foe till, at any rate, we have seen him, or, if invisible, till we have at least learned his *habitat*, and such other of his circumstances as may be within our ken, or, failing all these, till we have, *per exclusionem*, little doubt as to his power or our own inability to overcome him.

"No doubt we have much to learn, much to see, much that, though seen, we are not yet able to interpret; still we have learned so much, seen so much, and interpreted so much, in the last decade, that we are daily becoming more tenacious, more hopeful, more ambitious, more daring. It certainly is true that we often obtain a glimpse of an enemy that makes us feel discretion to be the better part of valour. We have, then, at least, the satisfaction of escaping the stigma of exhausting ourselves on a hopeless contest. But, on the other hand, how often might the motto, 'Ex fumo dare lucem,' be our due; and, guided by the light of ophthalmoscopic exploration, we are enabled to descry the veil that shuts off light from an eye that, when unveiled, can see."

The 'Medical Times and Gazette.' *Notes on Surgical Cases in Egyptian Hospital Practice*, by Dr. J. F. Ogilvie, describes a case of *Elephantiasis Scroti*, to which we will refer at greater length next week:—

Dr. Arthur Mitchell contributes an article on *Plural Births in Connexion with Idiocy*. It is a very interesting paper; we give the conclusions at which Dr. Mitchell has arrived:

"The fact that persons of very great intellectual and physical vigour are every now and then found to be twin-born, in no way interferes with the soundness of the *general conclusion* to which this research points, and the basis of which may be briefly stated as follows:—

"1. Among imbeciles and idiots a much larger proportion is actually found to be twin-born than among the general community.

"2. Among the relatives of imbeciles and idiots twinning is also found to be very frequent.

"3. In families where twinning is frequent, bodily deformities (of defect and of excess) likewise occur with frequency.

"4. The whole history of twin-births is exceptional, indicates imperfect development and feeble organisation in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and, therefore, injurious to all concerned.

"5 When we pass from twins to triplets and quadruplets, everything we know regarding these latter gives support to the general conclusion in question."

Professor Pettenkofer's *Researches on Respiration* follow; and some cases in *Clinical Midwifery* are reported by Dr. Francis H. Ramsbotham. We quote a few:

"*Right Shoulder Presentation at Eight Months.*

"*Case* 153.—On July 27, 1840, at noon, I was called by the apothecary of the Eastern Dispensary to Mrs. C., a patient of one of the pupils, Sparrow-corner, Minories, in labour of her sixth child, at eight months. The membranes broke on the 23rd, and the pains ceased as soon as the liquor amnii was evacuated. The uterus did not resume its action until the morning of the 27th, when the hand was forced externally. The apothecary was first called, and he, not being able to deliver, sent for me. I found the right hand external, the palm towards the pubes, the right shoulder tightly wedged in the pelvic brim, the head lying on the right ilium, with the face anteriorly. Both feet were at the upper part of the vagina; one of them was almost severed from the leg by the efforts that had been made to cause the child to revolve. My predecessor at the case had passed his hand into the uterine cavity, and had brought down the feet as low as I discovered them, and he had made forcible traction at one, until the ankle became dislocated; nevertheless, he could not get the shoulder to recede; indeed, the greater the extractive effort he made, the more strongly did it become wedged in the upper strait of the pelvis. I immediately passed a piece of broad tape round both ankles together; and by pulling at the purchase so obtained with one hand, and at the same time raising the shoulder by pressing strongly against it by the extremities of the fingers of the other hand, I turned the child with the greatest ease possible. The placenta passed immediately, and the woman did well. The child was, of course, dead.

"N.B.—Whenever the uterus has been contracting regularly and

naturally during the first stage of labour, and ceases to act for some hours after the membranes have broken, provided the child lies so high that the presentation cannot be touched at all, or only with great difficulty, these two circumstances together are highly suspicious of the case being one of transverse presentation. I have, on many occasions, predicted that such would be the case before I have seen the patient, merely from the history furnished to me.

"*Right Shoulder Presentation.*

"*Case* 154.—On August 12, 1840, at 6 a.m., I was sent for by a professional friend to Mrs. B., Rye lane, Peckham, in labour of her seventh child. She had been delivered of her first by craniotomy, of another by the forceps, and once before had been the subject of a transverse presentation. The membranes broke at 10 o'clock the evening before, and the pains, which had been strong and frequent previously, ceased from that time entirely. Observing the uterus so inactive, my friend left the room for a little rest; he was called at four, when he found the hand external, and immediately sent for me. I found the right hand protruded considerably out of the vagina, with the palm looking towards the anus, and the head on the left ilium; consequently, the feet were at the posterior part of the uterus. The pains were very trifling. I at once introduced my hand, and turned the child without difficulty, extracting the breech and arms easily; but, as the pelvis did not possess more space in the conjugate diameter at the brim than three inches, the head gave me much trouble. The child was born with animation suspended, but was restored. The placenta passed soon, and the woman did well.

"N.B.—This woman, it will be seen, out of seven children, had two transverse presentations. Considering the comparative rarity of these cases (only 1 in every 311 births, as taken from my tables of the Royal Maternity Charity, embracing 68,435 deliveries), this might be looked upon as extraordinary. But, in truth, some women seem to be much more liable to these irregularities than others; and it is worth remark, that in such women the pelvis is generally somewhat distorted at the brim. Thus one, now dead, who always became a patient of the Royal Maternity Charity in her labours, and possessed a small pelvis, out of twelve children, suffered seven transverse presentations. I delivered her under them five times, and my father twice. Another woman, a private patient of my own, whom I attended in all her labours, has had only five children, and four of them presented transversely. This woman's pelvis is also contracted at the brim. Barlow and Denman have both said that transverse cases are more frequent where there is a contracted brim.

"*Right Shoulder Presentation, at Seven Months.*

"*Case* 156.—On November 29, 1840, at 2.30 p.m., on returning from a case of retained placentæ of twins, I found a message from one of the midwives to the Royal Maternity Charity, requesting me to see Mrs. R., Houndsditch, the mother of a large family. According to the woman's account, the membranes broke ten days ago. She had flooded a good deal for six days before that occurrence, but on the evacuation of the liquor amnii the hæmorrhage had ceased. I found the right shoulder at the pelvic brim, the uterus strongly contracted round the child's body, though she had scarcely complained of labour pains, the head lying on the left ilium, the face looking backwards, and the funis prolapsed, not pulsating and cold. The undeveloped state of the cervix uteri, which would not dilate to manipulation, rendered it impossible for me to pass the whole hand into the cavity, so as to seize a foot without injuring the organ; nevertheless, I hooked a finger in the right ham, brought down the leg and turned with comparative ease. The breech passed readily, and I got down the arms with little difficulty, but the head gave me considerable trouble, and I could not extract it without introducing a blunt hook into the mouth, and greatly depressing the chin. Directly the child was born a copious gush of blood took place, and I endeavoured to introduce my hand for the purpose of removing the placenta. The still undeveloped cervix resisted my efforts, but I got it away, broken considerably, after much effort; it was firmly adherent throughout a large portion of its extent. This woman had always placed herself under the care of the Royal Maternity Charity in her pregnancies, and it is curious that the placenta had invariably been adherent, at least, in her last few labours. In the last two the hæmorrhage had been so profuse that I thought she would have died each time. She now recovered again without a bad symptom.

"N.B.—One chief difficulty in performing the operation of version, when the fœtus is under seven and a-half months, I have found to be owing to the undeveloped condition of the cervix uteri at that period of pregnancy. It will not give way and dilate to the introduction of the hand, as the os uteri at full time generally does, when the cervix is completely expanded, and has, as it were, disappeared.

"*Right Shoulder Presentation.*

"*Case* 159.—On February 21, 1841, at 5 p.m., I was sent for by two Medical friends to Mrs. D., in Shoreditch, in labour of her sixth child. There was a slightly contracted pelvis. Not one of her children had presented with the head. Four had been breech, and one a transverse case. The membranes broke twenty-four hours before. The pains had been very trifling after the membranes broke, until 2.20 on the 21st, when the uterus began to act vigorously. I found the head lying on the right ilium, the face looking backwards, and the chest thrust forcibly into the pelvic cavity. My two friends had each tried to turn the child ineffectually; they had, after that, taken off the arm (it was the right), and had perforated the chest; but, as they could not extract any of the viscera, they sent to me. Thinking I could deliver by version, I passed my left hand into the pelvis for that purpose, and felt distinctly an obliquely transverse laceration at the posterior part of the neck and body of the uterus; as I feared to increase this, I did not make any effort to reach either of the feet, which lay at the fundus uteri, but hooked my finger in a ham, and passed a blunt hook carefully around it. By means of this instrument I made the fœtus revolve, and delivery was easily accomplished. It was impossible to say when the laceration happened, as there was not a single symptom present leading any of us to infer that such a serious accident had occurred. The placenta did not descend. I again introduced my hand for its removal, and again I felt the laceration most distinctly. She died on the 24th, and, on inspection, we found the rent as I have described it."

"N.B.—I think it bad practice to take off the arm in cases where version is found to be difficult or impracticable; because it is not the arm lying in the vagina that prevents the introduction of the hand into the uterus, but the shoulder blocking up the pelvic cavity in a greater or less degree; and because, if exvisceration be determined on, or decapitation, the means of delivering the body by traction, which the arm would have afforded, is lost.

The 'Lancet,' Mr. HILTON, on *Pain*, opens the Journal. Instances are given of knee joint disease cured by rest, exemplifying still further the views of this surgeon on the importance of the simple principle on which he lays stress. The *Researches on Respiration*, by D. MAX PETTENKOFER are continued.

ST. THOMAS'S HOSPITAL.

The following important document has just been issued by the physicians and surgeons of the establishment:—

"I. We, the undersigned, the physicians and surgeons of St. Thomas's Hospital, learning that the governors of the hospital are now preparing to submit to the Court of Chancery their proposals for the permanent re-establishment of the hospital, deem it right to place on record, and make public our opinions on the course which will best conduce to the medical usefulness of the charity.

"For although the governors' committee, which deliberates on the reconstruction of the hospital has not yet seen fit to consult us in this matter, we believe that many individual governors would wish to be possessed of our opinions; and we conceive that the present statement of our views may be of some public convenience whenever the Court of Chancery proceeds to decide on the proposals which the governors shall submit for approval.

"II. In resolving what those proposals shall be the governors will have to judge between conflicting projects. And the judgment which has to be made is, we apprehend, essentially a choice between the following two alternatives, viz.:—

"Shall the hospital be re-constructed in London?—that is to say, in some situation which either is as central as the former site, or at the utmost is not more suburban than the site now occupied by the temporary hospital; or

"Shall the hospital be re-constructed in the country?—that is to say, at such a distance from the centre of London that going to it must be by railway or by long carriage conveyance.

"III. The conclusion to which we, after very careful consideration, have come, is—that, if the latter alternative were adopted, the usefulness of St. Thomas's Hospital would, comparatively speaking, be at an end. And the considerations which have led us to this conclusion are the following:—

"1. In proportion as St. Thomas's is moved away from the densely-inhabited central districts of London in such proportion it must cease to relieve those cases of urgent suffering which are universally recognised as having the first claim for hospital treatment—the attacks, namely, of acute disease, and the immediate effects of severe accidental injury.

"In the class of cases to which we refer are included the following:—Wounds, fractures, dislocations, burns, scalds, and poisonings; cases of dangerous continued fever, cases of strangulated hernia and other intestinal obstructions, cases of croup and other kinds of suffocation, cases of retention of urine, cases of choleraic attack, cases of hæmorrhage, cases of apoplectic and epileptic seizure; cases of acute inflammation in the chest, head, or abdomen; cases of misadventure in child-birth, and others which it would be tedious to enumerate. Now, notoriously, in all cases like these the first consideration with the sufferer and his friends is that relief shall be prompt, and where hospital treatment is desired, the nearest well-

conducted hospital is that to which common sense bids them resort. To expose the patient (perhaps during extreme agony or exhaustion) to unnecessary delay or fatigue—to have him conveyed five or six miles instead of one, or to have him harassed with the changes of conveyance required for railway transit, would invariably be a disadvantage to him, and in critical states would often quite extinguish his chances of recovery.

"We attach great importance to the above argument. Such cases as we describe are incessantly arising in large numbers amid every great mass of urban population; they are proportionate—some of them to mere population, some to traffic of public thoroughfares, some to activity of work and machinery, some to unwholesomeness of dwellings, some to other circumstances of town life; at any hospital, which is centrally placed and properly administered, they are applying for relief at every hour of the day and night; and in our opinion the usefulness of any given hospital to the population which it professes to serve is best measured by the proportion of such cases which the hospital habitually has under treatment within its walls. St. Thomas's Hospital, if it stood on a thoroughly central site, with no other important hospital in its close neighbourhood, might expect to have at least two-thirds of its beds habitually filled with such urgent cases, while the remaining third would be filled with cases not unimportant, though of gradually diminishing importance. On the other hand, if it stood in the rural outskirts of London, the cases of recent injury and acute disease received within its walls could be only such few as the thinly-peopled adjoining district might supply.

"2. Moreover, in proportion as St. Thomas's Hospital is moved away from the densely-inhabited central districts of London, even sufferers with chronic disease will resort to it in greatly-diminished numbers. With regard both to chronic and to urgent cases, examination of the statistics of our former hospital has satisfied us that it was, in the main, a local charity for the districts amid which it stood. And universally there can be but little exception to the rule, that the hospital which is nearest to a population is the hospital wherein the sick of the population will prefer to be laid up. For between the hospital inmate and his outside friends and relatives there are the same ties of sympathy and affection as in the circles of richer sufferers—communication has to be kept up between them; visits have to be paid; and the distance between home and hospital thus becomes an important consideration. For instance, on Sunday afternoons, at the old hospital, when the gate was opened for visitors, the first rush of them would often include some hundreds of persons—parents, wives, husbands, children, friends of the patients; visitors who, if the hospital had been in some rural suburb, must, for the most part, have walked many miles, or have paid hard-earned money for their conveyance.

"Reviewing these two arguments with reference to the objects for which St. Thomas's Hospital is endowed, our conclusion is briefly this—that, doubtless, even in the rural suburbs of London the hospital might fill its wards with invalids—for medical relief (especially where combined with board and lodging) can of course find innumerable applicants; but that the recipients of this relief would principally be persons whose claims are of very small urgency—persons who, unless hospital resources are to be regarded as infinite, might with much more propriety be made out-patients of the charity.

"3. Our next argument is one which relates to the medical and surgical service of the hospital—an argument which we are able to state without making any personal allusion to ourselves. For centuries it has been the aim of hospital-administrators in every civilised country, to provide that habitual attendance on the patients should be given by physicians and surgeons, publicly eminent in their profession, and, as a rule, the leaders in private practice. Universally in first-class hospitals, the aim has been that all ultimate responsibility for treatment should rest on persons of this description, having resident officers subordinate to them. Under this system, the poor equally with the rich have been able to profit by the best-reputed medical and surgical skill of their day—in England, for instance, by the skill of Hunter and Abernethy and Cooper, of Baillie and Bright, of Liston and Brodie, of Cline and Travers, when each was at the zenith of his power and reputation. Were hospitals at a distance from the metropolis, this system could not possibly continue. Arrangements might indeed be made, that metropolitan practitioners of eminence should at fixed times visit a hospital for purposes of consultation; but evidently such persons could not, as now, be responsible for extemporaneous attendance under circumstances of emergency; and thus the ultimate responsibility for medical and surgical treatment, would, of necessity, rest on resident officers not engaged in private practice. That such officers, under the altered arrangement, would conscientiously fulfil their duty of attendance on the poor, we do not in any degree dispute: but that, as a rule, the standard of skill employed in hospital attendance would tend to degenerate, cannot, in our opinion, be questioned.

"4. That St. Thomas's Hospital, moved into the rural suburbs of London could no longer be the seat of an important medical school, follows as a corollary on the conclusions we have already stated.

"Not only (as just stated) would its distance from town prevent eminent physicians and surgeons from serving it diligently; but, almost wholly transformed, as it would be, into an asylum for chronic disease, it would have lost those attractions which active hospital service possesses for men whose hearts are in their profession. With its diminished resources for instruction, and with its professional service on an inferior footing to that of other hospitals, neither zealous teacher nor zealous pupil would find in it a congenial or sufficient field for industry and legitimate ambition.

"Passing without a word the many other causes for regret which there would be in this extinction of a great school of medical science we insist only on the fatal influence which would be exerted against the efficiency of St. Thomas's Hospital itself. At present, in this hospital, as in all similar establishments, innumerable unpaid services to the sick are rendered by a large staff of junior officers, resident and non-resident, who (as house-surgeons, dressers, clinical-clerks, assistant-accoucheurs, and so forth) are selected, every year or half-year, from among the most deserving students of the school. Except for the existence of a well frequented medical school as part of the establishment of the hospital, this system of appointment could not prevail. And we are absolutely without precedent, to enable us to say how, under these circumstances, the work of the charity could be carried on.

"IV. We think it right to advert, though briefly, to the arguments which we believe are advanced as pleas for providing a country site for the hospital.

"1. In the first place, we understand it to have been argued, that from 30 to 50 acres of land are wanted for the purpose in question, and that the means of the hospital are insufficient for the purchase of so much land in London. With reference to this argument, we must confess our unanimous and entire inability to imagine for what proper hospital purpose so large an amount of land can be required. The site of the old hospital (including officers' residences and various open spaces, together with a garden to which patients were not admitted) measured less than four acres. Not only do we disbelieve that the new hospital can require to occupy ten times the area of the old; but we should hesitate to assume, as unconditionally necessary, that the new hospital must have more space than the six or seven acres which its buildings (with curtilages considerably larger than those of the former hospital) may be expected to cover. Adverting, however, to the very great wealth of St. Thomas's Hospital—understanding, on the one hand, that its annual income has, since the beginning of this century, risen from 12,000*l.* to 35,000*l.* per annum, and is still in constant and rapid increase; and remembering, on the other hand, that the large sum of 296,000*l.* has been paid it by the Charing-cross Railway Company for the special purpose of purchasing a proper new site, and building proper new buildings—we must regard the whole argument as worthless. We presume that the resources of the hospital are adequate to purchase a sufficiency of land, whatever that sufficiency may be, in the best, though it be not also the cheapest, situation; and we cannot suppose that any governor would wish, for mere cheapness of site, to sacrifice one jot of the charity's ancient usefulness.

"2. A second more plausible argument is, that town is less healthy than country, and that, therefore, for health's sake, the hospital should be out of town.

"In large proportion, this argument rests on fallacy. No doubt, indeed, that life in wholesome country districts is more vigorous and more free from disease than general town life; but this difference is not the simple result of a difference between the common atmospheres of town and country. Mainly it depends on two other influences:—for, first, there is the fact, that the habits and occupations of towns are greatly less healthy than the habits and occupations of country; and, secondly, there is the still more important fact, that large masses of town population breathe very impure air, not as a common atmosphere of the town, but as a special incident of the courts and alleys, and ill-provided or ill-kept houses, where they individually dwell—the local result of filth, or bad drainage, or overcrowding, or non-ventilation. It is obvious that neither of these influences affects the patient who enters a well-kept London hospital; and we suspect that, in almost every instance, the patient's entry into such an establishment involves a far greater improvement in his sanitary circumstances than there would be in any ordinary change from town to country. The brighter and purer common atmosphere of the country is, doubtless, a sanitary advantage; but even the sanitary advantages of the country are not altogether without alloy. Indeed, for years, a daily text of sanitary reformers has been, that, as regards all main causes of disease, town residence ought to be as healthy as country residence; and in proof, they have constantly adduced the experience of model lodging-houses and other well-kept establishments, remaining, as it were, islands of good health in the midst of unhealthy urban districts.

"Supposing two otherwise thoroughly well-conditioned hospitals, one in London, the other in the country—some of us believe, while others of us do not believe, that, in the results of medical and surgical treatment the country hospital would have an appreciable superiority of success. If, however, we in this respect for argument's sake adopted, as though it were unanimous, the most sanguine belief which any one of our number entertains, our practical conclusion would be unchanged:—for unanimously we should be of

opinion, that the advantages of the country hospital would be purchased at far too dear a price, when in obtaining them, the hospital must be made inaccessible to the sufferers who most urgently require it, and when the present system of professional attendance must be changed in essential particulars. To illustrate the latter point we refer to the ordinary practice of persons of the richer classes of society. They, when about to undergo surgical operations, do not for this purpose, if their home is in London, migrate into country air; but on the contrary, though their home be in the country, they habitually come to London for the sake of advantages which, in their judgment, outweigh the advantages of country air; above all, for the generally higher skill or greater experience which London places at their disposal.

"There are two considerable classes of cases to which our preceding argument is not intended to apply. First, there are convalescents and many chronic invalids; and for them, principally in the summer months, we should often wish to procure the advantage of country residence, in order that they might spend many hours of the day in the open air, enjoying sunshine and scenery, and taking such exercise as they could bear. And, secondly, there are many patients, for whom temporary residence in special climates is desirable, variously desirable, according to the nature of the disease, in one sort of place or another, inland or seaside, dry or moist, relaxing or bracing, exposed or sheltered. For the latter class of cases partial provision is already made in such establishments as the Margate Hospital for scrofulous patients, and the Bournemouth Hospital for patients with diseases of the lungs; while for the class of convalescents there is likewise a special hospital at Walton-on-Thames. We are of opinion that St. Thomas's Hospital could not usefully change its present functions for the functions of those special establishments; but that all the advantages of those establishments might be made available for the patients of St. Thomas's Hospital, if this hospital (remaining in London) subscribed, proportionately to its means, to the funds of the sister charities. Failing such an arrangement, however, we should deem it most undesirable that in the choice of a site for St. Thomas's Hospital any primary regard should be had to the class of convalescents. For them, in our opinion, it would in very many instances be preferable that they should not linger as convalescents amid the necessarily sad scenes of general hospital life; and we believe that a system of well-arranged pecuniary aid to individual convalescents (enabling each to exercise some choice as to the place in which his country air should be taken) might often be more conducive to the patient's comfort and welfare than the establishment of special wards where he would remain under hospital regulations. Similarly, as regards the class of chronic invalids, we are of course aware that many chronic cases of weak health are greatly benefited by country life, including all the influences which belong to it; but commonly such cases (as not requiring constant medical or surgical supervision) are least of all the cases for which general hospitals are designed; and further it seems very doubtful whether such cases, if kept as patients in a country hospital, would get there the same tonic influence as is given by free country life.

"V. Finally, we advert to a proposal which we understand has been made, doubtless under the belief of its being a practical compromise between opposed opinions;—that the future hospital accommodation should be in two parts; that the main hospital should be in the country, but that there should be in London a so-called receiving house, of (say) 100 beds. We (except one of our number) earnestly deprecate the adoption of this course; chiefly, because by it four-fifths of the hospital resources would be diverted into channels which our preceding arguments have shown to be channels of comparative uselessness; but also, to some extent, because special evils would belong to such a division of the establishment. For two establishments, separate as proposed, could not be served by the same resident officers, nor, as a rule, be visited by the same physicians and surgeons. In part they would work disconnectedly, at much expense, as two mutually independent institutions; in part, from their attempted working together, there would be frequent discord and confusion, with very uncertain responsibility for the proper treatment of the sick.

"VI. We foresee that, with the always-advancing growth of the resources of St. Thomas's Hospital, not many years can elapse before it will be possible for the governors of the charity, if they be so inclined, to enter upon new spheres of beneficence. Objects to which we have in this statement adverted, as objects not to be pursued at the expense of the primary functions of the charity will then be fairly within reach. Without ceasing to maintain the great hospital for relief of sickness in the metropolis, the governors can then, if they be so minded, establish branch hospitals in suitable special climates, have tributary dispensaries in various parts of town or country, and provide in such ways as they deem best for the particular benefit of chronic invalids and convalescents. At present, before all such objects, there presses, in our opinion, the one imperative need that St. Thomas's Hospital be restored according to the pattern of its former usefulness,—not misplanted in some country district, where it would scarcely at all fulfil the objects of its existence; but reconstructed, as nearly as may be, in the very heart of London, where, according to the intentions of its founder, it may still efficiently minister, as for three centuries it has ministered, to those innumerable emergencies of disease and accident which belong to so vast a city.

T. A. Barker, M.D.
Jas. Risdon Bennett, M.D.,
R. H. Goolden, M.D.,
Thos. B. Peacock, M.D.,
J. S. Bristowe, M.D.,
William Brinton, M.D.,
} The Physicians of the Hospital.

John F. South,
Gilbert Macmurdo,
Samuel Solly,
F. Legros Clark,
John Simon.
} The Surgeons of the Hospital.

"Nov. 11."

LEGAL INTELLIGENCE

MARYLEBONE POLICE COURT.

Thursday, November 13th.

Alfred John Davis, aged twenty-six, of 13 Grenville street, St. Pancras, was brought before Mr. Mansfield, charged by William Hewitt, a constable belonging to the Mendicity Society, with obtaining from Mr. Adams, of 5 Henrietta street, Cavendish square, the sum of one guinea, under false and fraudulent pretences.

Mr. W. Adams, F.R.C.S., deposed—I live at 5 Henrietta street, Cavendish square. On Saturday last, the prisoner called at my house, stating he had come to solicit subscriptions on behalf of the widow of the late Mr. Brent, Deputy Coroner. He said he was a clerk in the 'Lancet' Office; that he had formerly been a clerk to Mr. Brent, and described to me the destitution into which she had now fallen. He further said he had been authorised by Dr. Wakley to go round to the members of the medical profession, to see if there could not be sufficient money collected to purchase an annuity for Mrs. Brent, and to enable her to be admitted into the Medical Benevolent College. In case the amount collected was not sufficient, Dr. Wakley had liberally promised to give 50*l.* The prisoner then showed me a long list of names of gentlemen who had subscribed to the fund; I should think there were one hundred names of medical men on the sheet, the entire amount of the subscriptions being 60*l.* or 70*l.* On the faith of these representations, I gave the prisoner 1*l.* 1s.

Mr. Vaughan, the prisoner's solicitor, here objected to the evidence, stating that if any document or sheet was mentioned, it ought to be produced.

Mr. Mansfield overruled the objection.

Examination continued: The amount of subscriptions on the sheet varied from five guineas to five shillings. I was not aware that any fraud was being committed until I read the report of the application by Dr. Wakley to the magistrate at Bow street Police Court.

Cross examined: He distinctly said that Dr. Wakley had sent him round to solicit subscriptions on behalf of Mrs. Brent. When I gave him the guinea for the fund it was solely upon his representation that he had been authorised by Dr. Wakley to solicit the subscriptions. The name of Mr. John Propert was only mentioned in connection with getting her into the Royal Medical Benevolent College. The prisoner did not say to whom the money would be given up. I have never seen Dr. Cross, of Spring gardens, about this matter. He did not say he should give Dr. Wakley the money. I am not quite positive that the prisoner said he was a clerk at the 'Lancet' Office; that I will not positively swear. He said that he had formerly been clerk to Mr. Brent, making no other remark about it except that Dr. Wakely had done nothing for his (Mr. Brent's) family. I again swear that I gave him the guinea upon the faith of his being authorised by Dr. Wakley.

Dr. James Goodchild Wakley said—I live at No. 1 Bedford street, Strand. On last Friday afternoon, Mr. Laurence, of Devonshire street, Portman square, came to the 'Lancet' office with reference to an individual who had that morning called upon him to solicit subscriptions. I have never authorised the prisoner to collect subscriptions, or to use my name in any manner. I know the prisoner was some time ago employed as a clerk in the 'Lancet' office; he then went by the name of Henry Williams. I never sent him to Mr. Laurence. He was in the 'Lancet' office about three years ago, and was discharged for misappropriating money. Latterly I have had several communications from medical practitioners with reference to the prisoner calling upon them and soliciting donations, so that I was obliged to state that my name was used without my sanction or knowledge. On the death of Mr. Brent, all the funeral expenses were paid by us. We also gave Mrs. Brent 5*l.* for mourning, and have settled a sum of 10s. per week upon Mr. Brent's mother for life.

Cross-examined by Mr. Vaughan.—Did you not know the prisoner was collecting subscriptions on behalf of Mr. Brent's widow?

Dr. Wakley.—Not until several gentlemen had written to me on the subject. I never authorised him to use my name for any purpose.

A remand was asked for on behalf of the Mendicity Society, which Mr. Vaughan objected to, saying Mrs. Brent was in the court, who would prove she had received every farthing collected by the prisoner.

William Hewitt was called. He said—I am a constable belonging to the Mendicity Society. From instructions received from Captain Wood, I apprehended the prisoner this morning in Bow street. I charged him with obtaining money under false pretences. On our way to the station he said there was a conspiracy against him because he had sent a threatening letter to Dr. Wakley.

Mr. Mansfield remanded the prisoner, on his own recognizances, for a week.

BOW STREET.

THE ALLEGED FRAUD ON THE MEDICAL PROFESSION.

Mr. Richings, from the office of Mr. Bowen May, solicitor, waited upon Mr. Corrie, for the purpose of offering a statement in answer to that of Dr. Wakley on the 7th inst., a report of which appeared at the time.

Mr. Richings reminded the magistrate that Dr. Wakley's statement was to the effect that certain persons whom he designated as swindlers were collecting money on the pretence that it was for the benefit of Mrs. Brent, widow of the late Mr. Brent, deputy-coroner, and particularly that a sum of 3*l.* had been obtained from Mr. Laurance, of Devonshire street, by a representation that Dr. Wakley had authorised the use of his name. These statements he was prepared distinctly to deny, and, if necessary, the gentlemen who had been so very hastily stigmatised as swindlers, were ready to refute them by statements on oath. Both these gentlemen were now in court, and so was Mrs. Brent. The subscription was perfectly *bona fide*, and the whole of the contributions had been handed over to Mrs. Brent day by day. It was a great injury to her that the publication of such statements had put a stop to the subscription, as gentlemen, distrusting whether she would really receive the benefit, naturally declined to give their money. The gentlemen who had been making the collection had done so from purely philanthropic motives, Mr. Brent having been a most deserving public servant.

Mr. Corrie said this only showed the advisability of magistrates refraining from giving advice in such cases. He would not have done so but that Dr. Wakley pressed the matter so strongly. He (Mr. Corrie) certainly understood that the money was collected without the authority of Mrs. Brent, and by a fraudulent use of Dr. Wakley's name. He stated that if money was obtained by such fraud, the parties were liable to transportation, or the equivalent, penal servitude. That observation did not, of course, apply to the state of facts laid before him by Mr. Richings, and it was much to be regretted that Dr. Wakley should make such a statement without just grounds.

UNLICENSED MEDICAL PRACTITIONERS.

Dr. Lankester continued and concluded an inquiry recently, at the Kent Arms, Mabledon place, Burton crescent, respecting the death of Maria Ellworthy, late housekeeper to a gentleman in Victoria road, Islington, who was alleged to have lost her life through an attempt to procure abortion. The evidence of a surgeon who attended deceased on the 16th of October went to show that she had been prematurely delivered of a child who died the same night; that the poor woman was suffering from wounds caused by blunt instruments used to bring on premature labour; and that she had died on the 1st instant from inflammation arising from those wounds. Dr. Harris of 33 Great Windmill street, said that about three weeks ago deceased came to his surgery and asked him to attend her in her confinement. She said a Mr. Scott had recommended him to her, and that Mr. Scott also had said she was near her confinement. After hearing the evidence to-day, witness believed deceased was suffering from the injuries spoken of when she called at his surgery. He recommended her a nurse, after which she went away, and he had never seen anything more of her. He was much surprised when she told him that she had been sent to him by Mr. Scott, as he knew his (Scott's) position. Mr Scott, who was in attendance, was called in by order of the coroner, and asked if he wished to give any explanations. Mr. Scott, 7, Adam street, Adelphi, then said that he had written on medical subjects, and occasionally saw patients, but he had not a licence to practise. About a month ago a female came to him and asked, Did he attend midwifery cases? He replied, "That depends." She asked, Did he take in women to confine them? and he said he did not. She then pressed him to recommend some doctor to her, and he gave her the name of Dr. Harris, who had walked St. George's Hospital with him sixteen years ago. Dr. Harris had once attended his (Mr. Scott's, wife), and he was a hard-working little fellow. If the coroner asked him further, it would pose him to answer. The Coroner said he did not wish to do so. Mr. Mayhew, a solicitor, however, insisted that, as Mr. Scott tendered himself, he should be sworn and cross-examined. Mr. Scott was accordingly sworn, and in reply to the jury said that he gave advice in midwifery and other cases. He did nothing to commit himself. He was never criminally prosecuted. He had however, been prosecuted for using a medical title by the Medical Protection Society, but the charge was dismissed. Inspector Pierce deposed that he had called at Bow-street station to make inquiries respecting Mr. Scott. He found that eight years ago he had been tried and convicted of a criminal assault on a female, and administering to her a drug, when she had called on him to procure abortion. He was convicted under the name of Hamilton. After some further evidence of an unimportant nature, the Coroner summed up, and, in doing so, said that, unhappily, there was reason to know that abortion was frequently procured in the metropolis, and that instruments were used for that purpose. Persons were extensively engaged in that infamous traffic, which was rendered lucrative by the desire of young women to get rid of all proofs of their shame. It was clear that abortion had been attempted in the present case, and that the injuries produced by the instruments were sufficient to cause death. If the jury were of opinion that the use of the instruments was the sole cause of death, or that there was sufficient evidence—which he doubted—as to who had used the instruments, it would be their duty to return at least a verdict of manslaughter. The instruments had been used there was not the slightest doubt. The jury, having deliberated, returned a verdict, "That deceased died of inflammation arising from a portion of retained placenta, and injuries from violence inflicted with instruments to procure abortion; and the jurors find that who the person was that inflicted the said injuries to procure abortion there was not sufficient evidence to show. Mr. Scott was then called; but a solicitor, who was in attendance for him, said that he had left for his country house, as he believed that he would not be required again. The Coroner stated that the jury wished to say, that the fact of Mr. Scott's practising without any diploma or license placed him in a position open to strong censure; but they desired to express their severe condemnation of the manner in which he had perjured himself by swearing that he had never been subjected to a prosecution when he had actually been tried and convicted; and the jury considered that it would be most improper if such an act of perjury were to be allowed to pass without formal and public censure. The proceedings then terminated.

ALLEGED DEATH BY POISONING AT BEDMINSTER.

On Tuesday morning Mr. Bruges Fry, coroner for Somersetshire, held an inquest at the Telegraph Inn, Bedminster Down, on the body of a young woman named Elizabeth Vining, who had died rather suddenly on the preceding Monday morning, and who, it was freely alleged had died by poison. Considerable excitement had arisen in consequence of this report, and great interest was manifested by the entire neighbourhood in Tuesday's proceedings before the coroner. The first witness called was

Jane Curry, who said: I am the wife of John Curry, labourer, Bedminster Downs, Somerset. I knew the deceased very well; she was about 22 years of age. The body lying at William Vining's house is the body of Elizabeth Vining, single woman. On Sunday morning, between nine and ten o'clock, the mother of the deceased came to me and asked me if I would come across to see her daughter Elizabeth, meaning the deceased. I went, and found her ill in bed. I asked, "What is the matter, my child?" and she replied, "Very bad." She told me she had pains in the bottom of her bowels and down her right hip. I gave her castor oil and a little nitre, which was procured at Mr. Taylor's, Mill Lane, Bedminster. She got worse towards the evening, and Mr. Fryer, surgeon, Bristol, was sent for, and the party who went to him brought back some medicine, which was not then administered. Martha Cutler went to the doctor, and upon returning said that half the medicine was to be given at first, and, if necessary, a second dose had to be given. I went to Mr. Fryer and told him what I had given deceased, and I also told him the symptoms. Mr. Fryer said I had done perfectly right. I afterwards gave the woman Vining half of the medicine which the surgeon had sent. I gave one dose at nine and the other at one. The deceased died at a quarter to two. Nothing had passed from her bowels from the time I was called in. When I first went the deceased told me she had been purged and vomited.

By the Coroner: I have heard the rumours that the deceased had taken poison or had had it administered to her, but I don't believe it. The deceased told me she was afraid that she was in the family way, but she was not; she had not miscarried. She had had one child five years ago. She was then 17 years of age. I did not suspect she had taken anything improper. The mother never hinted at such a thing. I consider that the report was nothing but an idle rumour, got up by mischievous persons, and that the deceased died simply from natural causes. I am aware that the symptoms were those of poison by arsenic.

By a Juror: The deceased had not said a word to me about taking anythink improper. She was engaged to be married at Christmas.

Mr. Thomas Fryer, surgeon, was the next witness. He said: I believe the statement of the last witness to be correct. A woman named Cutler came to me about five o'clock on Sunday afternoon, and described the symptoms of the deceased. I prescribed an aperient mixture—one-half to be taken at once, and the remainder in four hours. The mixture consisted of Epsom salts and magnesia. I did not hear that the woman was dead till Wednesday morning. The sisters of the deceased informed me of her death, but neither of them expressed an opinion that she had taken anything improper. The reason that I did not attend was that I considered it a case of a very simple character. The deceased had not miscarried.

Mr. George Gardiner, surgeon, deposed as follows: By the request of the coroner, and in the presence of Mr. Fryer, I have made a post mortem examination of the body of Elizabeth Vining, at Bedminster Down. The deceased appeared to be a very fine young woman, and there were no external appearances of violence. On opening the body I discovered that the deceased had died of internal hæmorrhage of one of the large vessels, the iliac artery. I have no doubt that the pain described by the witness Curry as complained of by the deceased, arose from such cause. I account for the rupture of the vessel from natural disease. The vomitings and purgings I account for from the internal hæmorrhage. I have no reason to suspect that poison was administered. It could have had nothing to do with it. Deceased was not in the family way. With the exception of the rupture, the viscera was perfectly healthy. I don't consider that the vomitings or purgings would cause the rupture, but I think nature gave way, as it was sure to do sooner or later.

Mr. Fryer fully corroborated Mr. Gardiner's statement.

That being the whole of the evidence.

The learned Coroner expressed the great pleasure he felt at the way in which the matter had been explained. He thought that that was due in a great measure to the testimony of the medical gentlemen, and he hoped to see the day when a medical man would be present at every inquest, as inquests were a mere farce in some instances without their presence. When he came to that parish he was told of the rumours that were afloat, and he was also informed that Mr. Fryer had supplied medicine composed of nobody knew what. He, however, must say that he was perfectly satisfied at the way in which Mr. Fryer had acted. If no inquest had been held upon that body the doctor, the midwife, or someone else would have been pointed to as having given the deceased something to cause death, but it had been distinctly proved that internal hæmorrhage had produced death. He thought that if ever they felt grateful to medical men for their knowledge it was upon that occasion, when all parties were excused from charges which under other circumstances might have been brought against them. He hoped to see the day when the Government would place certain medical men in certain districts, so that when necessary they could always have medical evidence to remove any doubt from the minds of the jury or coroner. He (the coroner) was not supposed, as a lawyer, to know that which a medical man knew, but, admitting that he knew a little, he would never suffer that little knowledge, which they knew to be a dangerous thing, to guide them when men belonging to the profession could give testimony satisfactory to them all. He thought that the jury would come to the conclusion that the whole rumour was a fabrication got up by some of the neighbours.

The jury, without a moment's hesitation, returned a verdict of "Died from natural causes."

DISTRESSING CASE OF POISONING AT CARDIFF.

A very distressing case of poisoning occurred on Tuesday, by the mixture of a poisonous ingredient in the preparation of pills supplied by a Mr. Reinecke, chemist, 174 Bute road, Cardiff, which resulted in the death of Mr. Henrich Kekebein, ship chandler, 155 Bute road. An inquest took place on Wednesday evening, at the Marquis of Bute hotel, Bute road, before Mr. R. L. Reece, coroner, and a jury of respectable tradesmen. From the evidence it appeared that the deceased had applied to Mr. Reinecke for some medicine for the purpose of purifying the blood, and that the deceased was supplied with some pill. Some days afterwards he informed the chemist that the pills had not had the desired effect, and asked him to send him some sarsaparilla, and some stronger pills. On Tuesday morning last, the pills, with a preparation of sarsaparilla, were sent to the deceased's house, and about eleven o'clock he took two of the pills. Shortly afterwards he complained of sickness, and laid himself down. On being informed that a captain had arrived, he rose up and went out, and on his return, about two o'clock, partook of some dinner. He again complained of feeling unwell, and was seized with violent vomiting. Mr. Wall and Mr. Pearce, surgeons, were called in, and they found him suffering from extreme sickness. He complained of pain in his bowels. They applied mustard poultices and gave him some brandy and water; but he continued to sink, and died about five o'clock on Tuesday afternoon. A post-mortem examination was made by Dr. Vachell, assisted by Mr. Paine, Dr. Edwards, and Mr. Hutchingson, house-surgeons to the Infirmary, the result of which was that they were of opinion that he died from the effects of some poison. Mr. Heinecke volunteered a statement to the following effect:—He said he made up a box of pills, each of which contained one grain calomel, one grain scammony, one grain extract of wormwood, and one grain powdered root of marsh mallow. After the death of deceased he examined a jar which was labelled "Extract of Absinthe." Inside this jar was a small gallipot, which contained extract of aconite (monkshood), which is a poison. There was no medicine in the large jar, except what was contained in the smaller vessel. The aconite and the absinthe are exactly alike in colour, and might easily be mistaken by gaslight. He could not account for the gallipot getting into the jar. Dr. Vachell then explained that the aconite plant is very poisonous, but the extract was an uncertain preparation, which might be made either weak or strong. Two grains might have been sufficient to have destroyed life. He had tasted the pills, and found them to contain aconite, and all the symptoms which had been described by the witnesses corresponded with the presence of such a poison in the stomach of the deceased. The coroner summed up the evidence, and expressed the opinion that he thought it was one of those cases where poison had been accidentally administered, and it would be for the jury to say whether or not there was culpable negligence on the part of the chemist. The jury, at a little past ten, retired to consider their verdict, and on their return, at 12 o'clock p.m., they stated that the deceased died from poison, through the accidental mixture, and severely censured the chemist. The deceased was a foreigner, about 35 years of age, and a strong healthy man, and what makes the case the more distressing is that his wife is on her way to England, and is expected to arrive in London in the course of the present week.

Births, Marriages, and Deaths.

BIRTHS.

Boycott.—On the 10th inst., at Canterbury, the wife of Thomas Boycott, M.D., of a daughter.

Davies.—On the 10th inst., at Carnarvon, North Wales, the wife of M. Davies, L.R.C.P.E., of a son.

Ellis.—On the 11th inst., at Crowle, Lincolnshire, the wife of Henry W. T. Ellis, L.R.C.P.E., of a son.

Hamilton.—On the 5th inst., at Great George street, Liverpool, the wife of Robert Hamilton, Esq., F.R.C.S., of a daughter.

Mason.—On the 11th inst., at Surbiton hill, the wife of Charles J. Mason, L.R.C.P.L., of a daughter.

Pilkington.—On the 5th inst., at Chorley, Lancashire, the wife of W. Pilkington, L.R.C.P.E., of a son.

Shillingford.—On the 7th inst., at Hill street, Peckham, the wife of J. S. Shillingford, Esq., M.R.C.S., of a son.

MARRIAGES.

Duncan—Puzey.—On the 4th inst., at St. James's church, Piccadilly, Peter Charles Duncan, M.D., of Great Marlborough street, to Mary Adelaide, eldest daughter of Robert Puzey, Esq., of Orsett terrace, Hyde park.

Edwards—Tyler.—On the 11th inst., at St. Mark's, Hambledon terr., London, Edwin Thomas Edwards, Esq., M.R.C.S., formerly of Macclesfield, to Louisa, only daughter of the late Christopher Tyler, Esq., of Whybridge, Sussex.

DEATHS.

Beane.—On the 7th inst., at Tunbridge wells, Joseph Michael Beane, Esq., M.R.C.S., late of Peckham, aged 55.

Palmer.—On the 19th ult., at Mortlake, Surrey, Henry Smith Palmer, Esq., M.R.C.S., Medical Officer to the Richmond Union, and Assistant Surgeon to the 9th Surrey Volunteers, aged 41.

Roe.—On the 24th ult., at Ellesmere, Margaret Elizabeth, the wife of J. W. Roe, M.D., aged 26.

Wraith.—On the 30th ult., at St. Owen's, Jersey, John Hope Wraith, Esq., M.R.C.S., aged 49.

MEDICAL NEWS.

University of St. Andrews.—List of gentlemen on whom the Degree of Doctor of Medicine was conferred in November, 1862:—Peter D. Anthonisz, Ceylon; Edward Bishop, Leeds; Luke Blumer, Sunderland; Thomas B. Bott, Manchester; Walter Chippendale, Tonbridge, Kent; William B. C. Christy, R.N.; Samuel Cookson, London; Astley A. C. Cooper, Southampton; Thomas B. Crosby, London; Thomas H. Curtis, Alton, Hampshire; John F. Deck, Nelson, New Zealand; Stephen Duke, Chichester, Sussex; William Ewart, Middleton, Barnard Castle; William S. Falls, Bournemouth; Henry Fegan, R.N.; Francis M. Foster, Kingston-upon-Hull; Robert G. Freeman, Greenwich; Gideon G. Gardiner, Clapton, London; George F. Giles, Hackney; Samuel J. Graydon, Lisnaskea, Ireland; Samuel Hill, London; Henry Horsfall, Masham, Yorkshire; Horace S. Howell, Great Dunmow, Essex; Richard P. Irwin, London; John Ince, London; George A. Miskin, London; Samuel C. Nelson, Douglas, Isle of Man; John F. Nicholls, Devizes;

Theophilus R. B. Parker, Abbotsbury, Dorsetshire; William Pocock, Brixton; Josiah T. Powell, London; Richard Purnell, Wells, Somersetshire; John Richardson, Islington; James Rodger, Bellingham; William Scott, Greenwich; Thomas Sharpley, Louth, Lincolnshire; Horace Sillifant, London; Richard Stokoe, Peckham Rye; Moses Thomas, Glasgow; John W. Tyler, Calcutta; Joseph Walker, Londou; Charles A. Waterworth, Newport, Isle of Wight; John Watson, London; John T. Welsh, Edinburgh; John Whitehead, Preston, Lancashire; John Williams, Pontypool, Monmouth; David C. Wray, March, Cambridgeshire; James Yearsley, London.

The Examination Papers will appear next week.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 11th inst., and when eligible will be admitted to the pass examination:—Frederic Charles Bailey, St. Bartholomew's Hospital; Edward Chaffers, St. Thomas's Hospital; John Wright Craig, Glasgow; Henry Augustus Crosthwaite, Leeds; William Clement Daniel, Guy's Hospital; Henry Robert Davis, Westminster Hospital; William Henry Day, Charing-cross Hospital; George Hurlstone Elliot, St. Bartholomew's Hospital; Charles Etheridge, St. Thomas's Hospital; James Flack, London Hospital; William Frankland, St. Thomas's Hospital; Joseph Good, St. Thomas's Hospital; Thomas Griffith, St. Thomas's Hospital; Sidney Rossell Henson, Hull; James M'Bride, Westminster Hospital; Davis Hollis Payne, Birmingham; Thomas John Peatfield, St. Bartholomew's Hospital; Moriz Schapira, Vienna; William Milward Seabrook, Guy's Hospital; William Ackrill Stamford, Leeds; Thomas Robert White, Galway.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 6th inst.:—Aaron George Medwin, 4 Blackheath road; William Peter Rawlins, 2 Frances terrace, Kentish town; Arthur Roper, 180 Shoreditch; John Rowland, Strata Florida, Cardiganshire; James Yates, Pit-bank Hall, Oldham, Lancashire.

Fowey Cottage Hospital.—Mr. Rashleigh, of Menabilly, Cornwall, has just marked his sense of the admirable manner in which the above institution has been managed by its founder, Dr. Arthur Davies, by placing under that gentleman's professional care six additional cottages near the celebrated Par Consols Mines and Harbour, where they will, no doubt, be a great acquisition to the numerous hard-working miners in that district.

Cambridge University; Professors' Fees.—The following fees have just been fixed for attendance on the various courses of lectures of the University Professors:—The Professor of Anatomy, for a course of Human Anatomy, five guineas; Comparative Anatomy, two guineas. The Plumian professor, one guinea; the Jacksonian professor, two guineas; the Lucasian professor, two guineas; the Lowndes professor, one guinea; the professor of Botany, one guinea; the professor of Chemistry, for a course not exceeding twenty-five lectures, two guineas; if exceeding twenty-five lectures, four guineas; for a course of Analysis and Chemical Manipulations, each term, four guineas.

Successful Removal of Tumours from within the Larynx.—During the past week, Dr. Gibb, of Portman street, accomplished the removal, with complete success, of two small pedunculated tumours, as large as peas, from the interior of the larynx, by means of the laryngeal écraseur, with the aid of the laryngoscope, assisted by Mr. Lawson and Mr. T. Carr Jackson. One tumour grew from the anterior part of the left vocal cord, and the other from the hollow between the origin of the two vocal cords. Hoarseness and partial aphonia of twelve years' duration disappeared on the removal of their exciting cause; the patient, a gentleman aged thirty seven, remains well in every respect, and is on the eve of undertaking a journey to the East Indies.

Oxford Medical Examiners.—Dr. Daubeny, of Magdalen College, Dr. Rolleston, Pembroke, and Mr. Dale, Balliol, have been nominated Examiners in the first examination required for the degree of Bachelor of Medicine.

Cambridge Anatomical Museum.—A room has been devoted at the Anatomical Museum, Cambridge, for the arrangement of the bones of man and other mammals for the use of the lecturers, and it is intended to form a nucleus of a working collection for students.

Oxford University Clinical Lectures.—The Regius Professor of Medicine (Dr. Acland) commenced a course of clinical instruction at the Infirmary on Thursday, November 6th, at 11 A.M. This course is intended for members of the University, who, having passed their final classical examination, are studying in the Natural Science school.

The late Sir Benjamin Brodie.—St. George's Hospital.—The following resolution was unanimously adopted at the meeting of the Weekly Board of October 29th, 1862:—

"The Weekly Board of St. George's Hospital beg to express their most sincere condolence and sympathy with the family of Sir Benjamin Brodie on their recent irreparable loss.

"The brilliant career of Sir Benjamin Brodie has been graced by every honour which unrivalled skill and science could obtain for an English Surgeon, and the Governors of St. George's Hospital, with the strongest feelings of affection and gratitude for his eminent services during more than half a century, as surgeon and teacher, and as trustee, are confident that the institution, which he always warmly loved, will even yet long continue to profit by an association with his character and name.

"It was chiefly in the wards of this hospital that his unwearied industry and observation enabled him to accumulate that store of sound practical knowledge which was imparted with admirable simplicity and clearness to the students, and which has greatly advanced the art of surgery itself.

"In the valuable museum, which he generously devoted to the use of St. George's Hospital Medical School, may still be seen the proofs and results of the doctrines which he taught in his lectures and writings.

"But, above all, the Governors look for the permanent influence of his instructions in the high principles of professional conduct,—the uniform kindness and consideration for others,—the laborious search after knowledge, from feelings of usefulness and duty, as well as from love of science,—ever consistently shown in Sir Benjamin Brodie, and strongly inculcated on his pupils in the exercise of their skill and talents,—which have thus been propagated through them to all parts of the British Empire."

Appointments.—William Henry Acland, M.D. St. And., M.R.C.S. Eng., L.S.A. Lond., has been appointed Physician to the Dispensary, Bideford, Devon.—Assistant-Surgeon A. W. G. Adey, Indian Service, has been appointed Surgeon to the Gujarat Bheel Corps, with the charge of Vaccinating duties in the Rewa Kanta.—Thomas Blair, L.F.P.S. Glasg., has been appointed Surgeon to the Dalquharran and Kilgrammie Collieries, Dailly, Ayrshire, *vice* Alexander Blair, L.R.C.S. Edin., resigned.—Assistant-Surgeon Bruce, Indian Service, has been posted to the 2nd Regiment Light Cavalry.—William Cayley, M.D., M.R.C.S. Eng., L.S.A. Lond., has been elected Physician to the Islington Dispensary, Upper Street, *vice* John Hughlings Jackson, M.D. Univ. St. And., M.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., resigned.—Dr. William Cooper has been appointed Surgeon to the Infant Orphan Asylum, Wanstead, *vice* Mr. S. Underhay, resigned.—Caleb Evans, M.R.C.S. Eng., has been elected Surgeon to the Birkenhead Borough Hospital, *vice* Charles Olives Baylis, M.D. Univ. King's Coll. Aberd., M.R.C.S. Eng., L.R.C.S. Edin., L.S.A. Lond., resigned.—James John Cook, L.F.P.S. Glasg., has been appointed Resident Medical Officer and Secretary to the Royal Isle of Wight Infirmary, Ryde, *vice* George Henry Case, M.R.C.S. Eng., L.S.A. Lond., resigned.—Peter Fairburn, M.D. Univ. Edin., L.R.C.S. Edin., and L.M., has been appointed Surgeon to the House of Refuge, Edinburgh, *vice* Peter Fairburn, M.D. Univ. Edin., F.R.C.P. Edin., formerly Surgeon, R.N., deceased.—Alexis Fitzgerald, L.R.C.S. Irel., L.M. Anglesey Lying-in Hospital, Dublin, has been elected Medical Officer and Public Vaccinator for the Carrick-on-Suir Dispensary, District of the Carrick-on-Suir Union, Co. Tipperary, *vice* Joseph Edmundson, M.D. Univ. St. And., L.K.Q.C.P. Irel., M.R.C.S. Eng., L.M. Dub., resigned.—Assistant-Surgeon Glass, Indian Service, has been posted to the 2nd Regiment of Scinde Horse.—Thomas Griffiths, of Dryslwyn-fawr, Carmarthenshire, has obtained the Filliter Exhibition at University College, London, for proficiency in Pathological Anatomy.—William Bryan Hartland, L.S.A. Lond., has been re-elected Medical Officer and Public Vaccinator for the Parish of Tormoham, Newton Abbott Union, Devonshire.—Henry William Jackson, M.R.C.S. Eng., L.S.A. Lond., of the Lancaster County Lunatic Asylum, Rainhill, has been elected one of the Assistant Medical Officers of the Surrey County Lunatic Asylum, near Tooting.—William Leishman, M.D. Univ. Glasg., L.R.C.S. Edin., F.F.P.S. Glasg., has been appointed one of the Dispensary Physicians of the Royal Infirmary, Glasgow, *vice* John B. Cowan, M.D. Univ. Glasg., F.F.P.S. Glasg., resigned.—John S. Moore, Assistant-Surgeon R.N., has been confirmed to the *Brisk*.—Francis Paul Palmer, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Police Force for the Borough of Walsall, Staffordshire, *vice* Edward Joseph Marshall, M.R.C.S. Eng., L.S.A. Lond., deceased.—Thomas Prangley, M.R.C.S. Eng., L.S.A. Lond., Associate of King's College, London, has been elected Medical Officer for the Aldborough District of the Erpingham Union, Norfolk, *vice* Samuel Hammond, L.R.C.P. Edin. (exam.), M.R.C.S. Eng., L.S.A. Lond., resigned.—Julian Edward Disbrowe Rodgers, M.R.C.S. Eng., L.S.A. Lond., has been appointed Lecturer on Toxicology at the London Hospital Medical College, *vice* Henry Letheby, M.B. Univ. Lond., L.S.A. Lond., resigned.—Thomas A. Roe, M.D., Assistant-Surgeon R.N., December 28, 1857, has been appointed to the *Trafalgar*.—Assistant-Surgeon Sanderson, Indian Service, has been posted to the 1st Regiment Light Cavalry.—Cleveland Smith, of Guy's Hospital, L.S.A. Lond., has been appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, *vice* James Lodge Wilson, M.R.C.S. Eng., resigned.—William Morgan Williams, M.R.C.S. Eng., has been appointed Certifying-Surgeon under the Factory Act for the Pwllheli District, Llanidloes.—Dr. Acland, of

Oxford, has been appointed Consulting Physician, and Mr. J. Box, Mr. J. F. Martin, and Mr. D. Stone, have been appointed Surgeons, to the Abingdon Dispensary.—Mr. Sidney Edward Clarke has been appointed Medical Officer to the Mortlake District of the Richmond Union, *vice* Mr. H. S. Palmer, deceased.—Mr. John Bleeck Lye has been elected President, and Dr. W. L. Gilliland Vice-President, of the Hereford Medical Association.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 19.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.

Thursday, November 20.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.—Fibrous Tumour of Uterus and Fissura Recti; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Harvcian Society, 8 p.m.—A paper by Dr. Seiveking, on "The Laryngoscope."

Friday, November 21.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.—Mr. J. R. Lane, "On Vesico-Uterine Fistula."

Saturday, November 22.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, November 24.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.—Medical Society of London, 8½ p.m. Lettsomian Lectures, by Dr. James Bird: "Private Hygiene: Man's Intrinsic Predisposition to Health or Disease, and the Climateric Action of Hygienic Modifiers on the Vitality of his Organism;" Lock hospital, Dean street, Soho, 1 p.m.

Tuesday, November 25.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Medical and Chirurgical Society of London, 8½ p.m.

NOTICES TO CORRESPONDENTS.

J. H.—1st. No.—2nd. No.

MEMOR's letter on the Mayne and Fowler controversery being purely personal, we must decline to give it insertion. We may inform him, however, that the letter to which he refers, was written by one of the most prominent literary labourers of the day in the field of lexicography.

AN OLD UNION SURGEON is thanked. We are persuaded that the interests of the Union Surgeons are intimately associated with the movement to obtain an equalised Poor rate. Equalisation is good for the pauper, good for the ratepayer, good for the Medical officer. The authority to which you refer is not all-influential. There is much difference of opinion upon the subject among the governing staff of the Board; but we have no doubt that ere long just principle will prevail.

A STAFF-SURGEON.—We will consider it.

DR. W.—There is no difficulty about the matter. We shall be happy to comply with your request.

M.D.—Miss Nightingale's health is too feeble to permit her to give any attention to sanitary questions. You had better communicate with the College of Physicians.

MEDICAL REMUNERATION:

To the Editor of the Medical Circular.

SIR,—With reference to the enquiry held by Mr. H. Raffles Walthew, at the Fox tavern, Paul street, Finsbury, I consider Dr. Buss acted quite right in this case. It is quite unknown to the public the way in which Medical men are treated and imposed on. I have just had five or six run away and cheat me. I am, &c.,

Corsham, Wilts. M. F. BUSK.

CHIRURGUS (Stepney).—The case has been noticed. Dr. Williamson deserves credit for making a stand for remuneration; but it is a rule not to give a fee to the Medical witness where there has not been a conviction. No rule can be more abominable.

DR. PHILLIPS.—Letter received.

MR. BARTON.—Yes.

W. S.—We decline the article.

A SUBSCRIBER.—The Sarracenia Purpurea may be obtained from Butler and M'Culloch, Covent garden.

MR. JAMES.—1st. No.—2nd. Yes.—3rd. The tincture of iron is probably the best remedy.

MR. PARKER.—Note received.

MR. C. SMITH is thanked.

MR. BANKS.—Forwarded.

DR. M.—There is no power to prevent the use of the title. The impression to the contrary is a mistake.

MR. HULL.—The enclosures have come to hand. They are not worth notice in a Medical journal.

JUVENIS.—We are unable to give the information.

A CORRESPONDENT writes: "If the Profession be in earnest in discountenancing the use of *secret* or quack medicines, an opportunity will soon offer we are told of a public demonstration in favour of giving their adhesion to a regular formula for medicines like 'Chlorodyne,' to be placed in our pharmacopœias.

MR. GRIFFIN'S letter shall appear next week.

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DR. J. COLLIS BROWNE, M.R.C.S.L. Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering, in 1846, a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT. For this new Remedial Agent he was obliged to find a name, and *coined* the appellate "CHLORODYNE," a word unheard of and unknown until he introduced it, in 1856, for public use *through* J. T. DAVENPORT, Pharmaceutist, 33 Great Russell street, Bloomsbury square, London, *to whom he confided* THE RECIPE AND ITS MODE OF PREPARATION, *never having divulged or published the secret of its formula.*

CAUTION.—The great success attending the use of this extraordinary preparation has induced unprincipled parties to manufacture compounds in imitation, calling them after the same name. Medical Men are advised of this dishonourable proceeding, so that they may be guarded against the culpable practice of introducing substitutes in lieu of CHLORODYNE, causing thereby uncertainty of action in the treatment of the patient by the physician, probable disaster to the sufferer, and deception in the preparation.

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TO THE MEDICAL PROFESSION.

Charcoal Biscuits for In- DIGESTION, HEARTBURN, &c. &c., manufactured from the purest Vegetable Carbon. Sold only in tins, at 1s., 2s., 4s., and 8s. each, by J. L. BRAGG, Sole Manufacturer, 2 Wigmore street, Cavendish square, London.

Chemists and others allowed a liberal discount.

Post-office Orders made payable at the Old Cavendish-street Branch.

Superphosphate of Iron and SUPERPHOSPHATE of IRON and LIME.—Particulars of these new and valuable remedial agents will be forwarded on application, by Mr Orcenish, 20 New street, Dorset square

Patent Self-Adjusting TRUSSES.—SALMON, ODY, and Co., most respectfully inform the public that their TRUSSES are found to answer the purpose with more Ease and Security than any other Invention, requiring no under strap or any galling Bandage. Persons in the country are requested to send the circumference of the body one inch below the hips, and to observe that "Salmon, Ody, and Co." is stamped upon the leather case. Ladies are requested to apply at Mr. Ody's private door.

MANUFACTORY, 292 STRAND, LONDON.

Price's Glycerine may be had, from any Chemist, in ½ lb., ¼ lb., and 1s bottle, —the stoppers of which are secured by a capsule, lettered "PRICE'S PATENT," BELMONT, VAUXHALL LONDON.

JOURNAL

OF

Practical Medicine and Surgery.

Art. 6324.

LEARNED SOCIETIES.

Academy of Sciences.—The instances of reproduction of bone hitherto published, or communicated to the various learned bodies, exclusively refer to necrosis. Mr. Démarquay has caused the question to advance one step forward in a paper recently presented to the Academy of Sciences, in which he describes a new procedure for the excision of nasal and pharyngeal polypi: the bones extracted were reproduced by the efforts of nature, thanks to the preservation of the periosteum.

Two cases are recorded in Mr. Démarquay's memoir. The first occurred in 1857: the patient was a young man, afflicted with a polypus, which filled the pharynx, and obstructed the antrum and nasal fossa on the left side. The back of the nose was laid open by an incision running from the root of the organ to the middle of the upper lip; another incision extended from the labial commissure to the masseter muscle; this enormous flap was then dissected back, *the periostum being spared as much as possible*, and the nasal process of the superior maxilla and the anterior wall of the antrum were removed. The growth was readily extracted, the wound was closed with metallic wires, and healed promptly, leaving no traces of this formidable operation.

A few months ago, Mr. Démarquay operated in the same manner in the case of a woman, aged forty-eight, who bore a polypus closely resembling that we have described. "The patient" says Mr. Démarquay, "being in a state of extreme debility, I shrank from performing the incision along the back of the nose, lest primary union should prove impracticable. The division, therefore, extended from the inner canthus along the side of the organ down to the lower part of the nostril, where it joined at right angles a second incision running transversely to the masseter muscle. I then detached the nasal flap and the cheek, carefully avoiding inflicting any injury on the periosteum, and with Liston's cutting forceps removed the nasal process of the maxilla, leaving enough of the bone to support the nose, and excised the whole of the anterior wall of the antrum, sparing the margin of the orbit. The growth was grasped and extracted with the polypus forceps, and the lips of the wound were united with metallic wire. The case proceeded without interruption in a satisfactory manner. For a fortnight or three weeks, each expiration raised the flap formed by the nose and cheek; but gradually the parts became consolidated, and it is now easy to ascertain that the nasal process of the maxilla and the wall of the antrum are reconstituted, a surgical result which confirms Messrs. Duhamel and Flourens' invaluable experiments.

— At the following meeting of the Academy, Dr. de Ransé, one of the physicians of the *Hôtel des Invalides*, read a paper which corroborates Mr. Boudin's remarks as to the large number of deaf-mutes to be found in small islands, where consanguineous unions are necessarily frequent:—

"Two sisters were married, the eldest to a Mr. D——, the other to a Mr. L——, both residents in the island of Rhé. Mrs. L—— became the mother of three sons; Mrs. D——, besides other children, gave birth to three daughters, who subsequently were united to their first-cousins. All the members of this numerous family enjoyed perfect health.

"The eldest L—— had one son and two daughters, whose organs present no deficiencies.

"Five children—three boys and two girls—were the issue of the second marriage. The eldest son speaks, but with a singularly foreign accent; the second is a deaf-mute, has been married to a lady foreign to the locality, and has two children, who can speak; the third son is deaf and dumb, and has remained single. The two girls are endowed with speech, but one of them experiences considerable difficulty in pronouncing certain letters.

"The progeny of the third marriage consists in two boys and a girl, now living, and a still-born deformed infant. Both sons are deaf and dumb; the eldest is married to a foreign lady, and has a child who can speak. The girl was dumb up to six years of age."

The author concludes from the preceding facts:—

"1. The influence of intermarriage is here obvious. Thus, of twelve children, the issue of three marriages, four only are perfectly sound; four are deaf and dumb; one spoke only at six years of age; pronunciation is imperfect in two; and the twelfth is a still-born monster.

"2. This influence is not the result of hereditary transmission: the related parents were sound, and descended from healthy progenitors, but gave birth to deaf-mutes, who in their turn married out of their family and engendered children endowed with the faculty of speech."

— Mr. Maisonneuve related a case in which he resorted with success to his *diaclastic* method, for the purpose of remedying a deformity consequent on morbus coxæ.

The patient was a woman, aged twenty-six; the thigh was fixed at an acute angle to the pelvis, and it was impossible to apply the foot to the ground. After many and unavailing attempts at rectification of the limb, it occurred to Mr. Maisonneuve to have recourse to the method he has often employed, for the purpose of fracturing the bone in amputations. By this system, which has been described on a former occasion in the present journal, the bone is fractured previously to the section of the soft parts. The procedure, according to the author, presents the advantages of acting with precision on a predetermined part of the bone, without causing splinters or bevels; requires instruments of such simplicity as to permit the surgeon to dispense with assistants; and is as safe as subcutaneous operations. In the present instance, the femur was broken below the trochanters, and the fracture, dressed in the usual manner, was consolidated in the space of two months.

"Twelve months have now elapsed since the performance of the operation," said Mr. Maisonneuve, "and the patient has entirely recovered her former health and vigour. The limb is perfectly solid; the extremity is three inches shorter than the other, but the defect is remedied by an appropriate shoe, and she can walk, and even dance, with perfect ease."

Academy of Medicine.—Among the communications recently received by the Academy of Medicine, we may notice a paper by Mr. Henry Gintrac, of Bordeaux, on the study of the dimensions of the thorax in tuberculosis.

The author remarks that, despite the researches of Messrs. Hirtz and Voillez, the question of the narrowness of the chest in consumption yet remains unsettled. It is, however, a subject which deserves attention, especially if it can be shown that the narrowness alluded to coincides with a predisposition to tuberculosis.

In order to obtain a trustworthy criterion, Mr. Gintrac began by ascertaining the correct dimensions of the chest in 140 individuals in the enjoyment of sound health, and afterwards measured the thorax circularly in 80 cases of phthisis. He divides the subjects into three sections according to their age, and subdivides each class into two groups corresponding to the stages of tubercular consolidation and of softening. These researches have led him to the discovery of the fact that the interval between the mammæ conveys a correct notion of the average circumference of the chest.

Mr. Gintrac concludes with the following statements:—

1. In consumption, the circumference of the chest is smaller than in health.

2. The diminution increases with the progress of the disease, and in the second stage of tuberculosis may extend to four inches for the upper, to three inches and a-quarter for the middle, and to two inches and a-quarter for the lower part of the thorax.

3. At all periods of phthisis, the superior circumference of the thorax is more considerable than the mammary or inferior periphery.

4. The interval between the nipples, in the male subject, conveys an accurate idea of the general dimensions of the chest, and is equal to the quarter of the mammary circumference; in the adult, that measurement equals eight inches in health, seven inches and a-half in the incipient stage of tuberculosis, and six inches and three-quarters in the more advanced periods of the affection.

5. The measurement of the intermammary space deserves the attention of the practitioner, and should be taken into account in the estimation of the tendencies to pulmonary consumption.

The author, therefore, remarks that the propriety of special hygienic measures, and peculiar gymnastic exercises of the chest, is a necessary inference from the preceding observations. The thorax should be enlarged by graduated efforts of inspiration, and expanded by muscular exercise of the arms, in which abduction should predominate. In short, we should seek in the very act of respiration for the means of remedying an insufficient development which may prove injurious to the lungs. This memoir, which the Academy listened to with marked favour, was referred for examination to a Committee consisting of Messrs. Louis, De Kergaradec, Barth, and Bouillaud.

— At the meeting of September 23rd, Mr. Bouvier read, in his own and in Mr. Trousseau's name, a report on various canulas and dilaters of the trachea, proposed for the approval of the Academy by Messrs. Robert and Collin, Mathieu, Charrière, and Lüer, surgical instrument makers, and by Mr. Laborde, an Interne of the hospitals.

The Academy adopted the favourable conclusions of the report; Mr. Gosselin remarked, however, that the greatest improvement which could be introduced into the practice of tracheotomy would be one enabling the surgeon to dispense with such instruments. Thus, not only do the metallic tubes induce ulcerations of the trachea, which Mr. H. Roger has carefully described, but also unending necrosis of the cartilaginous rings, and possibly an inflammation of the air passages, which may assume a diphtheritic character, and extending into the smaller bronchial divisions, give rise to a new cause of the asphyxia, which so often proves fatal after the operation of tracheotomy. It would, therefore, be useful to dispense with the canula, and Mr. Gosselin could not but regret that Mr. Bouvier did not think proper to lay greater stress on this point. Mr. Bouvier had mentioned, in a very cursory manner, the double dilating hook imagined by Mr. Maslieurat-Lagémard. He had omitted to notice a modification adopted by that surgeon, and more recently by Mr. Bauchet, which consists in expanding the orifice of the trachea by means of a hooked pin fixed in each lip of the wound, the threads being tied to each other at the back of the neck. Dr. Garin, of Lyons, also published, in 1844, in the *Gazette Médicale*, the description of a dilating collar, the hooks of which kept the aperture of the trachea permanently open, rendering unnecessary the presence of any foreign body in that duct.

Experience, it is true, has not hitherto sanctioned these appliances; but it would for that very reason be desirable, in Mr. Gosselin's opinion, that hospital surgeons, who have more frequent opportunities than others of performing tracheotomy, should exert every effort to simplify the instrumental apparatus necessary for the operation.

Mr. Bouvier, in reply, stated that he would also be pleased at witnessing the efforts of surgeons directed towards this object. But it should not be forgotten that in many cases the danger is imminent, and the indication imperative. Asphyxia must at all price be averted. To effect this all-important purpose, it is not enough to keep the incision of the trachea widely open; the trachea itself must remain unobstructed. So rapid is the progress of asphyxia, in some instances, that Mr. Trousseau once, after performing tracheotomy, saw the child expire because the canula could not be inserted with sufficient speed.

BIBLIOGRAPHY.

ART. 6325. *Traité Elémentaire de Physiologie Humaine, Comprenant les Principales Notions de Physiologie Comparée* (The Elements of Human Physiology, including the Leading Principles of Comparative Physiology), *by J. Béclard, M.D. 4th Edition.* (*a*)

Physiology has of late years progressed more rapidly than any other branch of science. The acquisitions of organic chemistry, the application of the microscope to structural anatomy and to biology, sufficiently account for the untiring activity from which the history of the functions of the human body receives continual additions. The works published on the subject, therefore, require frequent remodelling, and Mr. Béclard has not declined this obligation. In the fourth edition of his *Elements of Physiology*, the author does not merely loosely attach recent discoveries to his former composition—a method which prevails in the compilation of annuals; he has thought it necessary to write over again the chapters which include such additions, and thus the section of the book which treats of the functions of the nervous system has become a well-connected monograph, the elements of which are firmly knit together so as to form a perfectly homogeneous assemblage.

In this chapter are recorded the recent discoveries of Messrs. Van Deen, Brown-Séquard, Schiff, Van Kempen, Bernard, Chauveau, &c., on the arrangement and properties of the sensitive and motor elements of nervous tissue; those of Messrs. Pflüger, Wundt, Karless, Kühn, Bezold, Rosenthal, Eckard, and Vulpian, on the influence of physical and chemical agents on the functions of the nerves. From these various publications the physiology of the nervous system has received an energetic impulsion, and has achieved considerable progress.

The new edition, now offered to the Profession, is further enriched by a comprehensive bibliographic table of all the memoirs published on various points of physiology. These indications are presented in chronological order, and annexed to the chapters to which they correspond; they will be found especially useful as a ready means of reference, by professional men, desirous, in the short leisure hours afforded by active practice, of inquiring more deeply into any given question.

We should not omit to add that the intelligence of the text is facilitated by a large number of illustrations, which place in the most vivid manner before the reader the experiments described, and that the minor details, such as splendid paper, and good printing, have been attended to with a degree of care which strongly recommend the work to all admirers of elegant books.

ART. 6326. *Clinique Médicale sur les Maladies des Femmes* (Clinical Lectures on Diseases of Women), *by G. Bernutz, M.D., Physician of La Pitié, and E. Goupil, M.D., Physician of the Hospital of Lourcine. Vol. II.* (*b*)

We noticed in February, 1861 (vide Art. 5978), the first volume of this work, which was devoted to the study of retention of the catamenia, of peri-uterine hematocele, and intra-pelvic hæmorrhage in extra-uterine gestation. In the preface, Dr. Bernutz, one of the authors, pledged himself to a complete description, in the second part of the work, of every variety of genuine pelvic peritonitis (alleged peri-uterine phlegmon), and of uterine deviations, which in most cases are closely connected with an inflammatory condition of the serous membrane within the pelvis.

The above parenthesis shows that Mr. Bernutz has assumed an uncompromising attitude of hostility to the pretty generally admitted existence of peri-uterine phlegmon. The publication of the present volume has not, it is true, converted all pathologists to the author's doctrine, but we are bound to acknowledge that an attentive perusal of this conscientious inquiry, and of the many cases therein reported, must induce

(*a*) One vol., roy. 8vo., pp. 1,194, with 240 illustrations. Paris: Asselin.

(*b*) One vol., roy. 8vo. Paris: Chamerot.

a gradual assent to Mr. Bernutz's opinions, and the confession that the circumscribed phlegmonous inflammation of the cellular structures included on each side of the uterus, between the two layers of the peritoneum, in which the broad ligament originates, is an exceptional occurrence.

Mr. Bernutz describes the different varieties of genuine *boni moris* inflammation of the pelvic serous membrane, which he contrasts with metastatic *mali moris* peritonitis, coincident with the puerperal condition. The former is almost invariably symptomatic of the suffering of some part of the internal genital apparatus, whence arises the peritoneal irritation. This origin, however, generally escapes detection during life, because the signs of the partial peritonitis are more distinctly marked than the pathognomonic but faint indications of the genital affection which has induced it. According to Mr. Bernutz, pelvic peritonitis is not, therefore, an uncomplicated disease, such as authors have described, but merely the principal element in a combination of ailments, "which in the female correspond to the equally complex group of symptoms, somewhat loosely termed *orchitis* in the male."

The orchitis of women includes the most interesting, but at the same time the most obscure, morbid manifestations of female pathology, such as uterine congestion, chronic partial metritis, ovaritis, &c. It also necessarily comprehends the affection termed by Mr. Nonat *peri-uterine phlegmon*, a denomination, according to Mr. Bernutz, correct only as regards the adjective, the word *phlegmon* implicating a two-fold error, the first as to the seat of the tumefaction, which establishes a degree of confusion between the so-called peri-uterine phlegmon, and the phlegmon of the broad ligament, and the second in the assimilation between phlegmon, which is always symptomatic, and inflammations, which are essentially idiopathic.

Mr. Bernutz proves, scalpel in hand, that the cellular tissue which connects the peritoneum with the womb, on its anterior and posterior aspects, a few lines above the junction of the body and cervix of the viscus, is so scanty, and so dense, that it is with the greatest difficulty the serous membrane can be separated from the uterine tissue, and that it is, therefore, impossible to assign that seat to tumours, described in Mr. Nonat's cases, as acquiring in a few hours the size of a hen's egg. The results of dissection are fully borne out by *post-mortem* examinations, and the author concludes that the inflammatory tumours termed *anté* and *retro-peritterine phlegmons* are not constituted by the turgidity of the thin cellular ring which surrounds the upper part of the cervix. The particulars of two *post-mortem* dissections, carefully conducted by Mr. Bernutz, show that the tumours, which had been taken during life for peritterine phlegmons, and which were still preceptible after death, with all their characteristics, were constituted by the pelvic viscera attached to each other by peritoneal adhesions.

Mr. Bernutz pays but a legitimate tribute of esteem and gratitude to his predecessors in showing that the expressions of uterine engorgement, partial chronic metritis, peritterine phlegmon, each mark a step in advance in the history of female orchitis, and point in succession to the period at which the discovery was effected of its existence, of its nature, and of its close juxta-position to the womb; but he remarks that the name, nature, and even the morbid anatomy of the disease, were merely derived from the abstract study of the symptoms of uterine engorgement, whereas his own researches are based on actual, minute examination in the dissecting-room.

The author then addresses himself to the vital part of the question, and endeavours to discriminate with precision the elements of pelvic peritonitis, as with the assistance of auscultation and percussion, pathologists have succeeded in analysing the elements of what was formerly termed *inflammation of the chest*. In most cases, however, this discrimination proves extremely difficult, and it therefore was necessary to associate the varieties of the disease into separate groups, according to the circumstances under which they are developed. We do not, for our part, profess to feel much regret at this necessity, because, in a practical point of view, fine-spun anatomical distinctions would be invested with no utility, whereas the ætiological data, which Mr. Bernutz lays much stress upon, supply us with the leading indications of treatment.

We recommend to our readers a perusal of the chapters which relate to the causes, symptoms, and treatment of chronic pelvic peritonitis.

With regard to causes, the author points out gonorrhœa as a frequent cause of the affection; he has not once, however, been enabled to discover a metastatic origin; the inflammation seems invariably to have been propagated from the vagina to the mucous lining of the cervix, whence it extended gradually to the womb, the Fallopian tubes, and at last to the peritoneum. As in the male sex, accidental causes promote its development, and he mentions menstruation as one of the most active.

Out of 99 cases, 28 were consequent on gonorrhœa; 43 were of puerperal nature—*i.e.*, 35 followed delivery, and 8 abortion; 20 were the result of disturbance of the menstrual functions, and 8 were traumatic. The latter denomination the author acknowledges to be inaccurate, and is used for want of a better. These 8 cases include 3 instances of peritonitis, induced by sexual indulgence, and 3 cases of chancre of the cervix; in two patients the hysterometer was the cause, and once the affection was brought on by a vaginal douche prescribed for ulceration of the cervix.

Mr. Bernutz sagaciously remarks that the greater number of his patients were inmates of Lourcine (the female venereal hospital), and that the proportion of the causes above indicated will doubtless be altered by subsequent observation under different circumstances.

Between menstruation and the puerperal state there is not any similarity, but merely analogy; hence the peritonitis consequent on retention or suppression of the catamenia is never malignant. But the turgidity of the uterine system promotes the operation of accidental causes, which thus act more powerfully; hence the prudent advice given by Mr. Bernutz to refrain during the menses from the use of the speculum, from cauterisation, and from sexual intercourse, the perils of which, at the period alluded to, he has had repeated opportunities of testing.

We should require more space than lies at our disposal were we to record the valuable precepts laid down by Mr. Bernutz in the section of his work devoted to treatment. We shall take another opportunity of reverting to the subject, when we shall also notice the second paper which concludes the volume, and which is from the pen of Mr. Goupil.

The question of uterine displacements is one of much interest, and our readers are doubtless desirous of being informed of the opinion of Mr. Bernutz's collaborator on a subject which has been so warmly discussed. We must, however, for the present, confine ourselves to the statement that, according to Mr. Goupil, deviations of the womb, when uncomplicated, give rise to no functional disturbance; it is not so with prolapsus of the organ. The mechanical appliances intended to correct deviation fail in this object, but as they effectually steady the uterus and render it immovable while the patient stands or walks, they may be considered in some respects as useful substitutes for repose in bed, and permit of healthy exercise being taken. This is the only advantage to be expected from these palliatives.

"They relieve suffering," says Mr. Goupil, "and supply the means of awaiting from the benefit of time or treatment the cure of the uterine or peri-uterine affections which coincide with the deviation; but they can be advantageous when only the acute stage of these complications has passed away."

ART. 6327.

MISCELLANEA.

By a recent decree (Aug. 29), a committee has been appointed for the examination of all questions connected with the hygiene and medical administration of the hospitals. The Minister of the Interior has been appointed President, and the Préfet de la Seine, Préfet de Police, and Professors Rayer and Dumas, Vice-Presidents.

— The Minister of Commerce and Public Works has formally declined to take into consideration the propositions forwarded by the Academy of Medicine on the subject of the sale of Cosmetics. The motives adduced by His Excellency are the same as those brought forward by Mr. Bouley in the debate reported at Art. 6272 of the [illegible] three-quart[illegible] been propaga[illegible]

— The [illegible]section. cervix, whence it ext[illegible]li's wour[illegible] measurement of the intern[illegible]n tubes, and at last to the peri[illegible] attention of the practitioner, an[illegible]dental causes promote its developme[illegible] account in the estimation of the tend[illegible]ation as one of the most active. [illegible]sumption. [illegible] consultation to[illegible]nt on gonorrhœa; 43 were [illegible] and we learn that the general condition of the patient was satisfactory, saving his extreme leanness, and rheumatic pains in the joints.

— At a recent meeting of the Academy of Sciences, a letter was read from a lady, who, in compliance with the wishes of her late father, Dr. Arendt, Inspector of the Medical Tribunal of Tauris, in the Crimea, communicated a paragraph accidentally omitted in a paper on Hydrophobia, received by the Academy from the deceased in March, 1861. Dr. Arendt states that having discovered by chance arsenic to be a specific against hydrophobia, he resolved to communicate the fact to the Institute of France. His daughter says in her letter: "Since the date on which the paper was sent, at least thirty cases of hydrophobia cured by arsenic have been reported in the Russian journals. In Poland, especially, physicians have frequently tested the value of the remedy, and invariably with success; and, quite recently, I received from Mosir, in Poland, an account of four cases cured by my father's method."

The *France Médicale* states that a singular calculation has been made for the year 1860, and the preceeding years, on the comparative longevity in each of the French Departments. The annual number of deaths at 100 years and upwards, in France, is 148. The following are the departments which have furnished the greater number of cases of centenarians: Basses-Pyrénées, Dordogne, Calvados, Gers, Puy de Dôme, Arriège, Aveyron, Gironde, Landes, Lot, Ardèche, Cantal, Doubs, Seine, and Tarn et Garonne. The mountainous countries stand first in the list, but if the average duration of human life is considered, these departments do not maintain the same rank, a circumstance which shows that a few isolated instances of longevity do not prejudge the conditions of vitality in a locality.

— Professor Brugnoli of Bologna relates in the *Bolletino delle Scienze Mediche*, the following instance of a wound in the heart, which did not prove fatal. In 1835, a shoemaker, of Bologna, was stabbed in the chest, two inches below the left nipple, and close to the sternum, the weapon having penetrated into the heart. He remained under treatment, in the hospital, for seventy-eight days, when the wound was completely healed and he was discharged. The patient was still, however, subject to violent palpitations, and the sounds of the heart were marked by a peculiar characteristic cooing. There was, moreover, a double cardiac pulsation, viz., between the fifth and seventh, and between the third and fourth ribs. A few months later, this man was enabled to return to his trade, and a tumour appeared under the left collar bone which subsided after an attack of hæmoptysis. A long time after, he was again examined on account of another illness, and hypertrophy of the heart was found to exist. He subsequently fell into confirmed ill-health, and ultimately died in the Clinical Hospital on the 12th of April 1855, nearly twenty years after the infliction of the wound. On dissection, the heart, which has been preserved in the Museum of the Faculty, was found enlarged, and the thickened pericardium attached to its surface by numerous fibrous bands, some of which were ossified. A white scar was observed on the surface of the right ventricle; the *septum ventriculorum* had been perforated, and the bicuspid valve also injured.

— In a letter to the *Abeille Médicale*, Dr. Berlemont asserts that ether, the remedy recommended three years ago by Miss Cléret for the cure of deafness, is not so utterly inefficacious as has been supposed. He contends that its local use should be combined with the treatment of the primary affection by which cophosis has originally been induced. Dr. Berlemont brings forward in illustration, two cases of rheumatic deafness, and three in which storrhœa was the primary cause. One of the latter patients was a musician who by the persevering introduction of ether into the ears, after the storrhœo was removed, regained the correctness of the organ which he possessed [illegible]fore in a remarkable degree.

[illegible] explosion of gas pipes are but too frequent, and [illegible] has been hitherto imperfectly known. Professor [illegible], of the Faculty of Metz, recently explained the reason of the accident in a paper lately presented to the Institute by Mr. Dumas. An acetylide of copper, which detonates spontaneously, forms in the pipes; hence it is important to exclude carefully copper from the substances employed in the construction of these tubes.

— After a brilliant competition, Mr. Simon has been named Prosector of the Anatomical School of the Hospitals of Paris.

— We regret to have to record the sudden death of Dr. Jules de Laplagne, of La Souterraine (Creuse); also the loss of Dr. O. Latesque, aged eighty-three, at La Teste (Gironde); and the lamentable end of a naval surgeon, Dr. Lehu, who committed suicide in Paris.

The Medical Circular.

REVIEW OF THE PERIODICALS

The 'Dublin Quarterly Journal.' This number contains some good articles. Mr. HAMILTON contributes a paper on the *Restoration of a Lost Nose*. He reports six cases. Mr. SMYLY gives a *Retrospect of Some Cases of Stricture of the Urethra*. The cases were treated by different methods. In two cases a catheter was left in the strictures until suppuration was established, when the strictures were cured. In another case of urinary abscess, not, however, under Mr. Smyly's treatment, the retention of a gum-elastic catheter in the urethra for three weeks, only caused the prolongation of the case for fourteen months, when another surgeon was called in who, passing a large-sized instrument, speedily cured the patient. We quote the following case of *Permanent Stricture of the Urethra cured by Caustic and Dilatation*:

"Dec., 1836.—John Pearson, aged forty-five, a shoemaker, for the last three years has suffered under aggravated symptoms of stricture, the water coming by drops or in a small twisted or forked stream. He has to rise three, four, or five times a night; had gonorrhœa but once, and that eight years ago; never used injections; for years had retention of urine which was relieved by the catheter. A firm stricture was found, 5½ inches from orifice, which was quite impassible. Being under treatment for fourteen days, and no progress made, it was determined to use the bougie, armed with nitrate of silver, as recommended by J. Hunter. The application gave some pain at the time, which afterwards increased in severity; some blood followed the application. He had a severe rigor in the evening, and passed a restless night; felt as if a burning coal was in the perineum; on the third day after, the stream of water was fuller than it had been for a length of time. The after treatment consisted in passing bougies every second or third day. He was dismissed, apparently quite cured, being under treatment for forty days. Four years after being dismissed from the hospital this patient was seen. He reported himself to be free from all symptoms of stricture ever since, and confided to us that he had made an advantageous marriage with a rich widow."

Another case was relieved by internal incision, by means of a sheathed knife. With regard to *Retention of Urine from Stricture*, Mr. Smyly says:

"During the last thirty-five or forty years a great number of cases of retention of urine have been brought into the Meath Hospital,

and in not a single instance was it found necessary to resort to tapping of the bladder.

"The usual practice is to place the patient in a warm bath; in some cases to apply leeches to, or to cup, the perineum; to give from ten to thirty drops of tincture of muriate of iron, sometimes combined with laudanum, every ten minutes; a grain of ipecacuanha repeated every hour, has, in some cases, been very successful: when these means have been tried for some time, the catheter, or bougie is used cautiously, some of the patients being put under the influence of chloroform.

"In the following cases it was found necessary to divide the stricture with Stafford's lancetted stilette. In one of our cases there was extravasation of urine. We were not so fortunate as Mr. Stafford, who informs us that in forty cases of permanent stricture he did not meet with a single failure. 'In no instance,' he says, 'has there been a false passage made, nor has the cutting through the contracted part caused pain, hæmorrhage, or inflammation.'"

Mr. Syme's operation by *Perineal Section* was successful in several cases. Mr. Smyly remarks:

"I bring forward one instance of the most obstinately relapsing stricture I remember to have ever met with, that of James Short. The others are examples of urinary abscess and fistula, treated, as such cases have always been, by free incision in the perineum, and cutting through the stricture.

"*Frequently relapsing Stricture cured by Perineal Section.*—James Short, aged sixty, a groom, has laboured under stricture of the urethra for thirty years. He has got relief from time to time by the process of dilatation, and on one occasion it was found necessary to perforate the stricture by means of a 'trocar stilette' to relieve a retention of urine. He has attended several hospitals, and having failed in getting permanent relief, he readily acceded to the proposal to submit to the perineal section. The stricture being dilated, so as to permit a No. 2 silver catheter to enter the bladder, August 18th, 1856, the grooved straff was introduced and cut upon, as directed by Mr. Syme. On its withdrawal a gum-elastic catheter was passed and left in the urethra. The patient suffered severely from fever, attended with delirium, for a few days after the operation. In three weeks after the operation he was dismissed, cured; No. 9 silver catheter could be freely passed. He lived for a year without having had any relapse of the stricture. He died of bronchitis, September, 1857."

Mr. Cox, of Gloucestershire, contributes some *Cases in Midwifery* to the same journal. Some of these are interesting. We shall refer to this Quarterly on another occasion.

The 'Medical Times and Gazette' (Nov. 15). *Notes on Surgical Cases in Egyptian Hospital Practice*, by Dr. J. F. Ogilvie, describes a case of *Elephantiasis Scroti*. We extract it:

"Sheikh A., a Turk, a native of Adalia, in Asia Minor, aged apparently about forty (for no good Mussulman knows his own age, or, at least, will confess to knowing it, exactly), and a currier by profession, was admitted, on August 4, for a largely-developed elephantiasis of the scrotum.

"It appears, from the patient's statement, that about thirteen years ago he had begun to suffer from occasional slight inflammatory swelling of the scrotum, accompanied with pain in the loins resembling lumbago, which he attributed to his habit of constantly standing up to his middle in water, when pursuing his occupation of dressing hides. This he was obliged to do, in all states of the weather, which in that district is characterised by extremes of heat and cold. The result appears to have been a gradually slight enlargement of the scrotum.

"About four years ago, however, this process of enlargement became very much more rapid, but still not steady nor uniform, attacks of inflammation of increased intensity recurring in the part, each followed by a slight permanent increase in size. The intervals were irregular, but averaged about a fortnight in duration, the attacks generally lasting two or three days. He stated that he had had four children, of whom the youngest was then about three years old, a circumstance which, viewed in connection with the existing condition of the genital organs, illustrates well the progressive rate of increase in the development of the disease in its later stages.

"The tumour was of a tolerably symmetrical ovoidal shape, being, however, somewhat smaller at its upper end, and reached about six inches below the knees, impeding locomotion so much by its bulk and position, that the patient was obliged to support the weight by a sort of sling, attached to bands passed over the shoulders. So greatly was the poor man distressed and inconvenienced by the burden he had carried for so many years, that he had come from Adalia on purpose to have something done for it if possible, having some vague idea, that among the numerous Frank population of Alexandria, he might find some means of relief. Although distinctly informed at the first visit that the operation involved considerable danger to life, and that it might possibly be necessary to sacrifice the genital organs, he strongly urged me to perform it then and there, and was not a little disappointed when I told him it was to be deferred for a week, to accustom him a little to the routine of hospital life, and to allow us to take note of his general health and constitutional peculiarities. He had heard of chloroform, and stipulated for its being given him. He proved to be of a well-developed and highly muscular frame, but somewhat flabby, as if he had formerly been much stouter than at present, thick-necked, and evidently prone to determination of blood to the head, and of a rather sulky and phlegmatic disposition. Apart from his present complaint, he had always enjoyed excellent health.

"The only preliminary treatment thought requisite consisted in a purge of castor-oil, followed up by a few small doses of hydrargyrum cum creta, with a second small laxative dose of the oil, the afternoon before the operation, which was fixed for August 11, early in the forenoon. When the effects of the last dose were over, he was kept quiet in bed during the night, with the enlarged scrotum propped up with cushions above the level of the body, in order to diminish as much as possible the vascularity of the tissues. To accomplish this end more effectually, it was also kept packed up in blocks of ice from an early hour in the morning.

"When the necessary preparations were made, he walked to the operating-room, a very large, airy apartment, and, having settled himself down comfortably, and with the greatest deliberation, on the table, was put under the influence of chloroform. The anæsthetic was not, however, pushed to the full extent usual in large operations, on account of the evidently apoplectic tendency of the patient, and also because its effects seem neither so uniform nor so much under control here as in colder climates; the temperature at the time was about 84° F. The method of administering it employed, was by dropping it slowly over a piece of thin muslin laid loosely over the nose and mouth, after protecting the mucous membrane of the lips and nares by smearing them first with cold cream. First of all, a longitudinal incision, about four inches long, was made on the external aspect of the right side of the scrotum, and cautiously deepened until the tunica vaginalis, which was very much thickened, and cartilaginous, was reached and divided. The testicle was then grasped, and detached from its connections with the tunica, chiefly by the scissors; the spermatic cord freed by prolonging the external incision upwards towards the external ring, by means of a probe-pointed bistoury, guided by the point of the fore-finger, and both consigned to the care of an assistant. A similar procedure was then effected on the other side. On one side a few drachms of fluid were found in the tunica vaginalis; on the other, a scarcely perceptible quantity, which is an exception to the general rule, the great majority of such cases being complicated with hydrocele; so much so, that not unfrequently the great bulk of the mass is found to consist of fluid. The testicles, as usually happens, were quite sound. The next step of the operation consisted in a circular incision through the skin surrounding the orifice, near the upper end of the tumour, through which the urine escaped, and which was, in fact, the loose skin, covering, in the normal state of the parts, the root of the penis. In the progress of the growth of the tumour, which seemed to consist of hypertrophied cellular tissue of low vitality, this was gradually dragged forwards, first rendering the visible portion of the member stouter and shorter, then coming on a level with its extremity, and concealing it entirely; and, lastly advancing far beyond it, still drawing the skin after it, like the inverted finger of a glove, so that the glans penis could just be reached at the deep end of the opening by the tip of the fore-finger. A curved incision, having its convexity downwards, and of such a size that its middle point should correspond nearly with the root of the penis, was then made through the sound skin, over the anterior aspect of the attachment of the tumour, and terminating on each side at the upper ends of the incisions already made to liberate the testicles. The flap thus formed having been rapidly dissected up to a distance of three inches, another incision was made, skin deep, along the mesial line, uniting the last and the small circular one already made round the opening in the tumour, after which a strong grooved director was passed between the inverted sheath of the penis, and the penis itself *below*, and the thin layer of diseased cellular tissue *above*, and the latter divided upon it from below upwards. Through the deep fissure thus formed, the penis and its sheath were then drawn upwards, their loose cellular attachments being divided by the scissors; and the latter being reinverted over the former, a full-sized sound was introduced, and the whole confided to the care of one of the assistants.

"The genital organs being thus secured from danger, the lateral flaps were next formed by a curved incision on each side, commencing above at the point where the two former incisions met, and terminating below by meeting the corresponding one of the other side, at the central point of the perineum. This done, the diseased mass was detached from around the root of the penis, and from the upper part of the perineum, mostly by the fingers, with here and there a stroke of the bistoury, this proving, under the circumstances, the most rapid mode of operating, as well as the least dangerous, albeit not, perhaps, the most scientific. To effect the final detachment of

the tumour, the point of the left forefinger was placed over the membranous portion of the urethra, now readily felt by the sound under the finger, a blunt-backed and sharp-pointed amputating knife was guided over the nail, so as to transfix what remained of the attachments, emerging at the central point of the perineum, and an incision carried outwards to the base of the flap on each side. The only further cutting required was in hastily removing some small portions of diseased tissue which had been left adhering to the surface of the perineum, and in forming a sort of pocket, in which to stow away the left testicle, by dissecting further back a portion of the flap on that side, which, it turned out, had by mistake been cut too small to cover it without too much stretching.

"Not much blood was lost during the operation; probably, on a rough estimate, about twelve ounces. To restrain hæmorrhage, digital compression was mainly trusted to Each flap, as it was formed, was coiled up and kept under the fingers of an assistant, protected by compresses soaked in a saturated solution of alum. Bleeding from the smaller arterial branches was arrested by small dossils of lint soaked in the tincture of the perchloride of iron, from the larger by ligatures, of which three were employed during the operation and one immediately after. On the last incision being made, pressure was made over the perineum by compresses soaked in the solution of alum and covered with ice; after which the three flaps were made to meet at the root of the penis, and united to the skin covering it, and to each other by iron wire sutures. The mass removed weighed forty-three pounds. The time occupied in the operation was thirty-five minutes, and other ten may be allowed for the application of ice and the insertion of the sutures. He felt, as he informed us afterwards, but very little pain, although he was conscious all the time of what was being done to him, and several times uttered groans.

"The shock following the operation was very marked, and was counteracted by the administration of wine to the extent of nearly twelve ounces within two hours, which, to one who probably had rarely or never tasted it before, must have proved a pretty efficient stimulus. By an early hour in the afternoon reaction had set in, but the fever which succeeded was mild, and within a week I was enabled to put him on full diet. The sutures were removed one by one during the fifth, sixth, and seventh days.

"There was fortunately no hernia, a complication of not unfrequent occurrence, and one which adds not a little to the risk of the operation.

"The disease did not extend in this case, as it does in many others, to the skin above the level of the os pubis, and only very slightly to the subjacent cellular tissue there; hence it was, probably, that the upper flap healed almost entirely by the first intention. In the other two, this was very partially the case. During the first few days, small portions of cellular tissue, but no skin sloughed away; abundance of granulations then sprouted up, and small irregular sinuses formed in the perineum. These, however, were quite superficial, and were most of them laid open; after which, they, as well as the granulations, exchanged their first flabby and fungous aspect for a florid hue, vigorous action, and a discharge of healthy pus. The wound was very carefully syringed with tepid water twice a day, and dressed according to its state at the time, with solution of nitrate of silver, zinc, and myrrh lotion, diluted nitric acid, or turpentine, with a slight admixture of creosote.

"The only serious drawback to an otherwise good recovery, was, that the whole skin of the penis sloughed away, which retarded matters a little, but was attended by no ultimate bad effects, further than a rather absurd looking contrast between the brilliant white colour of the new skin of the organ, and the swarthy tint of the general surface. This, as well as a similar appearance in the line of newly formed skin in the perineum, is well brought out in the photograph taken just before the patient's discharge. There remained, on his leaving, a very small angle of the lower part of the wound unhealed; but this was considered so trivial, and the worthy Sheikh was so impatient to get home, and made himself so disagreeable in Hospital, that I thought it better to concede a little, and dismiss him. In less than a week, probably, it closed up entirely. That the sexual organs remained perfect, was evident from the occurrence more than once during convalescence, of unmistakable indications of virility, which he duly recorded to the Hospital attendants in terms more expressive than refined.

"In three weeks he was able without inconvenience to walk quietly about the wards; and on October 7, that is, fifty-seven days from the date of the operation, he was discharged. After assuring me with much unction, that he would remember me daily in his prayers, his last words—thoroughly characteristic of an Oriental—were, 'But where is my bucksheesh.'" ! ! !

The 'Lancet' (Nov. 15). The following is an interesting report of a case of *Adhesion of the Soft Palate to the Posterior Wall of the Pharynx, following Syphilitic Ulceration.* By WALTER J. COULSON, F.R.C.S., Surgeon to the Lock Hospital.

"More or less destruction of the soft palate is not uncommon as a result of tertiary syphilitic ulcerations. Sometimes a hole is rapidly drilled through it; sometimes a large gap is formed on one side of the uvula; but adhesion of the soft palate to the pharynx is exceedingly rare. A case of this kind came under my care in February, 1860; and it is the more interesting since the cause of the adhesion was distinctly known, the patient having applied in the first instance with syphilitic ulceration of the soft palate and back of the pharynx. The following is a brief outline of the case:—

"Robert H——, aged twenty-seven, was admitted into the Lock Hospital on the 12th of February, 1860. Eight or nine years previously he first contracted gonorrhœa; and at the same time he had sores on the penis, followed by a bubo in the right groin. It was not known that he had any other venereal affection until five years ago, when he contracted a chancre, which was followed by a swelling in the left groin. About the same time he suffered from sore throat accompanied by rheumatoid pains in the head and limbs; but he did not remember having had any cutaneous eruption. His throat had never been quite well up to the time of his applying at the Lock Hospital (about a month before his admission), when a large ulceration was seen occupying the upper part of the posterior wall of the pharynx and the border of the soft palate. In a fortnight's time, under treatment, the ulcers assumed a healthy character; and in consequence of the relief he experienced, he neglected to attend at the hospital for two or three weeks. When next he made his appearance the soft palate had become adherent to the back of the pharynx, leaving only a small valvular opening near the median line, hardly large enough to admit of the passage of a probe; and in two days this also was completely closed.

"On looking into the mouth, the hard and soft palate seemed to form a continuous vault to the posterior wall of the pharynx. The adherent soft palate was exceedingly firm and resisting, as if the space behind it were filled up; the union between it and the pharynx was too strong to be broken down, and if detached by dissection there was every probability of adhesion again occurring. Accordingly I determined to remove a portion of soft palate.

"The inconveniences which he suffered he felt to be so great, that he was anxious to submit to any operation for their relief. The following were the principal symptoms:—The modification of the voice which attends closure of the nasal passage; inability to pronounce *m* or *n*; the necessity to breathe always through the mouth; the total loss of the senses of smell and taste. He declared that he could not distinguish in the least between different articles of food, and that even sugar, salt, mustard, bread, &c., had no taste whatever.

"On February 27th, the patient being placed in a sitting posture, a narrow-bladed knife was passed through the soft palate about two lines internal to the right tonsil, and an incision was carried transversely to within the same distance of the left tonsil, leaving about half an inch of the soft palate attached to the hard; the portion thus partially detached, but still adherent to the back of the pharynx, was next seized by a pair of bull-dog forceps, and removed by dissection from its attachment. The thickness to be cut through was even greater than I anticipated, and the operation was consequently rendered more difficult from the extent of the adhesions. The portion removed measured from three-quarters of an inch to an inch transversely, and about half an inch from above downwards. There was not much bleeding, and immediately afterwards the patient, to his great satisfaction, snuffed up the air through his nostrils. The senses of smell and taste were both restored. On his first attempt to swallow, however, the food returned into the posterior nares. A day or two after the operation the wound assumed a sloughy appearance. It was touched with caustic, and subsequently a solution of potassio-tartrate of iron was used as a lotion, and he was ordered the following mixture:—Iodide of potassium, two grains; potassio-tartrate of iron, five grains; compound decoction of sarsaparilla, two ounces: three times a day. The wound improved in character, and he was able to swallow better; the taste and smell remained perfect; but as cicatrization commenced, the opening rapidly contracted.

"March 14th.—The opening was dilated by means of a plug of lint saturated in chlorinate of soda lotion, which was removed at night. When the opening was thus closed he could not taste vinegar, cayenne pepper, or mustard; but immediately on the plug being removed, he could say which had been placed on his tongue.

"16th.—As he complained of this loss of taste, and the necessity of breathing through his mouth, a piece of quill was placed in the centre of the plug; by this contrivance these inconveniences were obviated; he could now also speak more plainly.

"20th.—The opening has still a tendency to contract, but is kept open by the plug.

"Some few days later, having had permission to leave the hospital for a few hours, he returned at night in a state of intoxication, and, according to the rules of the institution, he was excluded. I have seen nothing of him since; but a year ago I heard, through a friend of his whom he sent to the hospital from Liverpool, that the communication between the nostrils and pharynx still remained open, and that he experienced great benefit from the operation.

The present number of the 'Lancet' contains a lecture by Dr. J. Warburton Begbie, introductory to a course of clinical medicine. This is followed by an article on *Hip-Joint Disease* by Mr. Richard Barwell. He divides it into two forms, the *osteitic* and the *synovitic*; the former occurring chiefly in children before puberty, the latter after that epoch. He gives the diagnosis between two, with some remarks on the management of these cases. The same journal contains an account of Mr. Glaisher's *Balloon Ascent*, which has in a variety of ways been made familiar. An interesting case of *Rheumatic Fever*, ending in chorea, and proving fatal as reported by Mr. Isaac Baker Brown, Junior. On a *post-mortem* examination, the arachnoid was found inflamed on the left side, and what is more remarkable, several invaginations of the small intestines, which are supposed to have occurred during severe griping immediately before death, as there were no symptoms of previous inflammation.

The 'Medical Times and Gazette.' Dr. Ramskill contributes to this journal a lecture on *Epilepsy*. We extract his observations on the employment of *belladonna* in this affection:

"Concerning the treatment by, and action of, belladonna, I will give you, in a short compass, the results of my experience in its use. First, you must not always, nor even usually, look for immediate and palpable beneficial results. The number of fits at first may not lessen in equal times; very frequently the reverse obtains; and you may expect, for three or four weeks after commencing it, even in the most appropriate cases, a complaint that the patient gets worse; but after six or eight weeks, if any amelioration occur, it will be decided and progressive. At first, the dose should be very small, and gradually augmented until the pupil shows signs of its action, and the patient complains of both alteration in sight and dryness of throat. Having obtained this result, and maintained it for some weeks, the dose may be gradually diminished; but its effects on the eye and throat are not to be so diminished as to become imperceptible to the patient, but only so far lessened as to cease causing absolute discomfort. The other toxic effects of belladonna are wholly uncalled for. Patients vary greatly, both as to susceptibility in the action of the drug, and in other respects. The annoyance as to dry throat and disturbed vision, which, at the expiration of a month may be said to be unendurable, will now and then cease, the dose being the same, or even slightly increased; but I may remark, these cases always improve most rapidly. I prefer to give the drug in an eighth of a grain dose three times, or only twice, daily, for a week; then a quarter of a grain for fourteen days; a third for the next fourteen days, at which time its physiological action will in most cases be manifest. I think it wise to halt at this dose for two months or three months, slightly increasing the dose if the patient shows diminished susceptibility to its influence, decreasing it if the reverse happens, and then gradually dropping it to the quantity first administered. I have given as much as four grains for a dose, but very rarely. I think it imperative to say, that I have never been able to give in epilepsy the large doses which Dr. Fuller has succeeded in administering in other diseases of a convulsive character. In this remark I am supported by the authority of my colleague, Dr. Brown-Séquard, who has arrived at the same conclusion. One objection to the use of belladonna, when you cannot see your patient at regular intervals, arise from its uncertainty of strength and corresponding difference of action. To those who wish to use a preparation of uniform strength, having similar, and in some cases, improved properties of belladonna, the salts of atropia are now easily procurable. The best of these is the valerianate of atropia; the commencing dose, the hundred-and-twentieth of a grain. Hitherto, I have preferred belladonna, having had a strong desire to find what it could, and, if possible, what it could not, accomplish in the treatment of epilepsy. It is right to say there are different methods of administering belladonna. Trousseau gives a centigramme of the extract and an equal quantity of the powder of belladonna for the first month, in the evening of each day. He gives it at this time because of the frequent nocturnal character of epilepsy, and partly because of the disagreeable effect on the sight and throat during its early administration. During the second month he gives two such pills at the same time, and during the third month three pills. If, at the end of six or nine months, the frequency of the fits is decreased, he increases the dose. He asserts that, of 120 patients, he has cured twenty. A most important question now arises—Do we know anything of the nature of the action of belladonna beyond the empirical results obtained in treatment? If a drop of solution of belladonna or atropine be dropped on the foot of a frog properly prepared, and fixed on the field of a microscope, the blood-vessels will be seen to contract, and they will remain in this condition for a considerable time. For comparing the action of opium, a solution of the latter, similarly prepared, was applied to another part, and the vessels were immediately dilated. Now, belladonna, internally administered in medicinal doses, causes first, dilatation of pupil, with dimness of vision; secondly, dryness of throat and difficulty of swallowing: thirdly, increased tone of involuntary muscle; fourthly, it relaxes the bowels, and cures incontinence of urine, arising from weak sphincter vesicæ."

Dr. Ramskill then endeavours to account for this dilatation of the pupil. Dilatation may occur either from irritation of the branch of the cervical ganglia of the sympathetic, which supplies the external longitudinal fibres of the iris, or from deficient power of the third nerve, and he attributes the influence of belladonna in dilating the iris, to its stimulant action on the sympathetic.

Mr. Campbell de Morgan reports a case of *Rapid Spontaneous Cure of Popliteal Aneurism*. Flexion had been tried and then compression resorted to. The resulting pain being great, a full dose of opium was administered.

"This produced no immediate effect, and a quarter of an hour afterwards Mr. Marshall administered a hypodermic injection of morphia. At this time, about a quarter-past three, the tumour was beating as violently as ever. About twenty minutes afterwards, as the House-Surgeon going into the ward, the patient called his attention to the fact, that the pulsation had ceased, and told him that this had taken place very shortly after he had left the ward, and as he, the patient, believed, suddenly. On examination it was found that no beating whatever could be detected. The man's sufferings were ended. The pain was trivial, compared with what he had been enduring. The tumour felt firm and doughy; the general tension of the limb was less, but it presented nothing remarkable in temperature or colour.

Mr. De Morgan makes some observations on similar cases. This article is followed by a continuation of Professor Pettenkofer's Researches.

Belfast Branch of the Royal Benevolent Medical Fund Society of Ireland.—On Wednesday week the stated quarterly committee meeting of this local branch of the above most useful and excellent society was held in the Chambers of the Ulster Medical Society, 33, High street, Belfast, when the following members were present:—Dr. H. S. Ferguson (who in the absence of Dr. T. H. Purdon, permanent President, acted as Chairman), Dr. Patterson, Dr Moore, Dr. Drennan, Dr. Browne, R.N.; Dr. Cuming, and Dr. Robert Stewart. The minutes of the last meeting having been read and confirmed, and a subscription from Dr. Saunders, Staff-Surgeon, 14th Depot Battalion, Belfast, thankfully acknowledged, the subject of renewing the making of a special application to the several noblemen and leading gentry of the counties of Antrim and Down on behalf of the important and benevolent objects of the society having been considered, it was unanimously agreed upon that the secretary (Dr. Stewart) should direct their earnest attention to its great claims for extraneous countenance and support, and which it was happily receiving from not a few of the aristocracy, as was evidenced by its having enrolled on its list of contributors—not to mention her Majesty the Queen and her representative in Ireland, the Earl of Carlisle,—the Lords Antrim, Bandon, Bantry, Carberry, Londonderry, Middleton, and Waterford; the Primate of Ireland (the late), the Archbishop of Dublin, the Bishop of Limerick, &c., &c., one and all of whom, together with not a few of the leading gentry throughout Ireland gave the society—and much to their honour it should be stated—their heartiest and warmest support, some of them expressing even thanks that their attention had been directed to a society whose claims for generous general support were so strong and indisputable. Some further business having been disposed of, and arrangements made for the usual annual meeting early in 1863 of subscribers to this branch, the chair was vacated and the committee separated.

The North Staffordshire Infirmary.—The committee of the North Staffordshire Infirmary are prepared to receive complete sets of designs for the new building to be erected at Hartshill, near Stoke upon-Trent, at a cost not exceeding £12,000 for the entire building.

Mortality in the Cotton Manufacturing Districts.—It is remarkable that the mortality in the cotton manufacturing districts has been considerably less during the past quarter than in the corresponding quarter of either 1860 or 1861. The registrar of Ancoats (Manchester) attributes this chiefly to the coldness of the summer, in consequence of which diarrhœa did not prevail.

Army Hospital Corps.—His Royal Highness the General Commanding-in-Chief has desired that when regiments are divided, and detachment hospitals necessarily opened, a due proportion of the permanent hospital staff be attached. The permanent hospital staff is to be liberally maintained.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 26, 1862.

TURKISH BATHS.

What is the experience of the Profession as to the efficacy of this last novelty in Medical practice? Are uncertainty and contradiction to continue for ever on questions that, we might imagine, could be very certainly settled by a little close and steady attention. We do not observe minutely enough nor from a sufficient number of cases, and are too apt to take opinions at second-hand; hence our notions are confused and our practice uncertain. At a recent meeting of the Medical Society, the Turkish Bath was the subject of a paper by Dr. Thudichum, who, it appears has given to it his especial attention. He extolled the bath as eminently useful in dropsy, and could not see that its employment was attended with any dangers necessarily inherent to it as a remedial agent. It might be abused or ignorantly used as might any other remedy, but "he had never known any accident," and evidently considered that professional timidity had been unduly exaggerated with reference to its possible perils.

The debate certainly did not help to enlighten us. As usual there was a superabundance of caution, but no definite expression of experience. One gentleman referred to a form of dropsy which "of course had not been mentioned by the author," nor was it "treated by the Turkish bath," so his remarks might as well have been suppressed for any information on the matter, *sub judice*, which they afforded. Another speaker inquired whether the reader of the paper had ever tried the bath in "ovarian dropsy,"—a disease not mooted in the essay. This was obviously an appeal to the unknown to cover a deficiency of information on the known. A third thought that "we did not know enough of the Turkish bath to induce us to recommend it." The logical inference, therefore, is, that as we ought not to recommend it, we can never have an opportunity of testing its value, and must be content to remain in that ignorance which is bliss to easy-going people. A fourth frankly confessed that "he had no experience of the bath, and knew nothing about it." A fifth desiderated more precise information. A sixth echoed the sentiment, and the President, tempering justice with mercy, said in the name of the Society, "Neither do we give our sanction wholly to the bath, nor do we reject it as unworthy of notice." This is a brief analysis of the debate at the scientific London Medical Society. We have not "set down aught in malice;" we have quoted literally, and given the speakers the full advantage of their opinions; we only wish we could add that their opinions were likely to be of some advantage to the profession.

If this erudite and experienced body knows nothing about the operation of the Turkish Bath upon the human system in states of disease, it is not probable that the profession at large are much better informed. There are very few of us, indeed, who have opportunities of studying the effects of this unquestionably powerful agent; yet there must be many young men in the profession who might avail themselves of the facilities offered by the numerous establishments in London to investigate its remedial influences. Should there be any who are disposed to inquire into the curative action of "hot air," we beg as a favour of elder practitioners that they will not throw "cold water" upon their exertions. If they know othing let them say nothing; but let the work of inquiry go on until some positive knowledge may be elicited. An honest searching inquiry into the action of one new remedy like the Turkish Bath would do more to advance the scientific treatment of diseases than any amount of reported talk, or any accumulation of theoretical disquisition. We sadly want accurately observed and honestly recorded facts in therapeutics.

We fear that this Turkish Bath is likely to fall into the hands of empirics, and to be used by hydropaths and others merely as a means of bolstering up the popularity of their establishments. This result, should it take place, would be deplored by every man who wishes to see the legitimate resources of medical science recruited and enlarged. The fault, however, would be greatly our own, from a disinclination to accept a means of cure not exactly accordant with the routine of ordinary practice.

These Baths have been established in various parts of Ireland, and are highly popular. What is the general experience there of their efficacy? We have alluded to one debate; we will now advert to another at a meeting of the Cork Dispensary Committee, in which the celebrated Mr. Sheehan made a conspicuous figure. The subject under discussion was the increase of the salary of Dr. Armstrong, one of the Dispensary Medical Officers—a boon much deserved, and which we are glad to say he obtained. Mr. Sheehan objected to the report of which the proposition was a part, and delivered himself of the following "iligant" harangue.

"Mr. Sheehan—Well now, sir, if we get up them Turkish "bats" generally all through Cork we would not have half the medicine given by our apothecaries (hear), and we need not want half the doctors (hear, and a laugh). Though some of them are particular friends of mine I say that, and that Turkish "bats" are the most requisite things out; and we ought to be proud of Dr. Barter for his kindness towards us. He is going to get one up for what they call the Million, and I can assure you it is the greatest recreation to a man that's—that's—that's—(continued laughter)—unwell and to a sick poor and all that. I myself was sick. I had a cough and pains all over me, and I took a Turkish "bat," and it cured me in two days (hear, and laughter). My wife was trying to bring a doctor in which would cost me about 5*l*., whereas the other thing only cost me 3*s*. (laughter). So you ought to get up Turkish "bats" generally here and elsewhere (hear), and only for our humbug committee at the Harbour Board——

"Chairman—That matter is not before us, and I cant hear any moreabout it (hear).

"Mr. Sheehan—No matter, sir; you are talking of doctors. In behalf of them, sir, and I say they will agree with me, sir——

"Chairman—I will not hear another word upon that subject from you (hear).

Mr. Sheehan—That's enough, sir, but I say you would not have half the the people getting medicine here if we had Turkish "bats."

We do not agree with Mr. Sheehan that Turkish "bats" will abolish the use of medicine; but we should like to see the issue fairly tried, and we will run the risk. In serious earnest we think that it is quite time that the profession formed some definite opinions upon this subject, and we recommend it to our science-loving men for their especial investigation.

SUMMARY OF THE WEEK.

OVARIOTOMY AND THE MEDICO-CHIRURGICAL SOCIETY.

As we have given an abstract of a debate at one Medical Society, it is but fair that we should chronicle the incidents of another. Dr. Lee proposed to read a paper on Ovariotomy, with an appendix enumerating various remarkable cases; but the committee decided that, as these cases would involve personalities, they should not be read. What a strange decision for a Society whose professed object is the establishment of truth! The facts of operations are necessarily associated with

the persons of the operators; and without such evidence of authenticity, the alleged facts are scarcely trustworthy. If Dr. Lee had made an unfair or untrue statement, the operators would be able to correct him; and if his statements were exact, it would be so much the better in the interests of science that the facts were disclosed. This tenderness about the promulgation of truth is unworthy of surgical science. The consequence was, that the discussion was *àpropos* of nothing but the personal experience of two or three gentlemen. The success of ovariotomy operations depends chiefly upon the diagnosis. There can be no doubt that many serious and fatal blunders have occurred. There is an attempt now made to eliminate certain unsuccessful cases from the register of operations by styling them "exploratory incisions." It may, indeed, be that the incision was intentionally made in some cases for the simple purpose of exploration; in others it is quite likely that the intention was to complete the operation, should it appear, upon exploration, that the adhesions were not insuperable. We say that the latter is the only condition under which an incision into a woman's abdomen ought to be made, and that an incision made for the prying purpose of exploration alone is totally inexcusable. But, supposing that there was an intention to complete the operation, the incision then becomes an operation for the removal of an ovarian tumour, which failed because it was not found justifiable to proceed. Besides, we do not know how far, in some cases, these explorations have been carried—what amount of adhesions, for example, have been broken down before they were found too numerous and firm to be overcome. These exploratory incisions should be enumerated among the unsuccessful cases. What should we say of a surgeon who cut into a living man's abdomen merely to ascertain whether he could tie the internal iliac? Or how should we characterise the operation of another surgeon, who, intending to tie that vessel, found such an abnormal condition of parts, that he could not proceed? Should we call this an "exploratory incision," or an unsuccessful case?

ST. THOMAS'S HOSPITAL.

There has been another Court of the Governors of St. Thomas's Hospital, and after a brisk debate, the resolution giving to the Committee power to agree upon a site was rescinded. A promise was given that no site should be adopted without a reference to the Governors. The question as debated was one of order, and the vital subject of site was not discussed. There is no reason to believe that the Hospital will be re-established in the Borough, as the ultra-advocates of old ways desire. Such folly will never be perpetrated.

MR. BAKER BROWN.

The absence of Mr. Baker Brown from the Medical and Chirurgical Society on the occasion of the late debate on the operation of ovariotomy, has been noticed. The explanation, we understand, is, that Mr. Brown has been labouring for many weeks under a serious illness, and has resumed his duties only within a few days. He will, however, be at his post at the "London Surgical Home" next Thursday, when several important operations will be performed.

DR. TURLE ON ST. THOMAS'S HOSPITAL.

This gentleman has written an able letter to the 'Times' in favour of the removal of St. Thomas's Hospital to a distant site. We are not accurately acquainted with Dr. Turle's views; but the spirit of his letter merits approbation. We hope that, eventually, there will be both a town and country establishment. We have reason to believe that this topic will soon be agitated in other great hospitals.

THE COLLEGE OF PHYSICIANS.

We congratulate this College and the Profession on the appointment of Mr. Erichsen as Examiner in Surgery to the College. This nomination will give confidence to the Profession that the examinations will be trustworthy and creditable to the College. It is probable that another Examiner will be appointed.

GARIBALDI'S WOUND.

The ball in Garibaldi's ankle-joint is one of the most interesting topics of public as well as professional journalism. We are now told that Dr. Zanetti has succeeded in extracting it, so that the dispute about its existence terminates.

THE PARIS SCHOOL OF MEDICINE.

The political spirit seems to be bubbling up in this celebrated Academy. The sympathies of the students seem to be altogether on the side of liberty, or such notions of it as are current in Paris. They have recently presented a case of instruments in ivory and gold to M. Nélaton in recognition of his services to Garibaldi; and, as if this demonstration were not sufficient to declare their opinions, they received their new Dean, M. Rayer, who was unhappily appointed by the Government, with such vehement marks of disapprobation on his entering the theatre to deliver the inaugural address, that he could not be heard.

SELLING A PRACTICE.

A case of considerable interest to Medical men buying or selling practices has lately been tried in the Court of Exchequer. It appears that Mr. Lush instructed Mr. Walters, the agent, to sell his practice, and in the course of business, the agent communicated the details to a Mrs. Young, the wife of a medical practitioner, then abroad. The negotiation, however, was not concluded with Mr. Walters, and Mr. Lush subsequently applied to Mr. Walters for his account, received it, and paid his claim.

Mr. Lush then employed Mr. Needes, another agent, who introduced Mr. Young to Mr. Lush, and the practice was transferred. Mr. Walters, getting information of this, brings an action against Mr. Lush to recover his commission; and the oddest part of the report of the case is, that he gave a paper to *Mrs. Young*, stating the terms upon which he transacted business, amongst which was a provision that, should a sale be effected with any parties to whom he had given particulars, though such sale should be effected by other agency, he was to receive the commission. The evidence, as reported, was that this statement was given to *Mrs. Young*, not Mr. Lush, and consequently that Mr. Lush was made answerable for a contract entered into between Mrs. Young and Mr. Walters. This seems to be good law.

THE DUTIES AND POWERS OF PAROCHIAL FOOD ANALYSTS.—At the ordinary meeting of the Kensington Vestry, held last week, Mr. Gilbert directed the attention of the Board to the provisions of the Act 23 and 24 Vict., c. 84, for the preventing the adulteration of articles of food and drink, with the view of appointing a fit and proper person to act as analyst for this parish. A lengthened and spirited discussion took place. On the one hand it was argued that a public analyst was equally as necessary as an inspector of weights and measures; while the opposite party contended that the passing of the Act had done little or no good whatever, as it appeared that in those parishes where an analyst had been appointed, the duty had been undertaken only when applied to by the aggrieved party. All parties, however, agreed that, for the successful working of the Act, an analyst should be bound to make periodical visits to the shops of the various tradesmen, and to purchase sundry goods for the purpose of testing them. The discussion having occupied the greater part of the evening, the further consideration of the question was adjourned till that day three weeks.

REVIEW OF BOOKS.

Health in the Tropics; or Sanitary Art applied to Europeans. By W. J. Moore, L.R.C.P. Edin.

The intention of the Author has been to provide the Profession with a handbook on the important subject which he has selected. The work is full of interesting matter, and contains suggestions of wider significance than the limited purport of its immediate subject. The introductory Chapter is discursive, and gives the reader a general review of opinions and facts having relation to sanitary science as applicable chiefly to the circumstances of military life. In the next Chapter, the Author treats generally of the causes of zymotic disease, and in the succeeding Chapters, of malaria in particular. The conditions of the malarious poison are fully discussed, and the circumstance that it may arise from sandy and ferruginous soils, as well as from paludal districts is pointed out, but no satisfactory explanation is given. We do not follow the Author through his various Chapters on hill sanitaria, marine sanitaria, barracks, hospitals, diet, &c., but we can frankly recommend our readers to peruse the work itself.

The Renewal of Life. By Thomas K. Chambers, M.D.

This book is a collection of Lectures that, originally delivered in hospital, were subsequently published in the journals, and of which extracts have been given as occasion justified in this Journal. Our readers may, therefore, be familiar with the Author's views on many subjects. We have little doubt that this book will be much read. The title is taking; the style racy, sharp, and graphic, and there is a frequent indulgence in italics and capitals, as if the Author were hardly satisfied that the language at his command sufficed to impress his convictions upon his readers. We do not altogether like the mechanical efforts at effect; but we do not object to the pungent and dogmatic manner, for there is too much sameness, too much dead-level in medical writing. There is no reason why scientific truth should not be clothed in an agreeable or even an eccentric garb, if by such means it is likely to obtain a more ready introduction to, or to leave a more memorable impression on, the reader.

By the Renewal of Life, Dr. Chambers simply means that "life is renewal"—or as more fully stated, destruction *and* renewal; and as a deduction from this dogma he inculcates the restorative system as the best method of treating disease; this system contributing directly to the renewal of life. The first sentence of his book contains an enunciation of his principle. This is clearly, therefore, an example of the *de*ductive system of physic, although perhaps Dr. Chambers thinks that it is an induction from his clinical facts. This theory, like most others, is obviously partial, including only one-half of the physiological factors. *Re*newal necessarily implies destruction; that cannot be renewed, which, has not been made effete; therefore, a true theory of treatment of disease based upon the conception of the physiological scheme of health should include the removal of effete or used-up matter first, and the provision of restorative aliment afterwards. The one is not more important than the other. Both comprehend the two physiological factors, and are indispensable to a consistent application of the physiological theory.

We do not intend to quarrel with our author, because of his theory; to do so would be to indulge in stale and unprofitable disputation. Be his theory right or not, we consider him a sound and skilful practitioner. He is evidently a man of acute observation, and careful judgment. His method of treatment is eclectic, notwithstanding that he deals some hard blows at the eclectic practitioners; but he cannot help himself; he is anxious to do the best he can for his patient, and to reject no aid that offers, and although he may explain his mode of treatment by a reference to such a phrase as the "Renewal of Life," he is only an eclectic after all, and a very sensible, and we hope, successful eclectic too.

The subjects treated in this work are low fever, anæmia, and bloodletting, rheumatic fever, pleurisy, pneumonia, pulmonary consumption, disease of the heart, albuminuria, diabetes, hysteria—in short, nearly all the important diseases with which the frame can be affected. The work is highly characteristic, and will leave its mark in our literature.

Mentone, the Riviera, Corsica, and Biarritz as Winter Climates. By J. Henry Bennett, M.D. 2nd edition.

Our Author's work on Mentone is well known; he now provides the public with information on other French watering-places. There is an interesting exposition of the geological features of Mentone, and some remarks on its state in the glacial period. We may add that the descriptions of Corsica and Biarritz are as pleasingly written as that of Mentone.

Lectures on the Distinctive Characters, Pathology, and Treatment of Continued Fevers. By Alex. Tweedie, M.D.

This is an excellent treatise on the subject of Fever, and is beautifully illustrated with coloured diagrams. The subject is treated lucidly, and the diagnosis between typhus and typhoid well given. The treatment recommended is the result of a large experience, and may be safely used in practice.

Physiology and its Aid to the Study and Treatment of Disease. By Edward D. Mapother, M.D., F.R.C.S.I., Surgeon to St. Vincent's Hospital: pp. 496. Fannin: Dublin. Longman and Co.: London.

The above is the title of a recent addition to medical literature, issuing from the pen of Dr. Mapother, and we welcome it as supplying a want long felt—namely, a handbook of physiology for the use of students preparing for examinations. The various subjects are treated briefly but fully, nothing of importance being omitted. The Author has been very happy in his mode of arrangement, which could hardly be excelled in a book of a similar nature. Beginning with the general objects of physiology, which are concisely and clearly explained, he proceeds to the subject of the natural history of man, and the anatomical characters distinguishing him from the lower animals. In the following sections he treats of the chemistry of man, giving a succinct account of the components of the human frame. The succeeding sections are dealt with in a manner at the same time brief and perspicuous, and largely illustrated, fulfilling in the best manner the object for which it was designed. But, although intended for the use of students, the higher branches of physiological detail have not been omitted; the sections on innervation and secretion, particularly those portions of the latter treating of the abnormal constituents of the urine and the composition and character of urinary calculi, are deserving of special attention. The concluding chapters on the physiological changes in disease embrace a concise and well-written summary of pathology, embodying the views of Virchow, Paget, and the most recent investigations in this field of labour. The value of the work is greatly enhanced by the addition of the examination papers of the various colleges and competitive bodies, and a copious glossarial index. In fine, it forms a most valuable addition to the library of both the student and the practitioner, and we can predict for it a well-merited popularity.

GENERAL CORRESPONDENCE.

POOR LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

SIR,—Some months have elapsed since I last asked permission for space in your journal to address the Poor Law Medical Officers, but I have only recently been able to procure the Second Report of the Select Committee on Poor Relief for 1862. In that volume the evidence of several gentlemen is recorded, and amongst them appears the name of Mr. Cane, one of the Inspectors of the Poor Law Board, who boldly stands forward as the champion of the present system of medical relief for the poor. This gentleman's evidence occupies nineteen pages, nine of which are devoted to observations upon the evidence laid by me before the Select Committee of 1861. He says (after 3892)—"That statement (Mr. Griffin's) contains many allegations evidently made under most imperfect knowledge of facts. The tables also contain many serious inaccuracies, which lead to conclusions that are fallacious and deceptive, and calculated to produce highly erroneous impressions on the question which they profess to illustrate. Mr. Griffin claims to represent, if not the entire body, yet a very large proportion of the medical officers in England and Wales, and, therefore, it is of the more importance that the "statements" and "tables" should be explained and corrected, if, as I believe, they are open to correction." At page 48, Mr. Cane says—"In several cases, in which it is alleged by Mr. Griffin that there has been a reduction of salary, there has been no alteration; but this misapprehension is caused by his having misquoted the return." At page 46, Mr. Cane says—"The returns relating to the Retford Union have also been misquoted. Instead of there having been a decrease of 694*l.* in the salaries of the medical officers, as appears by this table, there has been an increase of 65*l.*" My answer to this is, that Thetford should have been written Retford—the Th for R. Had I intended naming the Union mentioned by Mr. Cane I should at least have called it by its right name, which is *East* Retford, there being, in fact, no such Union as Retford. In the 1843 return there are only four Unions paying upwards of 1,000*l.* each to their Medical Officers, and, therefore, Mr. Cane could have had no difficulty in discovering the one to which I referred.

There are other cases of a similar kind, but this is sufficient to show the animus of Mr. Cane in his evidence before the Select Committee.

Mr. Cane, after running through many of the propositions laid by me before the Select Committee, concludes his evidence with these most extraordinary expressions—"The organisation of these charges,

their supervision and controul, can, however, in his (Mr. Griffin's) judgment, be only trusted to a member of his profession. Accordingly, he would compel the Poor Law Board to appoint a 'Medical Secretary,' one of whose qualifications would be that of his having himself been a Medical Officer; and this functionary would be empowered to adjudicate in all matters having reference to 'Poor Law Medical Relief,' subject only to the confirmation of the Poor Law Board. It will, I think, be almost unnecessary to offer any detailed comments upon such propositions as these; but if I may be permitted to express my general views, I should say that if Mr. Griffin's suggested alterations of the law, and other regulations relating to medical relief, were carried into effect, they would enormously increase the public expenditure, wholly demoralise the labouring classes, and impoverish the ratepayers of every Union to which they were applied. Their effect, too, upon the Medical Profession would be calamitous. Numbers of persons would enter that profession solely with the view to be elected to one or other of the 3,000 or 4,000 highly-favoured offices which Mr. Griffin would create. A profession which by some is thought now to be overstocked, would become more overstocked still, and medical men would increase and multiply, and competition would be stimulated and carried to such an extent that but a very limited amount of remunerative practice would eventually fall to any medical practitioner who did not succeed in being elected a medical officer of a Union." Mr. Cane's evidence is certainly very amusing. Only fancy "medical men increasing and multiplying" upon the profits arising from an average payment of less than five shillings per patient for attendance and finding medicines for an illness, the average duration of which is more than five weeks. My evidence was laid before the Committee in 1861, and yet the lucrative appointments it offered, according to Mr. Cane's view, is met this year by a decrease in the number of medical students entering the metropolitan schools by 183 less than in 1860. ('Lancet,' 1st Nov., 1862.)

Mr. Cane certainly forms a very low estimate of the medical profession. It is therefore high time that we should have a Medical head at the Poor-Law Board who can appreciate our requirements. Mr. Cane says my plan would "wholly demoralise the labouring classes." But surely fixing the rate of wages at 10s. per week as the highest earnings to entitle a poor man to medical relief at the expense of the poor-rate cannot have that effect; in truth I think the rate proposed is too low, but it was fixed at that sum so that the existing clubs might not be endangered. Does Mr. Cane fancy the poor are so fond of physic that they would sham illness for the sake of getting it? The very idea of "demoralising the labouring classes," by giving them when ill medical relief is preposterous. Mr Cane says my "propositions would impoverish the ratepayers of every Union." A statement so absurd that it scarcely needs refutation; and were it not stated by an officer of the Poor-Law Board, it might be passed over without comment; but as there is a table in existence which was sent by me to the Poor-Law Board, and to all the subscribing Poor-Law Medical Officers, I will at once say that the calculation then made gave 298,984*l.* for the payments to the officers with half mileage only, and if the latter 64,606*l.* be doubled, it makes a total of 363,592*l.* The present number of cases, however, will undoubtedly be reduced, but as there are other advantages proposed by my plan, *all* of which if carried might bring our receipts up to perhaps 400,000*l.* a year, or 100,000*l.* less than the sum named by Sir John Trollope in the House of Commons, a sum which I think would not "impoverish the ratepayers," but the reverse, as improved sanitary arrangements, and a thoroughly good system of medical relief, would do much to lessen the general pauperism of the kingdom.

This letter gives but a brief sketch of Mr. Cane's evidence, the whole of which requires to be carefully gone through, the statements therein thoroughly sifted, and the truth laid before the Committee, otherwise his very erroneous evidence may be taken for sound doctrine, and as a consequence the present system of medical relief perpetuated. I have about 30*l.* of last year's subscription lying in the bank, but I shall need much more if I am to lay bare Mr. Cane's sophistry. I therefore trust my medical friends will not forget I am open to receive their subscriptions, without which my pen alone will be powerless. Next year there must be a new Poor-Law Bill. We must therefore not let the present opportunity pass, but do our best to convince the Select Committee there is need of reform, notwithstanding the opposite opinion of a Poor-Law official.

I am, &c., RICHARD GRIFFIN.

12, Royal terrace, Weymouth, 10th Nov., 1862.

NATURAL DEATH A NATURAL SLEEP.

To the Editor of the Medical Circular.

SIR,—I read with a great deal of pleasure the article called "Natural Death a Natural Sleep," by Dr. Beaumont, in your Circular of November 5th.

The view expressed by Dr. Beaumont is well put, and, as I doubt not, original on his part. To me, however, it was not new, as the same view has been taught every session for many years past by my friend and former teacher, Dr. Richardson.

In his lectures on pathology, as well as in physiology, when treating on organic life, it was one of his arguments, the leading ideas of Dr. Richardson, that, according to the laws of nature, a man should know no more of his death than of his birth; that as man was born naturally unconscious, and, as it were, in a state of torpor, so, lapsing in old age, into second childishness and "mere oblivion," he should sink away in gentle sleep.

Except in its medical bearings, Dr. Richardson did not claim this as original, but said that it was an idea clearly developed in Shakspeare, from whom he used to quote numerous passages in support of his argument.

In respect to diseases occurring between the two extremes of life—that is to say, the two infancies—Dr. Richardson held even a more definite argument than Dr. Beaumont; for he maintained that man was constructed proof in himself against disease; that all diseases were, therefore, derived from external causes, and were as purely accidents as are those which arise from physical injuries; that death, therefore, when it occurs between infancy and old age, was unnatural; and that, as a natural act, occurring at the full period of the race of the individual, it was a painless and unconscious transition.

I remember, also, that Dr. Richardson used to refer, in speaking of these topics, to Schultz's theory of rejuvenescence, which implied the non-necessity of death; and combated that he would believe in it if there were no such process as reproduction; but that as there was such a natural act as birth, and as the world, large as it is, could only support a certain number of inhabitants, so there must be a natural act of death equally decisive and equally unconscious.

Lastly, Dr. Richardson was accustomed to trace the growing functions and intelligence of the infant side by side with the decreasing powers of the old man, showing specially that the organic functions which were perfect from the first remained to the last.

Old students of Dr. Richardson's class will remember the facts I have alluded to, and will agree with me that I am but performing a simple act of justice in putting them forward on the present occasion. In so doing, I accept with full confidence that Dr. Beaumont's views, in so far as he is concerned, are quite original, and that the subject is one simply in which two, and, perhaps, more minds have thought alike and correctly.

I am, &c.,

WILLIAM LOMAS, M.D.

18 Finsbury pavement, E.C., Nov, 18, 1862.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 5TH, 1862.

DR. BABINGTON, PRESIDENT, IN THE CHAIR

A paper by Mr. JOHN WIBLIN was read, containing

AN ACCOUNT OF A RECENT REMARKABLE CASE OF SCROTAL ELEPHANTIASIS IN WHICH THE TUMOUR WAS REMOVED.

The subject of the following history, George F——, aged forty years, was a native of Southampton. He was a man of sallow complexion, but in other respects seemingly of healthy aspect; married, but without family. From the age of sixteen he had worked as an ordinary labourer, with the exception of two years engaged in the coasting trade. His habits were, and had at all times been, temperate, and, according to his own statement, he had suffered from serious illness once only, in childhood. He became ruptured on both sides in 1844, and wore a double truss for three years. After this period the rupture on the left side rapidly increased in size, and a special truss was fitted to it, but with little advantage, and about a year subsequently he abandoned the use of the instrument altogether. In 1848 he contracted syphilis, for which disease he took corrosive sublimate, under the superintendence and by the advice of a druggist, over a period of six months, when he considered himself perfectly cured. About three months after he had become the subject of syphilis, the foreskin and integuments of the penis began to enlarge, and he constantly experienced a dull aching pain at the extremity of that organ. From this period the scrotum also gradually increased in size, becoming hard, brawny, heavier, and more pendulous. When first examined, the abnormal growth of the scrotum and prepuce had attained the following dimensions: Preputial growth—Length, sixteen inches; circumference, thirteen inches. Scrotal growth—Vertical circumference from the symphysis pubis, following the raphé, to within two inches of the anus, three feet six inches; horizontal circumference, three feet ten inches; lateral circumference, three feet four inches. Six months after he had contracted syphilis, a squamous eruption appeared (vitiligo), which continued more or less to the time when he came under observation, and affected chiefly the scalp, nape of the neck, arms, body, and the hypertrophied scrotum. Recently the scrotum and prepuce had increased rapidly in size as compared with the previous rate of growth. The swelling, moreover, had become extremely burdensome, painful in some spots, and in others, particularly where friction was unavoidable in the act of walking, ulceration had ensued, giving rise to a most troublesome and peculiarly

offensive secretion. The tumour (as ascertained by means of a steelyard) weighed over fifty pounds. The prepuce presented a remarkable nodulated appearance, and the extremity was so curved or involuted, that on a superficial examination it was liable to be mistaken for the penis itself. Through the external opening the finger could be readily introduced, to the extent of five or six inches, and at the extremity of the canal formed by the elongation of the prepuce, the glans penis could be readily detected. The scrotal portion of the diseased structures was also nodulated in parts, with smooth intervals, and here and there the surface was scarred with cicatrices of old and recent standing, the result of the vitiligo. On the right side, and at the most dependant part of the growth, a large quantity of fluid was believed to exist; on the left side a very large hernial swelling was easily recognised, which was thought to be reducible. It was determined, with the assent of many professional gentlemen, to remove the diseased mass. To diminish the risk arising from hæmorrhage, a species of clamp, suggested by Mr. Spencer Wells, and by the action of which the neck of the tumour might be constricted, was made. This clamp consisted of two movable parallel bars, connected by a screw at each extremity. By the use of this instrument it was hoped not only to restrain hæmorrhage, but to retain the ruptured gut within the abdominal cavity. Means were also adopted to diminish, as far as practicable, the amount of blood within the tumour. An iron bar, to which was attached a sliding hook, with tackle and fall for elevating and depressing the mass as circumstances might require, was fixed to the ceiling of the room occupied by the patient. By this arrangement, on the morning of the day of operation, at eight o'clock, the tumour was elevated above the level of the body, and kept in this position, covered with ice, until two p.m. The patient was then gradually brought under the influence of chloroform, administered by Dr. Palk, and the operation was carried out in the following manner, the hernia being previously reduced, as it was thought, and the clamp applied:—The elongated and thickened prepuce was first slit up to the point where the glans penis had previously been ascertained to be imbedded in the morbid mass. A perpendicular incision, about eight inches long, was then made along the dorsum penis to the symphysis pubis. An attempt was now made, but unsuccessfully, to introduce a staff into the urethra. The penis was next seized, and rapidly and easily detached from its surrounding adhesions, and dragged upwards out of harm's way. This constituted the first stage of the operation. The second stage consisted in making an incision on the right side, fourteen or sixteen inches in length, from the lower end of the perpendicular cut to the most depending part of the scrotum. The forefinger of the left hand was then thrust deeply into the wound, and served as a guide, upon which was directed a stout, long-pointed bistoury, to open out the deep-seated structure, the thickness of which averaged from four to five inches. Large quantities of serum flowed from the blubber-like mass at each stroke of the knife. The right testicle was found towards the middle of the second incision; it was seized, dissected out, and drawn up to near the right inguinal ring, and given into the charge of an assistant. A similar method of procedure was attempted on the left side, but here the confusion of parts was such that the testicle was wounded before it was recognised, and the hernial sac opened. Within the sac were found several coils of intestine, which had, however, escaped all injury from the knife. The pressure of the clamp was immediately diminished, and efforts made, but in vain, to reduce the gut. It was then determined to remove the diseased mass in two portions. To this end the tumour was tranfixed from before backwards by a long catlin, the point of which was brought out in the centre of the perineum. Then the whole of the mass on the right side was swept away. Next, the hernial sac was carefully separated from the surrounding structures, and with a few strokes of the knife the left portion of the tumour was speedily removed. About ten or a dozen ligatures were required to arrest the bleeding from several very small arterial branches; the opening in the hernial sac was closed by three stitches; many points of the exposed surfaces were drawn into tolerably good apposition by a few sutures, and, finally, the parts were dressed with lint saturated with oil. The operation occupied twenty minutes; tying the vessels, bringing the edges of the wound together, and dressing, twenty-five minutes more. The loss of blood was estimated at from thirty to forty ounces. This trifling hæmorrhage was to be attributed to the effective manner in which Mr. Spencer Wells regulated the pressure of the clamp, and to the rapidity with which Messrs. H. Smith, Mason, Carr, Jackson, and Osborne, followed every stroke of the knife, and controlled the mouths of the bleeding vessels. The solid portion of the tumour after removal weighed nearly thirty pounds. After the operation there was considerable and persistent irritability of the stomach. On the 23rd, slight pain in the abdomen was complained of; on the 24th, the stomach was more tolerant of food, but the pain in the body continued; on the 25th, tympanitis occurred, the irritability of the stomach increased, the respiration was disturbed, and the whole system disordered. The wounds were bared for the first time, and the hernial sac and penis were found to be covered with healthy pus. A little turpentine was added to the dressing. During the night all the unfavourable symptoms became worse, and death took place on the following morning, at ten o'clock. Early on the 27th, the abdominal cavity and the contents of the hernial sac were examined. In the former no abnormal appearance was found, except an enormously distended condition of the intestines. The hernial sac was filled with large coils of small intestine, firmly matted together by old adhesions, and the cæcum and appendix vermiformis were tightly bound to the upper and outer portions by fibrinous bands of long standing. There was no strangulation of the gut, but the lowermost portion of the protruded intestine was gangrenous. This was, no doubt, the cause of death.' Mr. Wiblin terminated his paper with a summary of the most noteworthy cases recorded of scrotal elephantiasis.

Mr. Fergusson said that he had observed that, after the reading of papers like the one just read, there was considerable hesitation in rising to give an opinion. He rose in order to endeavour to elicit an expression of opinion on it, and in order to obtain further observations on so important a subject. The subject was of great interest, as so little was known of the disease in this country. We had, however, happily, the testimony of Surgeons educated in England as to the value of operation in these cases. He could not but admire the skill and boldness of the Surgical means adopted by the Author in the case he had related. It was well known that operations in some cases were fatal, but in many there was great and marvellous success. Patients had lived after the removal of tumours weighing as much as 140 lbs.—equal to the weight of the whole body. He (Mr. Fergusson) considered that Mr. Wiblin had done honour to the Profession and to his brother practitioners in London, in bringing the case before their notice, and had helped to open the Session of the Medico-Chirurgical Society with *eclat*. Every one would deplore that the patient had died; but it was clear, from the history of the case, that everything had been done to prevent this issue. For his part, he considered that the case was one of those in which the surgeon could have little or no control over the result. His (Mr. Fergusson's) experience in these cases was not large. He considered that the chief weight of the tumour in this case, and also in the case of other tumours, was due as much to serum as to solid matter. Mr. Fergusson then referred to the bulk tumours attained from the infiltration of serous fluid as a result of inflammatory action, and to the collapse of such masses after removal. Another cause of the size of elephantoid tumours was the enormous size of the blood-vessels. He had had the advantage of seeing Mr. Wiblin's case before the operation, and he considered, that in this instance the tumour was not vascular, as turned out at the operation. In some cases, however, the veins were almost as large as the small intestines. Many (Mr. Fergusson said) would be deterred from operating in these cases, on account of hæmorrhage, but he felt convinced that the bleeding was rather from the tumour than from the rest of the system, and hence, that the patient was not exhausted on account of the loss of blood which, strictly speaking, was not part of his system. It was more part of the tumour than part of the body.

The Author said that the specimen he had exhibited showed a large hernial protrusion, which was no doubt the cause of death. It ought, however, to be remembered that, of all the Surgeons who examined the hernia, no one thought that it was irreducible. If it had been thought to be irreducible, the clamp would not have been used.

Mr. Spencer Wells said, as the cause of death after this operation had been a good deal canvassed, especially with reference to the use of the clamp, and as the author had very kindly given him (Mr. Wells) any credit that was due for suggesting the use of this instrument, he was naturally anxious that its advantages and dangers should be fully discussed. When talking over the proposed operation with Dr. Wiblin, the existence of the hernia was, of course, a very serious consideration. But it seemed to them, and to others who examined the man, that the hernia was reducible. It was easily returned with the usual gurgling; and when firm pressure was made on the ring, the impulse on coughing seemed to stop there, so that the existence of an irreducible, as well as a reducible, hernia was not suspected. But it was felt that mere pressure by an assistant would be a very untrustworthy mode of keeping up the hernia during the operation; and that its accidental descent would be a most serious complication of a proceeding otherwise sufficiently formidable. So the clamp was prepared with the double purpose of keeping up the hernia, and of arresting hæmorrhage. Had the hernia been a reducible hernia only, the clamp would have fulfilled both these purposes admirably; but as it had compressed the portion of intestine adhering within the sac, the question naturally arose, whether any harm had been done by the pressure. After the man's death, Dr. Wiblin sent to town the parts now on the table of the Society. They were examined by Dr. Druitt and the speaker—honestly, he hoped, with the single object of ascertaining the worth of the instrument for future use—and it seemed quite clear that the pressure had not injured the intestine. It had been protected by a layer of dense tissue an inch or two in thickness; there were no signs of injury or gangrene

near the neck of the sac, where the pressure was exerted, the only gangrenous portion being quite at the fundus of the sac, where this had been wounded. If any one supposed that the gangrenous condition of the surfaces laid bare by the operation could be due to the clamp, he would remind them that, in many of the Indian cases recorded by Dr. Webb and others, where no clamp was used, precisely the same sloughing took place along the lines of incision; while in a case recently recorded by Dr. Fayrer, who had used a clamp, there was no sloughing. The fact was, that gangrene was a common cause of death after this operation. It was just what might be feared when extensive incisions were made in lowly-organised structures; and the whole history of this man's case after operation led to the conclusion, that he had died, not of any injury to the intestine, but of the low form of constitutional fever, or blood-poisoning, which so often accompanies extensive local gangrene.

Mr. HAYNES WALTON said that he had several years ago operated in a case of elephantiasis with success. The patient was, at the time, almost dying, but recovered, and when seen last, a few weeks ago, was well.

Dr. ROBERT LEE read a supplement to a paper entitled

AN ANALYSIS OF 162 CASES OF OVARIOTOMY WHICH HAVE OCCURRED IN GREAT BRITAIN, PUBLISHED IN VOLUME XXXIV. OF THE "MEDICO-CHIRURGICAL TRANSACTIONS."

Dr. Lee briefly states that his experience during the last eleven years in regard to ovarian disease, convinces him that the published records of ovariotomy do not truthfully represent the statistics of the operation; successful cases having been made known, and the unsuccessful ones kept in the background. In none of the cases which have occurred under his own eye has he thought it right to recommend the operation; and he considers the slow progress made by many of the cases to have been a justification of the course pursued by him.

The PRESIDENT said that, fifteen years ago, he saw Mr. Walne operate on a case of ovariotomy in a woman twenty-nine years of age. He made the large incision. The patient recovered, and was well now.

Dr. TYLER SMITH said that, for twenty years, he had, as Dr. Robert Lee still did, recommended that cases of ovarian dropsy should either be let alone, or be treated by palliative means, as tapping, &c. He then conscientiously believed that he was doing more good by these palliative measures than by ovariotomy. He saw, however, much misery and many miserable deaths from this disease. One case, especially, led him to consider ovariotomy in a more favourable light. Three years ago he saw a case of Dr. Lee's, which he considered favourable for ovariotomy. Dr. Lee thought him a madman for entertaining such an idea. The sudden death of this patient made him resolve in the next favourable case to try ovariotomy. He had since done the operation in fourteen cases. He had not rejected a single case. As regards diagnosis, of which the author had spoken in his paper, he would add, that in some of these cases Dr. Lee's diagnosis had been wrong. No one could be infallible in diagnosis, but for the last three years he had made but one mistake. With this exception, all the cases operated on were ovarian. In this case, which was one of cancerous disease of the mesentery, he had been unable to complete the operation, and the patient died in twenty-four hours. The patient was, at the time of the operation, then in danger of death. Of the fourteen cases, three had died, and except one, done on Friday week, which was going on well, all were now well. So that of fourteen cases, three were dead, eleven cured, and there was one mistake. He would ask the Author if he had had equally good results from his do-nothing practice. If so, his results were different to those he (Dr. Tyler Smith) had obtained before he adopted ovariotomy. He hoped that, some time, the whole statistics of ovariotomy would be published. He thought that the operation was safer, easier, and less dangerous than it was believed to be; and that the chief danger arose from Medical men, like Dr. Lee, whose recommendation induced the patient to put it off. He (Dr. Tyler Smith) thought, however, that we should not operate until the patient's health had begun to fail; but in some cases the patient insisted on the operation. We have to deal with minds as well as with bodies, and patients often will not endure a life of uncertainty. In conclusion, he would add, that Dr. Lee had not brought forward anything against the operation, and that the hundreds of women saved by ovariotomy would have a stronger influence than his mere dictum. Two of the cases on which he had operated had been patients of Dr. Lee, who strenuously opposed the operation.

In reply to Dr. Beaman, Dr. TYLER SMITH said that the two patients of Dr. Lee, referred to in his concluding remarks, recovered.

Mr. SPENCER WELLS regretted that the substance of the documents accompanying Dr. Lee's papers had not been made known to the meeting, because the portion of the paper which had been read contained neither facts nor arguments, and all that any one could do, by way of reply, was to endeavour to prove that Dr. Lee's objections to ovariotomy should not lead to the condemnation of the operation. Three principal objections were stated by Dr. Lee. He said that women suffering from ovarian disease may live for a long time under palliative treatment; secondly, that it is often impossible to determine whether a tumour be really ovarian, and if so, whether it can be removed; and, lastly, that ovariotomy is a much more dangerous operation than published statistics would lead us to believe. In reply to the first of these objections, it would be admitted by every one who had followed a case of ovarian disease to its natural or ordinary termination, that it was difficult to imagine a life of more hopeless misery; and that nothing could be more painful than to watch, day by day, a poor creature, who for some reason was beyond the aid of Surgery, sinking into her grave, worn out by protracted suffering. Yet this was the fate to which Dr. Lee would condemn hundreds of poor women who might be restored to perfect health by ovariotomy. Then as to the alleged difficulty of diagnosis, and the distressing mistakes which had been recorded, it must be acknowledged that these mistakes were errors of a bygone age. It would be almost impossible for any one acquainted with the ordinary practice of percussion to repeat the error of the earliest Scotch ovariotomist, and open the abdomen of a woman whose only tumour was formed by flatulent distension of the intestines. Nor could any one who had ever heard the placental murmur, or the sounds of the fœtal heart, repeat mistakes which had been made in the later stages of pregnancy. In the earlier periods of pregnancy, doubts would sometimes arise; and in cases where ovarian disease complicated pregnancy, an occasional error might be unavoidable; but, in the great majority of cases, the diagnosis of ovarian disease might be brought as near to a positive certainty as could reasonably be hoped for in any department of Surgery. From his (Mr. Wells's) own experience of forty-six cases in which he had performed ovariotomy, of six others in which he had commenced the operation, or had made an exploratory incision, and of very many in which he had either simply tapped, or had injected iodine, he should say that the diagnosis was generally easy; and though, in some rare cases, it was not so, yet no important mistake had been made in any one of these cases. This, alone, was enough to prove that any supposed difficulty in diagnosis could not be maintained as an objection to ovariotomy; and the only logical conclusion which could be drawn from the mistakes due to the gross ignorance or gross carelessness of some Surgeons, or from the very rare errors which might be unavoidable to the most careful and the best instructed, was not the condemnation of a useful operation, but the endeavour so to improve our means of diagnosis as to make errors less and less excusable. In no other department of Surgery would the possibility of an occasional mistake lead to the abandonment of all Surgical interference, and it would be quite as logical to decry lithotomy because a neither careless nor incompetent Surgeon might, possibly cut into a bladder which did not contain a stone; or to condemn the ligature of arteries, because some one had tied an artery to cure an aneurism which did not exist; or to raise an outcry against the excision of joints, because a joint had been cut out which afterwards appeared to be so little diseased, that a few weeks' rest would have saved the limb—as to denounce ovariotomy because some Surgeons who had performed it had made mistakes. Then, as to the mortality—undoubtedly it was high—but it was high because we are often driven to operate in cases where the patient has been so broken down by the disease that the hope of success is very faint. If only favourable cases were operated on, a very large proportion would recover. We were now gaining the knowledge which enabled us to say to a patient, "The chances are ten to one, or five to one, or two to one against you; or the chances of success and failure are about equal; or they are two to one, or five to one, or ten to one in your favour." Out of his (Mr. Wells's) own 46 cases, 17 had died and 29 had recovered, but many of them were very desperate cases; and he could say that he had scarcely ever lost a patient when he had felt very confident of success before the operation. Ten out of the last eleven cases had recovered. But it is said that the mortality is greater than the Profession believe, because unsuccessful cases are concealed. This might be said of every other surgical operation. Men take pride and pleasure in their successes, and remember them, and make them known; while their reverses have often been so painful that they try to forget them. At any rate, they do not publish them, unless, for some special reason, they feel bound to do so. So in estimating the mortality of every operation,—lithotomy, amputations, herniotomy, and so on,—it is always necessary to make some allowance for probable error, due to the non-publication of unsuccessful cases; but, with regard to ovariotomy, so much attention had been directed towards it, that we probably had a larger proportion of cases published, compared to the number of operations performed, than could be collected respecting any other operation. He (Mr. Wells) *knew* that none of his own cases had been kept back,—he fully believed that many other operators had been equally truthful,—and he would join most warmly with Dr. Lee in denouncing the conduct of any man who could bring forward his successful cases, and keep his fatal cases wholly or partly concealed. No punishment could be too severe for such flagrant dishonesty. But it was a libel on the Profession to suppose that such an offence was common enough to throw discredit upon an operation which had done honour to English Surgery. The Jury on Surgical Instruments

in the International Exhibition have published their report—and a most able report it is—just what one would expect from the eminent men who compose the Jury—and among "the most remarkable additions to general Surgery since 1851, which receive illustration in the present Exhibition:" the Jury thus speak of Ovariotomy:—"Described by De Haen, as an operation of which it would not do to talk, lest some reckless surgeon should attempt its performance; and by Scanzoni as a proof of madness in the patient who should adopt, and of crime in the surgeon who should abet, such a mode of suicide; and, again, energetically denounced by Velpeau as an operation on no account to be admitted into French Surgery—it is a source of legitimate satisfaction to English surgeons, from William Hunter downwards, that, thanks to their perception of the conditions necessary to success, and their courageous self-reliance in the face of difficulty, an operation which, till lately, was considered scarcely admissible, should now be practised with results at least as favourable as attend many other capital operations." This "source of legitimate satisfaction to English surgeons," Dr. Lee would deny them; but it was to be hoped that the Society, so far from aiding him, would, on the contrary, influence Professional opinion in favour of an operation which should rank among the greatest benefits conferred by Surgery on Mankind.

Dr. SAVAGE said that, as Senior Physician of the Samaritan Hospital he had seen nearly all the cases operated upon, in that Institution, by Mr. Spencer Wells, and, like Dr. Lee, had also got together a list of cases of ovariotomy; but his collection differed from Dr. Lee's in one important point. Dr. Lee never would see the operation done. He (Dr. Savage) had asked him to come and see a case, but Dr. Lee said he would rather not. This reminded him of an anatomist who denied the existence of the curling arteries of the uterus. Many years ago, when Dr. Savage giving some attention to this point, he one day asked this gentleman to come and see these arteries in a uterine perforation, but he said, "No he had said there were no such arteries, and he did not want to see them." Dr. Lee stood precisely in the same position. He had expressed strong opinions against ovariotomy, and he did "not want" to see anything which could alter his opinions. So his list of cases of ovariotomy, though large, were perhaps less reliable than his (Dr. Savage's) though only numbering between 50 and 60, because he (Dr. Savage) had taken care to become intimately acquainted with each case before the operation, during the operation, and after the operation. Thus his personal information being more precise, might, perhaps, be accepted as making up for deficiency in numbers so far as to justify his offering a few remarks on the present question. When Mr. Spencer Wells became his colleague at the Samaritan Hospital, the authorities there, himself included, on the whole were unfavourable to ovariotomy; but Mr. Wells's success was decisive. Like Dr. Smith, he (Dr. Savage) could not help becoming a convert, but he could not agree in considering the extirpation of a diseased ovary a simple operation; quite the contrary. It seemed to him there was no operation which could present a greater source of embarrassment, or required more presence of mind, readiness in resource, and the other best qualities of the Surgeon. The reasons just advanced by Dr. Smith and Mr. Spencer Wells, in favour of ovariotomy, must be concurred in sooner or later, especially by those who had been in the melancholy situation of witnessing the progress and termination even of ordinary forms of ovarian disease. It had been noticed that the operation had been followed by an inequality of success, in regard to persons and places, which had excited a doubt, not only whether it could ever be brought under definite Surgical rules, but whether individual statements of successful cases could be relied on. From his own observation, he could not hold thinking that very much depended, not so much on the skill as on the experience, of the operator. For instance what course would an inexperienced operator adopt in a case where the tumour, having been freed from the abdominal cavity in the most skilful manner, everything promising its speedy and successful separation, he could not find a pedicle—no place to apply any form of ligature? Would anyone without some experience in such operations, be ready with a suitable expedient for such a complication? Yet he had lately been present when this occurred to Mr. Wells, and the measures resorted to were followed by one of the best recoveries. One of Dr. Lee's chief objections turned on the presumed insuperable difficulty of making out satisfactorily, in any given case, whether or not the tumour was a pregnant uterus, or whether pregnancy co-existed. This difficulty had not led to any mistake in any of the cases he had seen, nor could he imagine how it need be made. Fluctuation in many compound cysts was avowedly very obscure, and the abdomen, to the sight and touch, often closely resembled its appearance in pregnancy, but the usual modes of investigation were quite sufficient to make out a correct diagnosis in every case. He had come to this meeting of the Society in the anticipation of hearing sundry other points of difficulty connected with ovarian diagnosis discussed; but as what had transpired of Dr. Lee's communication offered no precise fact of any kind whatever, there was nothing to deal with. Dr. Lee had included in his list all the cases of ovariotomy he could get at: well, then, the case he was about to allude to must be one of them, and, therefore, before the Society, and he thought it would be satisfactory to the Profession, if they were informed what were the precise points which led to the difficulty of diagnosis in a case which had occured in the Institution with which Dr. Lee was connected as Physician Accoucheur. The leading particulars of the case had been published, but he (Dr. Savage) thought Dr. Lee ought to explain, for their future guidance, how and why the difficulty had arisen.

Mr. POLLOCK said that Dr. Lee had not seen the case referred to by Dr. Savage. It had been fully published soon after the operation.

Dr. BARCLAY said that, in addressing the Society, members should not speak from mere "hearsay" evidence.

Dr. LEE rose and said, it was true that he had never performed the operation of ovariotomy on the living body, that he had never sanctioned its performance, and that he had never seen it performed by others. In the year 1840 he had been invited by the late Mr. B. Phillips to be present at the St. Marylebone Infirmary to see him operate. He (Dr. Lee) consented to be present, but, being professionally engaged, did not arrive at the Infirmary till the operation had been completed. The patient was 21 years of age, in good general health. An incision of two inches and a half was made through the abdominal parietes; the cyst was seized with the vulsellum; 330 ounces of fluid evacuated; the opening enlarged; the cyst drawn out; the root tied and excised, and the sac removed without difficulty. Severe pain followed, with vomiting. He saw the patient about half an hour afterwards, with rapid, feeble pulse, and cold extremities. He was present at the examination of the body, when the appearances of recent inflammation were observed within the pelvis, with a small quantity of extravasated blood. He had seen the patient a few days before in excellent general health, and if her life had not thus been suddenly and violently destroyed, she might have lived for years. Mr. B. Phillips never again performed the operation of ovariotomy. He (Dr. Lee) was now told that ovariotomy was a simple operation, and the reports published of successful cases would lead to the inference that it was attended with comparatively little danger. No operation, he was convinced, could be performed on the human body so dangerous, except the Cæsarean section. Indeed, the Cæsarean section and ovariotomy resembled one another in several striking respects. In both an incision must be made through the abdominal parietes, the peritoneal cavity laid open, and the bowels exposed. "I am acquainted," says a statistical writer in the thirty-fourth volume of the 'Medico-Chirurgical Transactions,' "with 409 authentic cases of the Cæsarean section, 341 of which are collected in Kayser's valuable essay, 'De Eventu Sectionis Cæsareæ.' In 251 of these cases the mother died; in 156 she survived. There can, however, be no doubt but that these figures convey a very exaggerated impression as to the proportion of recoveries, and that the unfavourable estimate of English authors is nearer the truth. Both Kayser and Naegelé regard the results given by the published cases as *unfair*; and the former mentions the fact, which of itself affords strong evidence on this point, that while the total maternal mortality amongst the cases which he had collected was 63 per cent., the mortality of cases occurring in lying-in Hospitals, in which institutions failures must of necessity be reported as well as successes, amounted to 79 per cent." The results here stated were admitted to be unfair, he would say wholly destitute of truth, and utterly unworthy of credit. Did any one person there present believe that of these 409 cases the mortality was not greater than 63 per cent? It was known that numerous fatal cases of Cæsarean section had occurred on the continent, of which no report had ever been permitted to see the light. This applied forcibly to the statistics of ovariotomy, which he had been told were the sole foundation upon which all their conclusions respecting the propriety of removing ovarian cysts and tumours must rest. If all the fatal cases of ovariotomy had been published there might have been some appearance of force in this; at least, the degree of danger would have been indicated. But this had not been the course followed in this country since the operation came to be performed. It was notorious that numerous fatal cases of ovariotomy had occurred, of which no report had ever been published, and all attempts to remove the veil which concealed them had been fruitless. "You have related, Sir, to the Society (addressing the President) a successful case of ovariotomy performed many years ago by Mr. Walne. Can you inform the Society of the number of cases in which he performed the operation with disastrous results, of which no account was ever published?" When preparing his (Dr. Lee's) analysis of 162 cases which had occurred in Great Britain for this Society, he wrote to Mr. Walne, and requested him, on the grounds of science and humanity, to communicate a full report of all his successful and all his fatal cases. With this request Mr. Walne refused to comply in the most peremptory manner, and no accurate report had ever been published of the results of his practice. It was long since Mr. Walne had been heard of as an ovariotomist; but the reports of success in his early career were quite as flattering as those marvellous results which had been related to the Society that evening. Mr. Walne was not the only ovariotomist to whom he (Dr. Lee) applied for information on the

occasion without success. Another, whose fame as a successful ovariotomist had not been surpassed in the country, made a return to him, which was not at all correct, and which he was compelled to reject as utterly untruthful. Of this ovariotomist little had been heard of late years, and he (Dr. Lee) believed that he had abandoned the operation altogether. The postscript to Dr. Lee's paper contained an account of all the cases operated upon by Mr. Lane, Dr. Clay, Mr. Spencer Wells, and others, and the history of some fatal unpublished cases. The Council of the Society had decided that these should not be read. He had requested the last case in his postscript to be read, but that request had not been complied with. It was a case related in a letter to Dr. Noble. The operation was performed in 1855, with the sanction of Mr. Harrison's colleagues, and in the presence of Dr. Noble and several other Medical men and Dr. Clay. "I removed the tumour," says Mr. Harrison, "and the first time I suspected it to be uterine was on cutting through the pedicle." The patient had died in eight hours. He (Dr. Lee) was uncertain if this case was published. Another letter in the postscript contained an account of three fatal cases. One of these had been published as a fortunate case. The histories of many others had been communicated to him, not referred to in the postscript. He had himself seen a considerable number of cases where the operation was performed, contrary to his advice, with rapidly fatal results, of which no reports had been published by which the cases could be recognised. He passed the house of one of those patients that afternoon. There was hope in this case that, with ordinary treatment, this patient might have lived for years. The operation was very lately performed with rapidly fatal results upon a lady he had seen in the country on the sea-coast. By no efforts had he succeeded in bringing to light the details of that case. If the operation was so simple and so successful, why were these cases concealed from the public and the Profession? He (Dr. Lee) saw a case near Brixton some time ago, since the publication of his 'Analysis.' There was a great mass of ovarian cysts and tumours firmly adhering. He never saw a more unfavourable case for an operation; but a most marvellously successful ovariotomist was called to see the patient, and he pronounced it a favourable case. He said that he (Dr. Lee) was wholly ignorant of the subject. This ovariotomist made an incision from stem to stern, not an exploratory incision, but nothing could be removed after repeated attempts, and the patient was soon in her grave. Dr. Lee wrote to the ordinary Medical attendant some weeks after, inquiring what had become of her. He received no reply of any kind. He wrote a second time without success. Many months after, Dr. Lee accidentally met a clergyman at Clapham, who informed him that the operation had been performed with speedily fatal results, and that he had buried her. It would be useless to multiply such cases; and yet he was told that the statistics of ovariotomy were to form the groundwork of all decisions respecting ovariotomy, and that they were worthy of trust. An attempt had been made to institute a comparison between the results of ovariotomy and great surgical operations. A chronic ovarian disease, after lasting four years, and not threatening life, bore no resemblance to a case of strangulated hernia, an aneurism ready to burst, or a shattered limb with hæmorrhage from the large arteries. Ovariotomy could not be compared to any of the great operations of Surgery. In the cases of ovariotomy called unsuccessful, the patients had been suddenly deprived of life by violence without any necessity. But it was not from some occasional cases of recovery from the operation, such as those related that evening, that a correct opinion of ovariotomy could be formed. All the facts must be taken into account, otherwise no sound judgment could be formed of the difficulty of the diagnosis, and the danger of the operation. It appeared, from the analysis of 162 cases, that a successful instance occurred in America, and was published in the 'Edinburgh Medical and Surgical Journal' in 1822. He had thought that this was the first case; but it was now stated that the operation had been performed by Dr. M'Dougal before. This was a matter of no importance. It could not be denied that the publication of a successful case took place in 1822; and he had supposed Mr. Lizars, in consequence of this case, had recourse to operation. In Mr. Lizars' first case there was no ovarian disease to be removed. In the second the disease was removed, but the other ovary was diseased, and could not be removed. This patient was afterwards seen by some surgeons in London. He believed Mr. Lawrence saw her, with a great cicatrix of the abdomen, and a large mass of disease within. The third patient operated upon by Mr. Lizars died. In the fourth case there was no ovarian disease to be removed. About 1829, a case similar to this was seen in Guy's Hospital by Dr. Gooch. In 1826, Dr. Granville made an incision of nine inches long through the abdominal parietes, and a large ovarian tumour was brought into view, which had such extensive adhesions that it could not be removed. In 1829, Dr. Granville operated again, and removed a tumour weighing 9 lbs., which was supposed to be ovarian, but it was a large fibrous tumour of the uterus. Dr. Lee examined this tumour in the recent state, and ascertained that it had adhered to the fundus uteri by a thick peduncle, around which a ligature had been applied, and the root cut across. A portion of small intestine which had come in contact with the incised root became inflamed and gangrenous, and the patient soon perished miserably. The preparation of the parts was long in the possession of Mr. North. Dr. Granville was about to operate upon another patient, but Mr. C. Clarke recommended the patient not to submit to the operation, and she lived some years after, and died a natural death at Barnes. Dr. Scott examined the body, and presented the tumour to Dr. Lee, which was the uterus, with a fibrous tumour embedded in its walls of the size of three human heads; it was in Dr. Lee's collection at St. George's Hospital. Dr. Granville had far greater experience in the practice of midwifery than any who had that evening spoken. In 1835, Mr. Jeaffreson performed the operation, and the patient soon recovered. From that time to the present the operation had occasionally been performed with success, but as often, he (Dr. Lee) believed, with fatal results, if the whole truth were revealed. About the same time Mr. King attempted to perform the operation, but the ovarian disease could not be removed, and the patient died. In 1834 he repeated the operation with success, and again in 1836. Then followed three successful cases and one fatal. Then followed six fatal cases running, in which the operation was performed by Messrs. Hargraves, B. Phillips, Aston Key, B. Cooper, and Mr. Greenhow. In looking over one column of his "Analysis," he (Dr. Lee) could see, "Died—died—died—died—died" in a few days—he might say killed. All these operations were performed by distinguished surgeons, and none of them repeated the operation. In fact, the operation required undoubtedly great hardihood. So far, it was an operation such as had been described. He would refer those who wished to know all the facts to the remainder of the "Analysis," by which it appeared, that of 162 authentic cases in which the operation had been undertaken, in 60 the ovarian disease could not be removed, 19 of which proved fatal; of the remaining 102 cases in which the operation was completed, 42 terminated fatally. From these facts, he concluded that ovariotomy and the Cæsarean section were the two most dangerous operations which could be performed on the human body. The postscript to his (Dr. Lee's) paper, which the Council had refused to read, contained reports of all the cases, successful and fatal, which had come under the care of Mr. Spencer Wells, and he believed that that gentleman had concealed no fatal case. One of the successful cases he (Dr. Lee) had seen in Burton ward, St. George's Hospital, and he thought the case as favourable for the operation as any he had ever seen. He summoned a consultation of the surgeons; but they declined to operate unless he sanctioned the operation, which he could not do, knowing that, until the abdomen was laid open, it was impossible to tell whether the cyst could be removed or not; and knowing also that the patient's life would, under the most favourable circumstances, be exposed to the utmost danger. She went to the Samaritan Hospital, and was operated upon by Mr. Spencer Wells with success; but she had a narrow escape with her life, and she told him (Dr. Lee) that she considered herself on the brink of the grave during several days. But the perusal of the successful cases of Mr. Spencer Wells had, no doubt, led to most fatal results. In reading some of these cases, a lady in Ireland, who had ovarian disease, resolved to have it extirpated, being convinced that ovariotomy was not attended with much danger. A pecuniary negotiation took place between her and Mr. Wells, but it came to nothing; and another ovariotomist went to Ireland, and performed the operation. He (Dr. Lee) had been informed that he represented the case as not unfavourable, and that his fee was to be 300 guineas, and 100 guineas every day he remained with the patient after the operation. Bargains of this description he (Dr. Lee) had been informed were not uncommon. The operation was easily performed, and the operator ran round the table, kicking up his heels in triumph; but these feelings of delight were of short duration, for the patient soon began to sink, and died in eighteen hours. Had Mr. Spencer Wells ever read any report of this case? It was impossible to deny that the question now under discussion was a money question, and not one of science and humanity. Mr. Spencer Wells had reduced all his cases under three heads. One of these comprehended all the cases in which what had been called exploratory incisions had been made, and these were spoken of as if they were things of no very serious importance, though they had sometimes caused death. "You would not, I am convinced," concluded Dr. Lee, "view them in this light if incisions were made through your abdominal parietes, and the fingers of an ovariotomist introduced amongst your bowels to hunt for adhesions. Mr. Liston had a great horror of such exploratory incisions, and of all ovariotomists. He called them 'belly rippers,' with a B before and a B after. The meaning of these two B's I must not state plainly to the Society."

JUNIOR MEDICAL SOCIETY.

At a meeting of the above Society, held at Guy's Hospital on the 18th November, the following gentlemen were elected as officers for the ensuing year:—

President.—Dr. Deck, St. Thomas's Hospital.

Vice-Presidents.—Mr. W. Travers, Charing cross; —— Stevenson, Guy's; H. Smith, King's College; Dr. Harvey, St. George's;

Dr. Clapton, St. Thomas's; Mr. J. T. Jones, University College; Mr. C. Heath, Westminster.

Treasurer.—Mr. S. G. Freeman, St. George's.

Hon. Secretaries.—Messrs. F. H. Gervis, St. Thomas's; H. R. Wathen, Westminster.

Members of Council.—Messrs. F. W. Cooper, Charing cross; E. A. Browne, Charing cross; —— Elliston, Guy's; P. H. Pye-Smith, Guy's; T. Morton, King's College; W. Kempthorne, King's College; T. Pick, St. George's; W. Bingley, University College; A. Watts, Westminster.

Mr. Pye-Smith, of Guy's Hospital, then proceeded to read a paper on "The Modifications of Disease, Induced by the Tissues Affected," in which, after stating that those diseases which our ignorance compels us to call functional, were necessarily excluded from consideration, he divided structural diseases into inflammations, with their consequences—deposits not preceded by inflammation, and new growths or deposits endowed with independent life. Illustrations of the subject under discussion were drawn from the hypertrophy, atrophy, and repairs of different organs, and the peculiarities of the catarrhal, adhesive, purulent, and granular forms of inflammation were referred to their occurrence in mucous surfaces, serous membranes, or certain solid organs respectively. Having considered the various deposits (including tubercle) from this point of view, the author proceeded to apply the same principle to the classification of tumours, which ought, he contended, to be based upon two criteria—the tendency to rapid cell formation, determining the greater or less malignancy, and the tissues in which the primary growth arose, its anatomical characters. The paper was illustrated by diagrams and pathological specimens from the museum.

An interesting discussion then followed, in which Messrs. Dixon, Deck, Gedge, Carter, Stevenson, and Bingley, took part.

The Author of the paper having replied, the meeting adjourned.

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

LAYING THE FIRST STONE OF THE ALBERT WING.

On Thursday afternoon last, Mr. Propert, the founder and Hon. Treasurer of this College, performed the interesting ceremony of laying the foundation-stone of the four new residences for pensioners, and which, by the gracious permission of her Majesty, bears the name of the "Albert Wing."

The new wing is situated at the west end of the College, and will [illegible] being at one end, will form an angle, and be carried [illegible] higher than some of the other houses. A glance at the various plans shows that the same care paid towards the comfort of the aged inmates in the other residences, will not be neglected in those now in course of erection.

The new building will be erected by public subscription; and in the list of donors, we are informed that the ladies who so munificently provided for the chapel some years ago, again came forward with great liberality. Owing to such generosity, the Council have the satisfaction of knowing that all the money required for the new building has been received. This additional wing will make the residences at the College twenty-four in number, there being twenty at present. The architect of the new building is Mr. George Elkington, of 19 Cannon street West, and the contractor is Mr. Conder, of Kingsland road, London, the contract price being 1,976*l*. It is anticipated that the new wing will be finished in March next, and in a fit state for habitation by the time of the annual meeting in May, 1863.

Shortly before three o'clock, the Founder and following members of the Council assembled in the Hall of the College:—Messrs. Lord, Hancock, Jonson, Sterry, Blenkerne, Carr, Ward, and the Rev. G. Pocock; several ladies being present, including Mrs. Thornton (the wife of the Head-Master), Miss Payne, and the resident pensioners. A procession to the spot fixed for the day's ceremonial was formed in the order given below:—

The Founder, John Propert, Esq.
The Head-Master, the Rev. Dr. Thornton.
The Council, two abreast.
Mr. Freeman, Secretary, and Mr. G. Elkington, Architect.
The College Band.
The Masters.
The Scholars, two abreast.

Mr. Jonson, addressing the company, said: Ladies and gentlemen, and my young friends, at a meeting of the Royal Medical Benevolent College, held on Wednesday last at the Offices, Soho square, it was unanimously resolved that the Founder of this Institution should be requested to lay the first stone of the Albert Wing. I need hardly remind you that the task devolves upon a gentleman who will not less gracefully fulfil the duty, than he will, I am sure, feel grateful to us all for having placed him in a position in which he must necessarily feel very proud. The distinction which has fallen to him upon this occasion, however, arises, as you all must be aware, from the very large and very intense interest he has taken in this noble Institution from the earliest period of its existence—(hear); and I am quite sure we shall all hail, with the utmost satisfaction and happiness, to see him in the enjoyment of such excellent health, to commence a work from which we all hope to see so much good arise. (Applause.)

Mr. Propert.—Ladies and gentlemen, having been placed in this enviable position, I now call upon my reverend friend, the head-master of this College, to offer up a prayer to Almighty God, and to ask his blessing.

The Rev. Dr. Thornton then read the 134th Psalm, and offered up some suitable prayers.

Mr. Propert then advanced to the place where the masons had the stone ready to be deposited, and having taken the trowel and spread the mortar, the massive block of granite was lowered to its position amidst the cheers of the bystanders, the Founder saying: "I declare this to be the first stone of the new wing, which I earnestly trust may be a blessing to those who seek an asylum therein." (Loud cheers, and one for the founder.)

Mr. Propert, addressing those present, said: Ladies and gentlemen, you are aware that some trouble has been taken to establish this Institution, and I trust that what we are now about to do will almost be the completing link in what is now so desirable a work. I have been ever most anxious to add a trifle to that love and respect due to one of the best of princes and of men. A better man never lived than the late lamented Prince Consort. (Hear.) We have experienced his kindness and urbanity in every possible way that a prince could bestow upon an institution; and, when he was removed from us, I thought that we could not put a finishing stroke to the Royal Medical Benevolent College, better than by erecting those four additional residences for pensioners in memory of the best and kindest of men (hear, hear). Well do I remember that, when he honoured this place with a visit, I accompanied his late Royal Highness over one of the pensioners' residences, and his words, as nearly as possible, were these: "Mr. Treasurer, I candidly tell you that these residences are the most perfect little things I ever saw in my life, and I regret there are not more of them." After thinking of such words, I could not help doing all in my power in order to perpetuate the memory of such an excellent and gracious Prince. (Applause.) I hope the building will be completed before long, and that those who take up their residences in them will, as they are intended for a place of rest, have time there to prepare themselves for another and a better world. May God bless the undertaking. I have now great pleasure in stating that I am not [illegible] Patron of it, [illegible] strong hope that her Most Gracious Majesty may at some [illegible] honour this College with her presence, as she is the Highness the Prince [illegible] (Applause.) I can never forget that his Royal here; he was present at the opening of the College, [illegible] intended to come with his much lamented father; therefore, I hope her Majesty will [illegible] company honour us with her presence. (Applause, and the National Anthem by the Band.)

Mr. Propert, addressing the scholars, told them he hoped that, in return for the privileges placed within their reach, they would turn out good, learned, and gentlemanly men (hear). He called upon them to give three loud and hearty cheers for the ladies, through whose benevolence the Council were enabled to raise that wing.

This appeal was responded to by the lads in a very suitable manner; and like compliments having been paid to Mr. Propert and the Rev. Dr. Thornton, the company returned to the front of the College in the same order as they had proceeded from it.

LEGAL INTELLIGENCE

COURT OF EXCHEQUER, WESTMINSTER, Nov. 4.

(Before Mr. Baron Martin.)

Walters *v.* Lush.

This was an action to recover commission for the sale of a medical practice. Mr. O'Malley conducted the case for the plaintiff, and Sir F. Slade appeared for the defendant. It appeared that the defendant, a medical gentleman residing at Salisbury in 1861, consulted the plaintiff respecting the disposal of his practice, and placed it in his hands for that purpose. A correspondence then took place between them, respecting the price to be paid by a purchaser. One of the conditions required by the defendant was, that while sufficient details of the nature and value of the practice were to be furnished in reply to any inquiries, the name of the vendor was not to be mentioned unless it appeared probable that a purchase would be effected. Defendant supplied these particulars to several applicants, amongst whom was Mrs. Young, the wife of a surgeon who was then abroad for the benefit of his health, and who had desired her to find a practice on which he might enter on his return to England. But as the particulars were not satisfactory to Mrs. Young, chiefly on account of the premium required and the large establishment it was stated to be essential to maintain, no correspondence took place between her and the defendant. As no purchaser for the practice was procured by the plaintiff, the defend-

ant requested plaintiff to make out his bill of charges, which amounted to 5*l.* 8s. which he satisfied. Having taken the affair out of the hands of plaintiff, the defendant then instructed Mr. Needes, another medical agent, who introduced Mr. Young to defendant, and a sale was effected through his agency. This fact, becoming known to the plaintiff, he demanded his commission for the sale, payment of which being refused by the defendant, the present action was instituted. On examination, plaintiff stated that the conditions upon which he transacted business were supplied to Mrs. Young, amongst which was a provision, that if any sale should be made to any party to whom he had furnished particulars, the commission should be payable, although such sale might eventually be completed through any other agency. This was admitted by Mrs Young; she, however, denied that the purchase was effected through plaintiff's agency, as he had only furnished the details of the practice without giving the name. No further witnesses were called.

Mr. Baron Martin, in his directions to the jury, explained that the affair resolved itself into a matter of bargain between the parties, and that as it was clear that the terms had been stated on the one side and admitted on the other, the defendant must abide by the consequences.

Verdict for the plaintiff for 38*l.* 19s. with leave, however, for defendant to amend the declaration for new trial.

MARYLEBONE POLICE COURTS.

Alleged Frauds upon the Medical Profession.

Alfred John Davis, of 13, Grenville-street St. Pancras, described as a collector, surrendered to his recognisances, on the charge of having obtained, at 5, Henrietta-street, Cavendish-square, on or about the 5th inst., from Mr. William Adams, the sum of £1 1s, under false and fraudulent pretences.

Mr. Metcalfe appeared for the prosecution, and Mr. Sleigh for the defence.

From the evidence formerly adduced, it appeared that the prisoner went to the residence of Mr. Adams to solicit subscriptions on behalf of the widow of the late Mr. Brent, who acted as deputy coroner to the late Mr. Wakley, and on the faith of representations made, Mr. Adams paid him a guinea.

Having heard some further evidence,

Mr. Mansfield said it appeared beyond doubt that the statement made by the prisoner was a falsehood to get money from the benevolent. It would, he thought, be a very difficult matter to prove a false pretence in this case. It had been brought out in a singular way that Mrs Brent was in needy circumstances, and there can be no doubt that she received the money. She was not called, therefore they must assume that she received the subscriptions. Under all the circumstances, he thought that, even if the case was sent for trial, no jury would convict. He must therefore order the prisoner to be discharged. 'Daily Telegraph.'

Births, Marriages, and Deaths.

BIRTHS.

Bate.—On the 20th inst., at Clifton terrace, Maida-hill, the wife of Henry F. Bate, M.D., of a son.

Bird.—On the 11th inst., at Norfolk square, Sussex gardens, the wife of Peter Hinckes Bird, Esq., F.R.C.S., of a son.

Cattle.—On the 12th inst., at Newent, Gloucestershire, the wife of W. D. Cattle, Esq., M.R.C.S., of a daughter.

Jones.—On the 15th inst., at Queen's road, Dalston, the wife of J. D. Jones, M.D., of a daughter.

Martyn.—On the 16th inst., at Trevor terrace, Rutland gate, the wife of W. Martyn, M.D., of a daughter.

Thorp.—On the 13th inst., at Maldon, Essex, the wife of Henry John Thorp, Esq., M.R.C.S., of a daughter.

MARRIAGES.

Hetley—Braybrooke.—On the 6th inst., at All Saints' Church, Upper Norwood, Surrey, Frederick Hetley, Esq., F.R.C.S., of Upper Norwood, Surrey, to Charlotte, Lady Braybrooke, daughter of the late Hector John Graham Toler, Earl of Norbury.

DEATHS.

Hedenus.—On the 6th inst., at Dresden, Herr Aug. Hedenus, M.D.

Poland.—On the 14th inst., at Blackheath, James Wood Poland, Esq., M.R.C.S., third son of Sir W. H. Poland, aged 38.

Rix.—On the 15th inst., William Beloe Rix, Esq., M.R.C.S., of Matching, Essex, aged 62.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary Examinations for the Diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 18th inst., viz.:—Edward Richard Slingsby, Hull; Richard William Davies, Colnbrook, Bucks; Moriz Schapira, M.D., Vienna; Frederick Carter, L.R.C.P. Lond., Billericay, Essex; John Baird, Strabane, County Tyrone; Thomas Moore, Stockport; John Alexander Hedges, L.S.A., Bedford; Frederick Royston, Fairbank, Rugby; Edward Charles Anderson, Birmingham; Thomas Baker, Birmingham; Joseph Benson Corlett, M.D. Edin., Jamaica; John Latham, Rushton, Rainow, near Macclesfield; William Cribb, L.S.A., Kentish-town; Charles Montague Simpson, Barnsbury; Charles Pinchain, Harding, Woolwich; Robert Lloyd Jordison, South Ockenden, Essex; Arthur Calcutta White, L.S.A., Raureath, Essex; James Hunter Armstrong, Gravesend; Arthur John Watts, Bayswater; William Norris Marshall, Wingham, Kent; Arthur Trehern Norton, L.S.A. Westbourne-grove, West; Wykeham Hawthorne Lydall, Westbourne-park-road; John Sutherland Howell Probyn, Newbury, Berkshire; and Allen Græme Cheek Mann, Grenada, West Indies. At the same meeting of the Court, Mr. Martin Magill, of H.M.S. 'Russell,' Falmouth, passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his Diploma bearing date June 6, 1856. The following gentlemen having undergone the necessary examinations for the Diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 19th inst.:—Francis Young, M.A. Trin. Coll, Dub., Kentish-town; Robert Edward Gibson, Plymouth; John Wright Craig, M.D. Glasg.. Ayr; George Henry Eccles, Plymouth; William Robert Roberts, Birmingham; Thomas Robert White, M.D., Queen's Univ. Ireland, Bailieboro', Co. Cavan; Robert Farmer Gibson, Cardiff, S. Wales; Lynch Thomas, M.D. Edin.; Cornelius Harrison Ward, Tolleston, near Nottingham; Frederick Augustus Palmer Hains, M.D. Edin., Totness, Devon; John Williams, M.D. Edin., Brecon; George White, Thatcham; William Henry Dixon, M.D. Edin., Sunderland; William Henry Axford, Bridgewater; Ellis Frederick Thorold, M.D., Edin.; Henry Willey, St. John's-wood; Sidney Hyde Langfrost, Somerset; T. Griffiths, Carmarthen; William Hanks, Snaith, Yorkshire.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to Practise, on Thursday, November 13, 1862:—Owen Grimbly, St. Thomas's Hospital; Charles Richards, St. Mary's Hospital; William Watmough, 16, Portugal-street, W.C.; John Henry Bridgman, Bridgport, Devon; William Forsyth, Edinburgh; James Stafford Webb, South-street, Kennington-road; James Wilson, Soho-park, near Birmingham; Lewis James May, West Putford, Devon; William Lugar Munford, Cornara Parva, Suffolk. The following gentleman also on the same day passed his First Examination:—Thomas Miles, Guy's Hospital.

Harveian Society of London.—The next meeting of this Society will be held on Thursday, Dec. 4, at 8 p.m., when a paper will be read by Mr. J. R. Lane, "On Stone in the Bladder in the Female."

Royal College of Physicians of London.—At a special meeting of the College, held on Saturday, the 15th inst., John Erichsen, Esq., Fellow of the Royal College of Surgeons of England, and Professor of Surgery, and Surgeon to University College Hospital, was elected an Examiner on Surgery of candidates for the College license.

S. Holdsworth, Esq., M.D., has been elected Mayor of Wakefield for the ensuing year.

Professor Garrod has accepted the Chair of Materia Medica at King's College.

Hunterian Museum.—The Council of the Royal College of Surgeons of England have determined to appoint an Assistant in their Museum, at a salary, we believe, of 200*l* per annum, and have invited gentlemen desirous of the situation to send in their applications on or before December 6th next.

The Vacant Ophthalmic Surgeoncy at St. Mary's.—This appointment, it is said, will be warmly contested. One of the candidates is Mr. Robert Taylor, a gentleman of the very highest private character, who has long devoted himself to the diseases of the eye, and has contributed several important papers on the "Morbid Anatomy of the Eye" to the 'Pathological Transactions,' and has written on the "Ophthalmoscope." The other is Mr. Ernest Hart, who has attained considerable credit for his ingenious methods of treating aneurism.

Royal Institution of Great Britain.—General Monthly Meeting November 3, 1862.—William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the Chair. August F. Andresen, Esq., Thomas R. Williams, Esq., and Hon. William Warren Vernon, were elected members of the Royal Institution. The decease of Sir B. C. Brodie Bart., Manager of the Royal Institution, was announced. The following lecture arrangements had been made for the ensuing season:—Christmas Lectures, 1862.—Professor Frankland, F.R.S., six lectures, "On Air and Water," (adapted to a juvenile auditory). Before Easter, 1863.—Professor J. Marshall, F.R.S., twelve lectures, "On Physiology;" Professor E. Frankland, F.R.S., ten lectures, "On Chemistry;" W. Savory, Esq. F.R.S., four lectures, "On Life and death;" Professor Max Muller, twelve lectures. After Easter.—Professor Tyndall, F.R.S., seven lectures; D. T. Ansted, Esq., F.R.S., nine lectures; "On Geology;" Professor William Thomson, F.R.S., three lectures, "On Electric Telegraphy." The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 26.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.; Society for the Encouragement of Arts, Manufacture and Commerce, 8 p.m.—Dr. B. H. Paul, "On the Utilisation of Peat, with reference more particularly to the Manufacture of Hydro-Carbon Oils."

Thursday, November 27.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m. ; London Surgical Home, Ovariotomy and Ruptured Perineum, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes in Opinion and Practice which result from recent Researches in Physiology and Pathology.

Friday, November 28.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 29.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

Monday, December 1.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m. ; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes of Opinion and Practice which result from recent Researches in Physiology and Pathology ;" Medical Society of London, 8½ p.m. Lettsomian Lectures, by Dr. James Bird: "Private Hygiene : the Means of Preserving Individual Health. Public Hygiene : Collective Differences in the Organic Type of Masses, Mortality and Duration of Life, &c."

Tuesday, December 2.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Royal Medical and Chirurgical Society of London, 8½ p.m. Mr. Wm. Smith, of Chesterfield, "On Poisoning by Oil of Wormwood."—Dr. Webster : "Notices of a Cæsarian Operation, &c., at Moscow."—Dr. Dobell, "On Hereditary Transmission."

BOOKS RECEIVED FOR REVIEW.

The Journal of Mental Science. London : John Churchill, New Burlington street.

Chemistry. By W. T. Brande, Esq., D.C.L., &c., &c., and A. S. Taylor, Esq., M.D., F.R.S. London : J. W. Davies, 54 Princes st., Leicester square.

NOTICES TO CORRESPONDENTS.

Mr. ROBERT H.—The article on "The Medical Profession" in the 'North Briton,' is a shallow affair. A man who thinks that the most important triumphs of medicine will be won by the study of those diseases which are caused by "crushed hopes," "blighted prospects," "suppressed love and unrecognised genius,"—save the mark ! can know very little about the variety and extent of Medical study. The writer is doubtless a sufferer from "unrecognised genius," and our prognosis of his case is that he is likely to die of the complaint.

A SUBSCRIBER.—There is an establishment in Scotland for the cure of intemperate persons. Address to John Sword, Clackmannan.

Dr. W. B.—You are in error. There is no lack of money at present to relieve the distress in the manufacturing districts. The local papers inform us that there is a large amount in hand. The poor must not be allowed to starve ; and the lethargy of the Manchester manufacturers leads us to conclude that they, at least, do not think they will.

H.S.—We have no doubt that a likeness might be obtained by searching Messrs. Maull and Polyblank's rooms.

INQUIRER.—A candidate having the double qualification would undoubtedly be preferred, provided he lived in the district ; if he did not it would be optional with the Board to select a candidate with a single qualification. We see no impropriety in this regulation ; for in many instances it would be more desirable that the union officer should have only a single qualification if near at hand, than a double one if residing at a distance from his work.

CHIRURGUS (Manchester).—Your letter has been received. We think it as wrong that any particular Lancashire parish should be overrated as it is that a London parish should be burdened beyond its ability. The county rating would be the cure for this evil.

Mr. YOUNG.—Certainly.

Mr. WHITE.—Received and attended to.

DENTATUS.—1st. Yes.—2nd. Yes.

M.D. ST. ANDREW'S.—Note with enclosure received.

Dr. LOMAS.—Communication received and inserted.

D. H.—Received. The subject is hardly of sufficient importance to require a notice.

STUDENS.—Nosophthory is a new name for the science of abolishing disease ; in other words, preventive medicine.

J. G. H.—It may be so ; but we believe the contrary.

R. G. S.—We have no doubt that the hypophosphites are efficacious in suitable cases. You cannot do better than peruse the articles published in this journal on the subject by Dr. Churchill.

Mr. CURGENVEN.—Received.

M.D.—1st. Yes.—2nd. No.

ZENO.—The arrangement could not be effected.

Mr. HOGG'S admirable articles on the Ophthalmoscope, are unavoidably postponed this week.

CHLORODYNE.

TRADE MARK REGISTERED 1858.

DR. J. COLLIS BROWNE, M.R.C.S.L. Ex-Army Medical Staff, after many years of study and experiment, succeeded in discovering, in 1846, a remedy which should possess the property of an ANODYNE, SEDATIVE, DIAPHORETIC, ANTISPASMODIC, and ASTRINGENT. For this new Remedial Agent he was obliged to find a name, and *coined* the appellate "CHLORODYNE," a word unheard of and unknown until he introduced it, in 1856, for public use *through* J. T. DAVENPORT, Pharmaceutist, 33 Great Russell street, Bloomsbury square, London, *to whom he confided* THE RECIPE AND ITS MODE OF PREPARATION, *never having divulged or published the secret of its formula.*

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TO THE MEDICAL PROFESSION.
Charcoal Biscuits for In- DIGESTION, HEARTBURN, &c. &c., manufactured from the purest Vegetable Carbon. Sold only in tins, at 1s., 2s., 4s., and 8s. each, by J. L. BRAGG, Sole Manufacturer, 2 Wigmore street, Cavendish square, London.
Chemists and others allowed a liberal discount.
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Pure Fluid Magnesia, now perfect in purity and strength.
"Mr Dinneford's Solution may fairly be taken as a type of what the preparation ought to be."—'Pharmaceutical Journal,' May, 1846.
This excellent remedy, in addition to its extensive sale amongst the public, is now also very largely used for DISPENSING. In the stone jars (half-gallon, 5s. 6d. ; gallon, 9s. 6d.,) specially adapted for the use of Medical Men and Chemists. To be had from the Manufacturers.
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Superphosphate of Iron and SUPERPHOSPHATE of IRON and LIME.—Particulars of these new and valuable remedial agents will be forwarded on application, by Mr Greenish, 20 New street, Dorset square

Patent Self-Adjusting TRUSSES.—SALMON, ODY, and Co., most respectfully inform the public that their TRUSSES are found to answer the purpose with more Ease and Security than any other Invention, requiring no under strap or any galling Bandage. Persons in the country are requested to send the circumference of the body one inch below the hips, and to observe that "Salmon, Ody, and Co." is stamped upon the leather case. Ladies are requested to apply at Mr. Ody's private door.
MANUFACTORY, 292 STRAND, LONDON.

Price's Glycerine may be had, from any Chemist, in ½ lb., ¼ lb., and 1s bottle, —the stoppers of which are secured by a capsule, lettered "PRICE'S PATENT," BELMONT, VAUXHALL LONDON.

JOURNAL

OF

Practical Medicine and Surgery.

ART. 6328.

Physiological Effects of Hashish—Ophthalmological Congress; Astigmatism—Incubation of the Vaccinal Eruption; Epidemic of Small-pox at Bordeaux — Fresh Instances of Successful Ovarian Excision—Complete Rupture of the Perineum, treated by Galvanic Cauterisation.

An interesting paper was recently read at the Academy of Sciences, by Mr. de Luca, on the physiological effects of hashish. The author, having received from the East a certain quantity of a confection prepared with this inebriating substance, swallowed at eight o'clock, a.m., from thirty to forty grains of the paste, and calmly awaited the result. He shortly after proceeded to the chemical laboratory of the College of France, and addressed himself to his habitual occupations. In the course of a quarter of an hour, Mr. de Luca experienced at the tips of his fingers an indescribable creeping sensation, which appeared to ascend towards the brain. His mind, however, remained perfectly clear, but his hands yielding to a peculiar nervous influence, lost the power of adapting themselves to the performance of delicate operations requiring steadiness or precision. He then determined on returning home, when further phantasms were induced, without any coincident confusion of intellect.

Distances seemed unceasingly to extend, and he fancied he would never reach his house. The voices of persons standing at his side sounded weak and remote. He felt himself unaccountably elated, and as if treading the air. The porter's wife, as he passed, remarked: "Mr. de Luca's rooms are not ready," and he was much struck with the altered character of the woman's voice. When he reached his room, he attempted, but unsuccessfully, to read his letters, and yet his mind was crowded with bright ideas, endowed with singular distinctness and precision. His entire being was given up to pleasing sensations. He retired to bed, and the sheets seemed out of respect to recede from his person, and although he fancied himself in no sort of contact with the bed-clothes, the situation was delightfully comfortable. "At that moment," says he, "I reviewed with the most intense satisfaction every action of my life, but my ideas flitted through my brain in such rapid succession, that I was unable to grasp steadily any one thought. I remarked to myself, if this condition could but last, the dreams of the poets would surely be realised, universal happiness would follow, and all men might joyfully contemplate their mental operations."

This state of inebriation lasted about four hours; the distances than decreased, the bed-clothes courteously drew nearer, the nervous excitement subsided, and order was restored; dryness of the lips was the only other symptom noted by the experimentalist.

— An international congress of ophthalmologists took place in Paris in the beginning of October; Mr. Wleminckx, of Brussels, presided at the meetings which were attended by the most eminent oculists in Europe, amongst whom we may mention Professors A. de Graefe and Schweiger (of Berlin), Ruete and Coccius (of Leipzig), Arlt and Gulz (of Vienna), Donders (of Utrecht), Knapp (of Heidelberg), de Hasner (of Prague), Critchett (of London) Hairion (of Louvain), Dor (of Vevey), &c. We mention only the foreign specialists, but of course Messrs. Sichel and Desmarres took an important share in the labours of the congress, and also other practitioners well known to the Profession by long practice and valuable publications, such as Messrs. Furnari and Giraud-Teulon.

Amongst the subjects proposed for discussion was a condition recently investigated with much care by Professor Donders, *astigmatism*, a knowledge of which tends to circumscribe the field of amblyopy. In 1837, the astronomer Royal, Professor Airy, discovered the existence of this affection in his left eye, and effectually remedied its bad effects by the use of a concave sphero-cylindrical lens, the cutting of which he personally superintended. This disturbance of vision, apparently induced by a peculiar absence of symmetry in the dioptric system of the eye, or in other words, in a difference between the focal distances of its various meridians, was long considered as a mere *pathological nicety* of too unfrequent occurrence to deserve the attention of the practitioner. Experience, however, shows that this is an erroneous view, and that astigmatism is far less uncommon than has been hitherto generally supposed. In a pamphlet, a perusal of which we recommend to our readers (*a*), Mr. Donders unhesitatingly asserts that out of every hundred patients who visit an oculist, two at least owe the weakness of their sight to loss of the symmetry of the dioptric system, a condition susceptible of improvement by the use of cylindrical glasses. The author remarks that a certain amount of astygmatism is common to all eyes, and, therefore, natural; but the morbid condition may be said to exist when the eye, endeavouring to distinguish from each other divergent lines traced close to each other on a plane surface, such as those of Roman capitals for instance, cannot succeed in doing so, at an angle and distance at which a healthy eye discerns them with ease.

When the minutes of the meetings shall have been published, we intend to revert to several other questions propounded before the congress. We must, for the present, confine ourselves to the reproduction from the columns of the *Gazette des Hôpitaux*, of the results of the experiments instituted by Mr. de Graefe, on the subject of the antagonistic action of preparations of opium and of belladonna or atropine. All our readers are aware that belladonna and most of the solaneæ cause the pupil to expand, and that opium and morphia, on the contrary, induce contraction of the same aperture. Mr. de Graefe was anxious to ascertain whether this twofold action extends to other parts of the eye, and whether the ciliary apparatus which is also paralysed by belladonna, recovers its contractility and tone under the influence of preparations of morphia. The experiments instituted by the learned professor, demonstrate the correctness of this surmise, and show that the effects of belladonna and opium on the ciliary muscle are similar to those observable on the iris—viz., that the former lessens, and the latter increases its contractile power.

The same periodical states that Professor Coccius exhibited to the Congress a new ophthalmoscope of his invention, a very simple instrument, not larger than the smallest kind of opera-glass, which permits the observer to study the appearances of the deep-seated membranes of his own eye. The inspection of the pupil and of the blood-vessels of the organ is almost as easy, with the assistance of this appliance, as with the first monocular ophthalmioscopes described in all the contemporary works published on the subject.

— The small red prominences which assume by their development the characters of genuine vaccinal pustules, are generally observed in the punctures three or four days after vaccination. In some cases, however, the incubation occupies a longer interval; and Dr. Heberlé, a practitioner of Hochfelden, recently related an instance in point. Dr. Heberlé vaccinated one of his nieces, aged five months, at the same time with other children. At the expiration of a week, on examination of the results of the operation, it was found to have succeeded perfectly in every instance, except in his niece, a fine healthy child, whose arms presented no indications whatever of the incipient eruption. A fortnight afterwards, Dr. Heberlé was on the point of re-vaccinating the infant, when he perceived with considerable surprise that four unmistakeable pustules were forming on each arm. They attained their full development in a few days; and in order to test their true

(*a*) *Astigmatism and Cylindrical Glasses*, by F. C. Donders, M.D., translated from the Dutch by H. Dor, M.D. (Vevey), 8vo. pp. 145, with 15 engravings. Paris: Germer Baillière.

local. The present case, where both kinds existed, showed that the two forms were identical.

The PRESIDENT said that he had recently seen a case of gangrene of the leg depending on femoral phlebitis and arteritis. There was disease both of the artery and vein, and coagula in both. He had, many years ago, in print, directed attention to occlusion of arteries and veins from purulent infections.

Mr. HENRY LEE said that he had seen a patient under the care of Dr. Todd, who was admitted for extreme difficulty of breathing. Then gangrene of the left leg came on. After death this was found to be due to plugging of the popliteal artery. There was a large mass of soft fibrine in the left side of the heart.

Dr. HARLEY said that the case brought forward by Dr. Wilks was one of great interest, but he had some difficulty in understanding his explanation of it. He wished to know if the fibrinous deposits in the spleen and other organs were situated in the parenchyma, or in the vessels of the part?

Dr. LEARED said that, in disease of the heart, from sluggish circulation, deposits of fibrinous matter would be more likely to take place, independently of actual carrying of vegetations and clots.

Dr. HARE said that Dr. Wilks had, no doubt, described a pathological condition which often existed; but he thought that the term "embolism" ought to be kept for cases in which something was carried to the vessel occluded. In the cases spoken of by Dr. Wilks, there was a condition of the blood which was called hyperinosis, and hence deposits in the spleen, from excess of fibrine in the blood. This was, however, a different thing to the plugging of an artery.

Dr. MURCHISON, without expressing any decided opinion, wished to mention that he had dissected ten or twelve cases in which there had been marked symptoms of plugging, as hemiplegia, gangrene of a limb, etc., and he had invariably found deposits in the spleen, etc., as well as in the arteries.

Dr. WILKS said that he meant to imply that it was simply a question of degree, whether a large vessel should be plugged, giving rise to marked symptoms, as gangrene of a limb, or whether, finer, smaller particles being carried, and smaller vessels being obstructed, deposits should occur, as in the spleen.

Dr. WILKS also showed a specimen of

CIRRHOSIS OF THE LIVER IN A CHILD.

This case occurred in the practice of Mr. Roper, of Shoreditch. The patient was a boy eleven years of age. For about a year-and-a-half before his death, he had suffered with pain on the right side, and at one time was jaundiced, the skin continuing always of a yellow tinge. The details of his long illness were not known, as Mr. Roper was only called in at his death. The post-mortem examination showed acute peritonitis, but there was not much fluid in the abdomen. The liver had undergone a remarkable change, being nodulated over its whole surface, as in the most extreme forms of cirrhosis. The intervening tissue was not only composed of atrophied hepatic tissue, but of an adventitious, dense, fibrous structure. The great feature of interest in the case had reference to the question, whether intemperance was not almost the sole cause of cirrhosis of the liver. The fact of a child having the disease is of the greatest importance in determining an answer, since, if it could be shown that the patient had lived after the ordinary manner of childhood, it would be in itself a sufficient proof of other causes being in operation to produce the disease besides alcohol; whereas, if the child had, under exceptional circumstances, been habituated to spirits, it would prove, almost to demonstration, the universality of the cause believed to give rise to it. In the present instance unfortunately no decision can be arrived at. The boy accompanied his father as an itinerant chair-mender, and was accustomed to a "little gin and water once or twice a-week." Whether this acted powerfully on the more tender organ of the boy, or whether it was altogether without influence, must remain uncertain. The importance, however, of a good history in such a case cannot be exaggerated.

Mr. WILLIAM ADAMS said that he had recorded a case of cirrhosis of the liver in a child in the Society's 'Transactions.' The child had been an inmate of an orphan school. She died suddenly of pulmonary apoplexy. In this case there could be no suspicion of gin-drinking. In cases of cirrhosis he had found, on section, projecting groups of acini; but in the livers of persons who had been to his own knowledge, notorious drinkers, he found that the liver was hard on section, and the surface was even and glossy.

Dr. GIBB exhibited drawings of

POLYPOID GROWTHS, REMOVED FROM WITHIN THE LARYNX

of a gentleman, aged thirty-seven, who had been subject to hoarseness and varying loss of voice for more than twelve years, supervening upon an attack of yellow fever in the West Indies. He was treated for this by mercury, was profusely salivated, and recovered with permanent hoarseness. In the open air, he spoke only in a whisper; in-doors, the voice was stronger, and possessed a rough laryngeal sound. He had been under every variety of treatment anterior part of the vocal cords, nearly as large as peas. They were successfully removed with good results by the aid of the laryngeal mirror, and were found to be epithelial in character. The *laryngeal écraseur*, devised by Dr. Gibb, and manufactured for him by Messrs. Weiss and Son, in the Strand, was found admirably to answer its desired purpose.

Dr. GIBB also showed a

DRAWING, MADE BY THE AID OF THE RHINOSCOPIC MIRROR, OF ULCERATION OF THE MEMBRANE COVERING THE TURBINATED BONES, THE CAUSE OF EPISTAXIS FOR THIRTEEN YEARS,

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This little pamphlet is addressed to women, points out the most

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MEDICAL EXAMINATION PAPERS.—OCTOBER, 1862.

First Examination. (First Part.)

TO BE TRANSLATED INTO ENGLISH.

"Quem interdiu vel domestica, vel civilia officia tenuerunt, huic tempus aliquod servandum curationi corporis sui est. Prima autem ejus curatio, exercitatio est, quæ semper antecedere cibum debet: in eo, qui minus laboravit, et bene concoxit, amplior; in eo, qui fatigatus est, et minus concoxit, remissior. Commode vero exercent, clara lectio, arma, pila, cursus, ambulatio; atque hæc non utique plana, commodior est; siquidem melius ascensus quoque et descensus, cum quadam varietate corpus moveat, nisi tamen id perquam imbecillum est. Melior antem est sub divo, quam in porticu; melior, si caput patitur, in sole, quam in umbra; melior in umbra, quam parietes aut viridia efficiunt, quam quæ tecto subest; melior recta, quam flexuosa. Exercitationis autem plerumque finis esse debet sudor, aut certe lassitudo, quæ citra fatigationem sit; idque ipsum, modo minus, modo magis faciendum est. Ac ne his quidem, athletarum exemplo, vel certa esse lex, vel immodicus labor debet. Exercitationem recte sequitur, modo unctio, vel in sole, vel ad ignem; modo balneum, sed conclavi quam maxime et alto et lucido et spatioso. Ex his vero neutrum semper fieri oportet; sed sæpius alterutrum, pro corporis natura. Post hæc paulum conquies cere opus est."

Give the origin or primary meanings of the following words:—Amphibia, Chlorosis, Cysticercus, Herpes, Hydrophobia, Nosology, Phosphorus, Protozoa, Rhizopoda.

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CHEMISTRY.

1. State the composition and methods of preparation of the following Acids:—Nitric, Muriatic, Oxalic, and Tartaric.

2. Give the process for ascertaining the percentage in a given sample of medicinal Hydrocyanic Acid.

3. What are the leading PHYSICAL and CHEMICAL characteristics of the different Urinary Calculi?

First Examination. (Third Part.)

MATERIA MEDICA.

1. Classify the ordinary Emetics according to their mode of action. With what objects, independently of the mere evacuation of the stomach, is an emetic occasionally prescribed?

2. How is Chlorate of Potash prepared? What change does it undergo when it is strongly heated? Describe its uses in medicine, and the dose and mode in which you would prescribe it.

3. What preparation of Bismuth is used in medicine? How is it prepared? What are its principal uses? Write a Latin prescription, without using symbols or abbreviations, for a draught or mixture containing it.

4. Name the different preparations of Opium that occur in the Pharmacopœia, and state their relative strengths.

Second Examination.

ANATOMY AND PHYSIOLOGY.

1. Describe the anatomical structure and the function of the Glands lying in the small and large intestines.

2. Give a brief sketch of the mode of distribution of the chief branches of the Pneumogastric Nerve, and state what you know regarding their functions. What consequences result from the division of one or both trunks of this Nerve?

3. What is meant by "Reflex Action?" Give instances of some of the phenomena attributed to its influence.

4. Describe the structure of the Ovaries, and the relations of these organs to the adjacent parts.

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2. Give the symptoms of Venous Inflammation in different parts of the body; give differential Diagnosis from similar diseases with which *Phlebitis* is liable to be confounded; mention the exciting causes, the modes of termination, the morbid appearances in fatal cases; and state the mode in which the disease proves fatal.

State treatment indicated.

3. What are the characteristic differences between Typhus and Typhoid Fever? Describe Morbid Anatomy of each; modes of termination; mention treatment suited to each.

Metastases. What are the causes of the diseases, remote and exciting? What is the mode of treating each?

5. Give the Diagnosis between Pulmonary Consumption and Chronic Bronchitis?

6. J. W., aged 52, wood-turner. Had an inflammatory attack in the chest eighteen months ago, since which time he has felt a sense of tightness in the chest; for the last nine months breathlessness, and lately palpitations. Six weeks ago, the legs became swelled for a few days. This subsided, and returned three weeks since. Dyspnœa was urgent. The jugular veins pulsated mostly on the right side, but were not swelled. The urine was not coagulable by heat.

There was dulness, more extensive than normal, around and over the region of the heart. The respiratory sound was rough in places, with slight cooing. The action of the heart was tumultuous, heaving and irregular. The pulse was irregular, but moderate in strength and frequency. The sounds of the heart were feeble and obscure; but on the right side of the sternum the first sound was louder, being slightly rough and prolonged.

In two or three days he began to expectorate dark blood, sometimes in clots. This symptom, with increasing difficult breathing and anasarca, continued to the time of death, which took place three weeks after the patient was first seen.

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2. Describe a case of Phlyctenular Opthalmia, its prognosis and treatment.

3. Describe the Symptoms of Axillary Aneurism; with what diseases may it be confounded? Describe the steps in the operation or operations for its radical cure, the instruments required, and the dangers to which the patient is liable after the operation.

4. A lad falling from a considerable height is crushed beneath some planks of wood. On being examined in bed some hours afterwards, he is unable to void urine, has tenderness on pressure over the Symphysis Pubis, and a tense swelling in the Perineum. He can move his limbs, a catheter cannot be passed into the bladder, and on being removed from the urethra contains a few drops of blood. The pulse is rapid and feeble, and extremities cold. State the nature of the injury, its risks and the treatment you would adopt.

Fourth Examination (Second Part.)

MIDWIFERY.

1. Describe a case of "Natural Labour," its stages, mechanism, and management.

2. What circumstances would indicate the propriety of inducing Premature Labour, and what are the best modes of effecting it?

3. In what cases is the operation of Turning advisable, and how is it performed?

4. A woman during the second stage of labour is seized with unusually severe crampish pain, which rapidly leads to sudden suspension of labour pains, recession of the head, or other presenting part, hæmorrhage from the vagina, and symptoms of collapse—What has probably occurred, and how would you manage such a case?

PRESENTATION OF AN ADDRESS TO DR. MACFARLANE.—On Saturday afternoon, a meeting of gentlemen belonging to the Medical Profession in Glasgow and the west of Scotland, was held in the Faculty Hall, St. Vincent street, for the purpose of presenting to Dr. Macfarlane, on his retirement from the active duties of life, an address embodying the feelings of respect entertained for him by the profession at large. The meeting was numerously attended and was presided over by Dr. Lyon; besides whom there were present—Drs. Ritchie, Rainy, Watson, Fleming, Easton, A. D. Anderson, Thos. Watson, Bell, Josh. Paterson, Fraser, Coats, Morton, E. Watson, Geo. M'Leod, J. G. Wilson, J. Stewart, Steven, Mackintosh of Gartnavel, Dewar, Ronald, T. M. S. Anderson, Dunlop, Howatt, Geo. M'Ewan, Scott, Orr, and many others. The country practitioners were represented by Drs. Espie, Falkirk; Skene, M'Dowall, Walker, and Brown, Helensburgh; Stewart, Coatbridge; Taylor and Graham, Paisley; Maclaren, Johnstone, &c. The address was enclosed in a very handsome gold box, chastely ornamented, and bearing the following inscription:—"On his retirement from public life, the enclosed address, expressive of their esteem and affection, was presented by a numerous body of the Medical Practitioners

local. The present case, where both kinds existed, showed that the two forms were identical.

The PRESIDENT said that he had recently seen a case of gangrene of the leg depending on femoral phlebitis and arteritis. There was disease both of the artery and vein, and coagula in both. He had, many years ago, in print, directed attention to occlusion of arteries and veins from purulent infections.

Mr. HENRY LEE said that he had seen a patient under the care of Dr. Todd, who was admitted for extreme difficulty of breathing. Then gangrene of the left leg came on. After death this was found to be due to plugging of the popliteal artery. There was a large mass of soft fibrine in the left side of the heart.

Dr. HARLEY said that the case brought forward by Dr. Wilks was one of great interest, but he had some difficulty in understanding his explanation of it. He wished to know if the fibrinous deposits in the spleen and other organs were situated in the parenchyma, or in the vessels of the part?

Dr. LEARED said that, in disease of the heart, from sluggish circulation, deposits of fibrinous matter would be more likely to take place, independently of actual carrying of vegetations and clots.

Dr. HARE said that Dr. Wilks had, no doubt, described a pathological condition which often existed; but he thought that the term "embolism" ought to be kept for cases in which something was carried to the vessel occluded. In the cases spoken of by Dr. Wilks, there was a condition of the blood which was called hyperinosis, and hence deposits in the spleen, from excess of fibrine in the blood. This was, however, a different thing to the plugging of an artery.

Dr. MURCHISON, without expressing any decided opinion, wished to mention that he had dissected ten or twelve cases in which there had been marked symptoms of plugging, as hemiplegia, gangrene of a limb, etc., and he had invariably found deposits in the spleen, etc., as well as in the arteries.

Dr. WILKS said that he meant to imply that it was simply a question of degree, whether a large vessel should be plugged, giving rise to marked symptoms, as gangrene of a limb, or whether, finer, smaller particles being carried, and smaller vessels being obstructed, deposits should occur, as in the spleen.

Dr. WILKS also showed a specimen of

CIRRHOSIS OF THE LIVER IN A CHILD.

This case occurred in the practice of Mr. Roper, of Shoreditch. The patient was a boy eleven years of age. For about a year-and-a-half before his death, he had suffered with pain on the right side, and at one time was jaundiced, the skin continuing always of a yellow tinge. The details of his long illness were not known, as Mr. Roper was only called in at his death. The post-mortem examination showed acute peritonitis, but there was not much fluid in the abdomen. The liver had undergone a remarkable change, being nodulated over its whole surface, as in the most extreme forms of cirrhosis. The intervening tissue was not only composed of atrophied hepatic tissue, but of an adventitious, dense, fibrous structure. The great feature of interest in the case had reference to the question, whether intemperance was not almost the sole cause of cirrhosis of the liver. The fact of a child having the disease is of the greatest importance in determining an answer, since, if it could be shown that the patient had lived after the ordinary manner of childhood, it would be in itself a sufficient proof of other causes being in operation to produce the disease besides alcohol; whereas, if the child had, under exceptional circumstances, been habituated to spirits, it would prove, almost to demonstration, the universality of the cause believed to give rise to it. In the present instance unfortunately no decision can be arrived at. The boy accompanied his father as an itinerant chair-mender, and was accustomed to a "little gin and water once or twice a-week." Whether this acted powerfully on the more tender organ of the boy, or whether it was altogether without influence, must remain uncertain. The importance, however, of a good history in such a case cannot be exaggerated.

Mr. WILLIAM ADAMS said that he had recorded a case of cirrhosis of the liver in a child in the Society's 'Transactions.' The child had been an inmate of an orphan school. She died suddenly of pulmonary apoplexy. In this case there could be no suspicion of gin-drinking. In cases of cirrhosis he had found, on section, projecting groups of acini; but in the livers of persons who had been to his own knowledge, notorious drinkers, he found that the liver was hard on section, and the surface was even and glossy.

Dr. GIBB exhibited drawings of

POLYPOID GROWTHS, REMOVED FROM WITHIN THE LARYNX

of a gentleman, aged thirty-seven, who had been subject to hoarseness and varying loss of voice for more than twelve years, supervening upon an attack of yellow fever in the West Indies. He was treated for this by mercury, was profusely salivated, and recovered with permanent hoarseness. In the open air, he spoke only in a whisper; in-doors, the voice was stronger, and possessed a rough laryngeal sound. He had been under every variety of treatment, for many years without any benefit, as the true nature of his malady was never made out, until examined by the laryngoscope by Dr. Gibb, who found two pedunculated tumours attached to the anterior part of the vocal cords, nearly as large as peas. They were successfully removed with good results by the aid of the laryngeal mirror, and were found to be epithelial in character. The *laryngeal écraseur*, devised by Dr. Gibb, and manufactured for him by Messrs. Weiss and Son, in the Strand, was found admirably to answer its desired purpose.

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2. Give the process for ascertaining the percentage in a given sample of medicinal Hydrocyanic Acid.
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ANATOMY AND PHYSIOLOGY.

1. Describe the anatomical structure and the function of the Glands lying in the small and large intestines.
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3. What is meant by "Reflex Action?" Give instances of some of the phenomena attributed to its influence.
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State treatment indicated.

3. What are the characteristic differences between Typhus and Typhoid Fever? Describe Morbid Anatomy of each; modes of termination; mention treatment suited to each.
4. What are the differences between Gout and Rheumatism? What is meant by the term Rheumatic Gout? Mention the state of the blood in these diseases. Give the terminations of each; mention Metastases. What are the causes of the diseases, remote and exciting? What is the mode of treating each?
5. Give the Diagnosis between Pulmonary Consumption and Chronic Bronchitis?
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Fourth Examination (First Part.)

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1. Give the distinctive characteristics and appropriate treatment of the varieties of ulcer known as,—Simple or Healing Ulcer; Irritable Ulcer; Indolent or Callous Ulcer; Scrofulous Ulcer; Sloughing Ulcer.
2. Describe a case of Phlyctenular Opthalmia, its prognosis and treatment.
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THE MEDICAL CIRCULAR

WEDNESDAY, DECEMBER 3, 1862.

THE CORONER'S COURT.

There is a growing opinion, that the Coroner's Court is badly constituted, and quite inefficient for the performance of the difficult duties with which it is charged. The want of confidence which medical men commonly feel in the ability of juries to return a reasonable verdict causes them to regard an attendance before one of these courts with repugnance. We never yet heard a medical practitioner speak with any respect of a Coronatorial inquiry. The character of the jury gives no security to character or skill. Evidence may be given that is to the medically-trained judgment simply absurd, yet the jury is unable to detect its fallacy; or it may be too highly coloured or overstrained, yet the jury is incompetent to discriminate the false from the true, and to place the facts in their just relation. Professional repute has been often sacrificed to the stupidity of Coroners' juries. An idle or malicious word suffered to light upon a man's character in a Coroner's Court has frequently left a prejudice which no subsequent correction has been able to clear away.

The defects of the Coroner's Court in relation to inquiries in cases of poisoning are becoming so palpable that they cannot much longer be concealed from public recognition. How often does it happen that a suspicion of poisoning exists, and that the jury, thinking an analysis necessary, throws the onus of it upon the Surgeon who was called in at the moment of death. He may never before have made a chemical analysis; then what is he to do? Shall he try his 'prentice hand upon this case, or confess his incompetence? Suppose he declare his inability, as Mr. Savory did in the case of Mrs. Vyse, then a new difficulty arises in the amount of the fee. This is ridiculously small as compensation for the skilful and laborious investigation that may be required. The service of a competent analyst cannot, therefore, be obtained without larger remuneration. The Coroner is unwilling to order the inquiry, the jury express a little patriotic discontent, the Home Secretary is appealed to, time is lost, and at length the inquiry is ordered.

In other cases the Coroner, being an experienced man, has a premonition of the difficulties likely to arise by indulging the jury in their desire; and unless there appear, *according to his judgment*, to be a paramount necessity for it, adroitly stifles their curiosity—happy, no doubt, that he has extricated himself by any plausible pretence from an awkward position.

On the other hand, it may happen that the Surgeon giving evidence may have a taste for chemistry, and, fancying himself capable of testing for arsenic, may undertake the responsible duty in the case under investigation. He may never have made the attempt before in the animal tissues, and may not be familiar even with the appearance of arsenic in a minute quantity when he has obtained it; yet, he applies his reagents, stumbles through his difficulties in the best way he can, and then goes into court to pronounce an opinion which may either bring an innocent man into peril, or allow a murderer to escape. A Surgeon may possess great natural ability, be well versed in his own department of duty, and yet be quite incompetent to make a reliable chemical analysis. We do not blame him; we censure the law that almost forces upon him this difficult duty.

The increasing refinement of the processes of chemical analysis, and the more general recognition of their importance in criminal cases bring into painful prominence the defects of the Coroner's Court as at present constituted. In trivial or obvious cases the Coroner may get through his duty without rendering his court liable to criticism; but in the more important cases which especially test its utility he must often find that his powers are inadequate, and his tribunal unsatisfactory.

Dr. Taylor, whose experience is unrivalled, has contributed a paper on this subject to the 'Edinburgh Medical Journal,' in which he points out the numerous imperfections of the court, and recommends, though not explicitly, the abolition of the office of Coroner, and placing in his stead a Stipendiary Magistrate. We do not approve of this suggestion. We can see no good reason why a Medical Practitioner should not hold this honourable office, the legal requirements for which are very unimportant. We believe that the present Medical Coroners are in no way inferior to their legal confrères. We have never heard any charge of incompetency or partiality alleged against them; and we hope, therefore, that the Profession will never be willing parties to the transference of the office of Coroner to the exclusive enjoyment of the legal profession.

In other respects, Dr. Taylor's suggestions deserve attention. He remarks:—

"In my mind there is a simple remedy, which is often now resorted to by the coroner in great cases demanding medical and scientific skill—in other words, the evidence of experts. After a coroner's inquiry, the whole of the proceedings are directed to be re-heard before a magistrate or magistrates who can properly analyse and sift evidence, and can bring the minds of educated men and trained lawyers to bear on the facts. Proper analyses and inspections are then made, and the case in this complete form goes before an assize court for trial.

"If this is done occasionally in cases of importance, why not in all cases that are now properly the subjects of a coroner's inquiry? Let a legally-trained gentleman be appointed as a stipendiary judge in every county or borough; let him, upon the same sources of information as are now open to the coroner, hold an inquiry or not, according to his judgment. He should have a proper salary for the office.

"In each county, borough, or district, there should be appointed, as in some states on the continent a skilled surgeon—skilled in the inspection of the dead body, and on the causes of death—and a skilled chemist—skilled in the processes for the detection of poisons, &c. To these three officers, and, if necessary, to assistants appointed by, and under them, all inquiries into crimes connected with the death of persons should be exclusively remitted. A salary of 750*l.* to 1,000*l.* per annum for skilled surgeon and analyst would secure competent men, and probably turn out in the end to be less costly than the coroner's inquest, as at present conducted. The duties of sanitary officers (which are not heavy) might be shared by the medical and chemical gentlemen appointed to these offices."

The Coroner's jury also should consist of better educated men—if, indeed, a jury is at all necessary in these preliminary investigations. Dr. Taylor informs us in this article that, according to a Parliamentary return, one juryman in twenty-three was unable to write his name. What must the judgment of such jurymen be worth on a difficult question of chemical analysis? The Court requires a thorough reform, from the beadle who summons the jury upwards through every grade and description of person connected with the Court; and that reform we trust it will ere long receive.

SUMMARY OF THE WEEK.

THE EXAMINATIONS AT ST. ANDREW'S

The large number of candidates offering themselves for examination at St. Andrew's has induced the Senatus to resolve upon naming a separate board of examiners for each hundred candidates. This arrangement will prevent any candidate from being detained longer than a week. These open examinations will close with the end of this year, a considera-

tion for those licentiates of the Edinburgh and other colleges who are desirous of obtaining the M.D. degree, and so setting at rest all questions about the right to their use of the title of 'Doctor," about which there has been of late so much acrimonious discussion.

THE FEATHERED REPTILE.

The scientific world has been on the *qui vive* respecting a description, by Andreas Wagner, of a fossil animal lately discovered, and which was supposed to be half reptile, half bird; a sort of transition development between the two. Many of our readers have, doubtless, seen accounts of this creature in the public prints, and have had their organ of "wonder" unduly excited by the problems to which it has given rise. We are happy to say that, at a recent meeting of the Royal Society, a paper was read by Professor Owen on the comparative anatomy of this fossil archæopteryx, as it has been called, and the result of his examination is, that it is not a reptile at all, but "unequivocally a bird." Mr. Gould agreed with Professor Owen in this opinion; so that the nine days' wonder has been reduced to its fair ornothological proportions. The fossil, nevertheless, possesses the highest interest, and is now the property of the nation. It is deposited in the British Museum.

THE NEW SERGEANT-SURGEON AND SURGEON EXTRAORDINARY.

The Queen has appointed Mr. James Moncrieff Arnott and Professor Quain as her Surgeons Extraordinary. These appointments will give satisfaction, Professor Quain especially being one of the men of this generation whose scientific labours in his branch of the Profession will be regarded with respect by posterity. Mr. Cæsar Hawkins has been appointed Sergeant-Surgeon, his claim to this high post being that of seniority. He also enjoys a considerable practice among the aristocracy of the West End of London, besides being the Senior Surgeon to St. George's Hospital.

IMPERTINENCE OF A CORONER'S JURY.

An inquest was held recently at Bethnal green, before Mr. Walthew, Deputy-Coroner, on the body of Annie Bellinger; and evidence having been taken, the intelligent jury concluded that the Poor Law Surgeon had neglected his duty. In accordance with this feeling, they brought up the following verdict: —"That the deceased, Annie Bellinger, died from the mortal effects of congestion of the brain, and that her death was caused by natural causes; and the jurors consider that Mr. Defriez, the medical officer, has acted with the most gross inhumanity in neglecting to visit the deceased within a reasonable time after being sent for, and that his conduct is most reprehensible; and they request the Coroner to send a copy of this verdict to the Board of Guardians." The Board of Guardians received in due course a copy of this verdict, and having inquired into all the circumstances, exonerated Mr. Defriez of the censure cast upon him by the jury. This was only giving proper protection to their officer. We have very little doubt that the severity of the jury arose out of the circumstances of a case that occurred in the same parish a few weeks ago, and to which we then adverted. We beg to inform jurors who go out of their way to express opinions of this kind, that they run a great risk of an action of libel for their impertinence. In a case, the Queen *v.* the Coroner of the City of London, heard before the Queen's Bench, the object of which was to get expunged from a verdict certain words reflecting upon the manner in which a witness had given his evidence, Lord Denman questioned whether the words were not libellous, and remarked: "It was, however, necessary that jurors should know that they have no power whatever to decide any question except that which was submitted to them by the law, and that when they go further they only make an injurious exercise of a power which they unlawfully assume."

We have deemed it well to advert to this matter, as we find Coroners' juries are growing into a bad habit of abusing their powers, and of throwing stigmas on witnesses—medical witnesses especially—for the mode in which they discharge their duty. We should very much like to see an action tried in a fair case where injury had been sustained from an impertinent addendum to a verdict on the cause of death.

SCARLATINAL RHEUMATISM.

The 'Medical Times and Gazette' reports several cases of scarlatina complicated with rheumatism and pericarditis. These cases are highly interesting, and confirm the description of the complication which Dr. Ross gave in this journal several years ago. The Reporter is unacquainted with the literature of this affection, and would have done himself more credit if he had simply confined himself to a recital of the cases.

DR. RADCLIFFE AT THE COLLEGE OF PHYSICIANS.

This Physician has commenced his course of lectures at the College of Physicians. He first demonstrated the existence of animal electricity, and showed its physiological importance. He then laid down a series of propositions, to the effect that, in a state of muscular rest, there is an antagonism between the longitudinal and transverse fibres of the musculo-nervous tissue, the former being in a positive and the latter in a negative state. Also, that, if muscle or nerve be included in the circle of a galvanometer, the needle moves under the action of a continuous electric current, only on the condition that the two points of the tissue be in a state of electric antagonism. Also, that in musculo-nervous tissue in a state of rest, statical as well as current electricity manifests itself. And again, that the electrical condition during a state of rest is statical. The general views, physiological and therapeutical, which Dr. Radcliffe holds on this subject are well known, His lectures promise to be highly interesting.

THE FEMALE STUDENT QUESTION.—The Senatus Academicus of the University of St. Andrews, have taken legal opinion on the case of Miss Garrett, have passed the following resolutions:— "1. That the Senatus Academicus, acting under the clearly expressed opinion of their able council, hold the alleged matriculation of Miss Garrett to be null and of no effect. 2. Seeing that it is incompetent to any Professor to issue a ticket conferring academical privileges to a student not legally matriculated, the Senatus resolve that the tickets of the Anatomy and Chemistry classes, issued to Miss Garrett, are void and of no effect, and that the fees be returned." Miss Garrett, on her part, laid a memorial narrating the facts before the Lord Advocate, whose opinion is as follows:— "Edinburgh, November 15, 1862.—If the only question involved in the memorial had related to the power of the Senatus Academicus to permit the attendance of female students on the lectures in the University on payment of the matriculation and class fees, I should have hesitated to say that such a course was not within the power of the Senatus Academicus, had they thought fit to consent to it. The attendance of females on University lectures is by no means without precedent; and I find nothing in the charters or foundations of the University of St. Andrews which can be construed to deprive the Senatus of the power to sanction such arrangements under such conditions and regulations as they might think reasonable. But the admission of female students with a view, and with the right, of graduation, and the other privileges of the students in the University, is an innovation which the Senatus Academicus, in my opinion, have no power to permit. I do not think that in the present case the memorialist can maintain her right on the ground of special contract. The Senatus Academicus never officially gave consent to her admission; and it was not within the power of any individual Professor to innovate on the established practice of the University without the authority of the governing body."

REVIEW OF THE PERIODICALS.

The 'Lancet' opens with a Lecture by Dr. BEGBIE, on *Clinical Instruction*. This is followed by a Lecture by Mr. CRITCHETT, on the *Diseases of the Ocular Appendages*. He treats of trichiasis, or districhiasis and Entropium. This is a good practical lecture. Dr. GODDARD ROGERS reports a case of *Idiopathic Tetanus*, which recovered, as many of such cases do; and Mr. DE MERIC contributes some observations on *Syphilitic Eruptions*. He remarks:

"Were the etiology of syphilitic eruptions perfectly reliable, if the cause of such eruptions were ever the same, we would, in certain instances, be less embarrassed; but it is not so. The reliance hitherto placed on the hard base of the chancre has been somewhat shaken; and although such induration, when it has a *bonâ fide* existence, is a certain sign that the organism is infected, it does now and then happen that a soft sore is followed by an eruption, the sore suddenly assuming a certain hardness, just at the period when the symptoms appear on the skin; or the soft sore, as I have seen it several times, may have been long healed when the cutaneous manifestations are observed. Only a few days ago a gentleman returned into the country, after having been under my care for above eight weeks. He was above forty years of age, and had originally called for a mere scratch on the anterior part of the preputial mucous membrane. This had been treated in various ways by the advice of friends, when he came to me, and showed a small superficial sore, on a level with the surrounding parts, free from depth, induration, or the honeycomb fundus of chancre. The glands in the groin were not enlarged, and I treated the case without mercury. The ulceration extended, however, a little; but by dint of cauterisation, aromatic wine, and four week's patience, it was just healing, when the patient complained of general uneasiness and restless nights. Three days after this he came with a general papular eruption, which in some places, and especially in the face, was getting pustular. The chancre had suddenly broken out afresh, had become thick and hard, and seemed largely to partake of the general commotion. This was rather a late induration. We now commenced a mercurial treatment, and I am glad to say that the patient has done well.

"As I had made no actual promises, I had not laid myself open to reproaches, and had none to bear. But matters do not always pass off so smoothly. The other day I had the visit of a gentleman about fifty, who had been under the care of an eminent surgeon of this metropolis for a little scratch of the kind I have just described. The patient was distinctly told that the complaint was of a trifling nature, and that no secondaries were to be feared; but scattered patches of psoriasis nevertheless appeared, especially on the palms of the hands, the wrist, and face, and the patient came to me in high dudgeon. He has undergone a mercurial course, is now well, and more calm.

"Ricord is fully alive to these peculiarities. Last week, a gentleman who had been a short time ago under his care was sent to me by a friend. He stated that his chancre had been indurated, though all traces of hardness were gone; and he added that for three weeks Ricord made him come every third day to watch a mere scratch, so as to ascertain whether it was getting hard. Great caution is evidently necessary, and to avoid disappointment we ought to remember that the etiology of syphilitic eruptions is not completely settled. Nor are matters quite clear as yet, in an etiological point of view, whether one eruption can by contact produce another, or give rise to chancre. With vesicular or pustular eruptions, it is no doubt very possible for the secretion to irritate and contaminate the cutaneous surface of another individual; but a certain hesitation is permitted in the case of papules or scaly eruptions. I have for the last twenty years freely handled all kinds of syphilitic eruptions without any detriment, and I do not believe that mere contact, or even friction, can—at least, *in dry eruptions*—do harm. I nevertheless think it my duty, whenever my advice is asked, to warn those affected with any syphilitic eruptions from having free sexual intercourse.

"Now there is another peculiarity of syphilitic eruption in an etiological point of view—namely, the different manifestations on the skin all arising from *one poison*. How is it, in fact, that scaly eruptions, vesicles, tubercles, and pustules will appear upon different patients, nay upon the same patient, in successive crops, although the morbid poison which is the cause of the eruption is ever the same? We are obliged, under these circumstances, to attribute these phenomena to the state of health and strength *in the patient*, to the amount of reaction of which his frame is capable, and the habitual state of his skin.

"In my endeavours to solve this problem, I have elsewhere proposed a very simple classification of syphilitic eruptions—namely, two great classes, the secreting and non-secreting. In the dry group we naturally have erythema, papules, and scales; and in the moist group, vesicles, pustules, and tubercles.

"I am much inclined to the belief that the moist forms appear more frequently upon the weak and debilitated, and the other forms upon those whose powers are more resisting. Indeed, we mostly see pustules and tubercles running into ulceration in patients wanting stamina. It is, in fact, interesting to notice that, from the mildest form of papular erythema, to a very deep, destructive, or even phagedenic ulcer, the process is the same, but becomes exaggerated in a direct ratio with the powers of the organism. If, however, it is true that pustules and ulcers were more formidable a couple of centuries ago, something must be allowed for the freshness of the virus.

"One word about the therapeutics of these eruptions. I am aware that the non-mercurial school has numbered most talented men in its ranks; but I do maintain, in spite of the occasional relapses which we have to deplore, in spite of the real and apparent cures which the non-mercurialists have quoted, that mercury is indispensable when the syphilitic eruption has, *bonâ fide*, taken place. I have administered the metal in hundreds of cases under various forms, and have had the satisfaction, in many, not only to obtain a permanent cure for the patient, but also to render him fit to become the father of a healthy offspring. A few days ago a gentleman called upon me for a trifling ailment. He had undergone two courses of mercury with me, one internally, the other in fumigation. His symptoms, of which psoriasis palmaris was the most conspicuous, all disappeared. He has married, with my full consent, and has two healthy children, the eldest of whom is eighteen months old."

The author then speaks favourably of calomel fumigations, and tar ointment for the dry forms of eruption.

Dr. GIBB communicates to the same journal some observations on *Sudden Aphonia from Cold*, in which the laryngoscope discovered a circle of redness without tumefaction round the vocal cords. Dr. Gibb says:

"Although alone and unassisted, I applied, with the aid of the laryngoscope, a sponge dipped in a solution of the argento-nitrate of mercury to the interior of my larynx. This was probably the first occasion that such a proceeding had been attempted upon oneself, and was accomplished with precision and facility, being followed by spasm and dyspnœa of about twenty seconds' duration.

"I kept quiet during the day, and did not essay to speak. Next day there was a marked improvement in the voice and in the redness. In a couple of day's later the voice was quite restored, and the larynx had assumed its normal condition."

In the course of further remarks, Dr. Gibb says that the "two scruple" solution of nitrate of silver for topical application to the larynx, trachea, &c., is the best; though he increases the strength sometimes to four scruples. He disapproves of the application of the stick.

The 'Medical Times and Gazette.' Mr. GULLIVER'S Lectures on the *Blood* are continued. We make some extracts:—

"We have in Lecture II. insisted on the evidence of the immense importance of the pale cells of the blood; and, whatever may be their precise office, they have certainly some other use besides that of forming the red corpuscles, because they exist, and may be the chief cells in blood which has no coloured corpuscles. Indeed, so far from being merely subservient to that end, the pale globules must have a far wider import; for we find them diffused more or less through the animal kingdom, and often the only, or, at least, the prevailing corpuscles of the blood of invertebrates. Still, we cannot assert peremptorily, that they may not be destined to one end in one class, and to a different end in another; and it cannot be predicted *à priori* from mere structure or organisation what may be ultimately developed from either an animal cell, a vegetable spore, or a seed. Indeed, the future development and end of the pale cell may depend on the conditions in which it is placed; and so, too, of the molecules. As to the corpuscles of lymph and chyle, we have already shown that the majority of these are nuclei, and not cells like the common pale globules; though these cells may be found sparingly in both the lymph and chyle, while they are the most common or abundant pale corpuscles in the blood.

"*Use and Relations of the Molecules of the Blood—Molecular Base of the Chyle and Fatty Matter.*—We have already pointed out that the molecules or granules are partly of a fatty and partly of an albuminous nature. Their special use is as obscure as it must be important. They are taken little or no notice of in connection with the formation or supply of either the red or pale corpuscles of the blood. It is often objected that the molecules are only fatty matter,—'nothing but fatty granules,'—and but with little reason; for a fatty granule may be either the foundation or pabulum of a cell, and the destination of that cell of very high importance. Whether this may be the purpose of the molecules of

the blood is another question of great interest, well deserving of those further inquiries which, in the presence state of science, are still required. Certain it is, that molecules of a fatty nature are intimately connected with either the genesis formation or development of cells and other organisms: whether as nutritive pabulum, or morphological foundations of the cells, or for both these uses, is a question of much interest. The immense importance, too, of fatty matter in disease has only been recognised of late years; for when, in 1843 (*Medico-Chirurgical Transactions*, vol. xxvi., and *Edinburgh Medical and Surgical Journal*, vol. lx.), I first pointed out fatty degeneration in a variety of organs, such as the arteries, testicles, kidneys, the lungs, and in the blood, and showed that fatty disease of the minute vessels of the brain is the proximate cause of sanguineous apoplexy, we used only to hear of fatty degenerations of the heart, muscles, bones, and liver. Professor Liebig's theory of fat being mainly of use for the production of heat, by combustion in the lungs, need be no hindrance to the views we have expressed; for, independently of the facts already mentioned, we know that fatty matter is very abundant in fishes and other cold animals as well as in vegetables."

After some further observations, Mr. Gulliver goes on to say:

"Considering all these facts, whatever else may be the destination of the molecules, it is probable that they form part and parcel of the pabulum of growing cells and foundations or nucleoli of cells, as well as germinal points of other structures, and are thus of very high importance in growth or nutrition. This is the view which I have for many years entertained of these molecules (Notes to Hewson's works, published for the Sydenham Society; *Proc. Zool. Soc.* July 26, 1842; *London Medical Gazette*, 1844, p. 411), and the evidence in its favour has accumulated since. Yet, even in the present more advanced state of knowledge, we must rather present the question in the form of hypothesis than of perfect demonstration; but still, as one of those legitimate hypotheses which, according to Lord Bacon, may be useful in pointing out a path for rational experiment and observation. Nor, in this day, is it necessary to insist on the interest and value of every part of the wide field of research concerning cell-genesis; or of the origin of parts independently of cells, as Mr. Savory has so well shown, in accordance with my early objection to the full validity of the German doctrine."

We quote further the annexed remarks on the

"*Life of the Blood and Harvey.*—If any evidence of this life were wanting, it would be abundantly furnished by the properties we have described of the red and pale cells, quite independently of the vital endowments of the fibrin so beautifully proved by Mr. Hunter. It was a strange mistake of the excellent Professor Milne Edwards to represent me as sceptical of that life, as will be more particularly shown in the lectures on the fibrin. Well, indeed, might Harvey describe the blood as the primogenial matter and vital spark, to which every other part of the body is posthumous, the first to live and the last to die, and the immediate or central seat of the vegetative faculties of the animal. A sublime exposition this of the solemn and sacred declaration of the Pentateuch! Each successive addition to our knowledge, the result of all our worthier subsequent inquiries, the sum of all the best ascertained facts up to this day have either but confirmed or added to Harvey's masterly proofs of the life of the blood. Indeed, the early development of this marvellous fluid, its central position as the highest member of organic life, and consequent power of self-preservation, are among the latest current expressions of this vitality; a subject which was treated in this place very instructively by my respected predecessor, Professor Paget.

"The magnitude of Harvey's grand discovery seems to have eclipsed his other important labours, even more than the masterpieces of Shakspeare and Milton did their valuable minor works. The greatest poet tells us, that 'one touch of Nature makes the whole world kin.' Harvey might have known Milton personally, though, unfortunately there could have been no cordiality between these great men. Yet they were allied in the rare attribute of genius. There is a sublimity in Harvey which has never been equalled by any physiological writer since the revival of letters; as may be well seen in his book on 'Generation,' where he dwells so much on the blood and its endowments. But this is to very little purpose for the present time, judging from the ominous silence as to our obligations to him. He seems, of late, never to be quoted or referred to on the subject, except in the interesting lectures published some years ago by Mr. Ancell. Still, Harvey might be more read, if not for his physiology, at least for the pleasure of the garb in which he has dressed it. Some of his 'Exercises,' as he calls them, read more like a solemn hymn to the dignity of the blood than a mere physiological dissertation. His was, indeed, the magician's wand that made precious all it touched. With the true quality of genius, he creates beauty, truth, and order; out of plainness, obscurity, and confusion; and we may be justly proud to rest the true doctrine of the life of the blood generally on the conclusive proofs so long since adduced by this our illustrious countryman. And, while we admire the brilliant and special lights of Hunter, we may regret that he did not so entertain Hewson's inquiries as to enjoy the delight of realising the further conclusive evidence of that vitality afforded by those distinct, curious, and beautiful little organisms, the red corpuscles; just as we might also wish that Harvey had lived to have the final triumph of seeing, by means of the microscope, their currents, as the crowning demonstration of his great discovery of the circulation of the blood.

"But, although Hunter ever remained so ignorant of the red corpuscles as to declare, in his last work, that they had then 'received more attention than they deserved, as if they could explain any principle in the blood or animal economy'—thus, unfortunately, despising the excellence of Hewson's observations—it will be shown, in a future lecture, how much Hunter was in advance of the knowledge of his time concerning the vital endowments of the fibrin; and more especially, as his great merit in this respect has, of late years been ignored or obscured by a crowd of imported new names and questionable conclusions, too hastily admitted and made current in our schools to the neglect of his more simple, beautiful, and true observations."

Mr. De Morgan's *Case of Popliteal Aneurism* is continued. Mr. Walton reports a case of a large, round, circumscribed *Accumulation of Fat on the Neck*, having the outward appearance of a fatty tumour, but differing in structure. He observes:

"After what has been said, it is barely necessary to point out that the peculiarity in this case consisted in the total absence of any capsule to the fat—any special vestment, according to what is always seen in the true fatty tumour. There was an accumulation of diffused fat—merely a heaping up of it in an uncommon manner, the arrangement being merely a modification of what is common in certain parts of the body, especially on the belly of elderly persons; so that such a state of things can hardly be called morbid, as there was nothing unnatural in any of the tissues, nor any very unnatural condition, but merely an alteration in form, constituting a curiosity, yet involving a condition which it is well the practical surgeon should be aware of."

Professor Pettenkofer's Researches are continued.

'American Medical Times.' This journal contains an interesting paper by Dr. Rufus King Browne, on a new disease, *Gangrene of the Throat*, first observed in the United States General Hospital, Department of the Gulf. Dr. Browne thus describes it:—

"The disease I describe is a new form of hospital gangrene—a *new* disease, if what varies so widely from ordinary hospital gangrene, but is of the same type, is entitled to be so called. I designate it Gangrene of the Throat. It was found to involve the root of the tongue, the ventricles, and the cartilage of the larynx. The cases presented no symptoms which indicated the progress of the ravage, except in one out of fourteen instances, in which, during the last half-hour of life, dyspnœa was very marked. In one case, the connection of the arytenoid and thyroid cartilages was destroyed, with the outer part of the tissues covering the side of the latter. In all the others of that number, none, except two, which presented *moderate* fœtor of the breath, presented any peculiar sign of the commencement or progress of the disease. In one or two instances of the above number, the autopsy disclosed slight œdema of the glottis, and equally slight serous infiltration of the loose tissues adjoining the larynx. None of them presented any symptoms of inflammation of the throat; neither pain, sense of distress, nor constriction. The disease did not present any of the characters of ulceration, nor assimilate any of its characteristics of heat or morbid redness. Unlike hospital gangrene, it occurs without febrile symptoms or tumefaction, or the characteristic edging of that form of ulceration.

"When found after death, the destroyed part has the colour of gangrened pulmonary tissue, though devoid of the very strong fœtor of the latter.

"The exact character of the first stage of the disease, being not open to inspection, is undetermined. In the last of the autopsies in which it was discovered, I sought to ascertain this, but ineffectually. The œsophagus was not injured by the disease, nor did it appear on the external surface of the body. Neither did it appear in any cases of decided scorbutus, yet, in one case, it did in the alveoli of the lower jaw, which presented likewise a scorbutic appearance.

"In the foregoing I describe as thoroughly as now practicable, this species of gangrene. The disease was found in eleven of the forty autopsies made by my own hands, expertly assisted by Dr. Clary, in the fifteen days ending with the 13th September. It may be a question whether the disease is not as frequent elsewhere in military hospitals, and the ordinary amount of examination in autopsies does not disclose it. Ordinarily, although the lungs, trachea, and bronchi are examined, the throat is not, except in cases where throat symptoms are manifest before death. Upon this turns the question of the frequency of gangrene of the throat. I trust this point may be decided by the concurrent search of other surgeons.

It may already have been elsewhere detected. Of the cause or condition of its appearance, I am without anything but surmise. It was found in debilitated and greatly reduced patients, but of the nine hundred in this immense hospital, at the time the autopsy which first disclosed the disease was made, none were otherwise. Including these, there had been previously collected at once in its wards and spacious galleries, upwards of twelve hundred under my charge, but such of these as presented no specific ailment were sent to other quarters.

"Among the number which remained, there were but four wounded who did not die. The occurrence of the disease, therefore, did not resemble the conditions of hospital gangrene. As soon as its presence was discovered by autopsy, I caused an inspection of the throats of all the patients, and isolated those suspected. Of these one died, not, however, of this disease, for his case was one of ulceration of the throat, with the ordinary symptoms of distress, circumscribed redness, and purulent formation. Other cases of ulceration were radically improved by topical treatment with sol. argenti nitratis.

"In one instance only did such inspection of the throat reveal gangrene. Here it had invaded the space between the pillars of the fauces. It was treated vigorously with a strong solution of nitrate of silver. The only complaint this patient made was, that his mouth was sore. He died. In the most recent autopsies the disease does not appear.

"I describe this disease as soon after my experience of it, in the earnest desire that others may guard against its being overlooked. I know but little respecting it; I have simply observed—

"*First.* That it appeared among the sick and debilitated patients, not wounded, nearly all of whom had been reduced by that most *deadening* of all diseases, the Mississippi or marsh fever. Many of these had long been afflicted with chronic and incurable diarrhœa. They were weak and feeble. Precisely similar were some of these cases in the manner of their disease and death, to those named by your correspondent, Dr. Rawson. Perhaps, however, otherwise than Dr. Rawson thinks, debility, and not scurvy, is the cause of death in these cases, for many undoubtedly scorbutic and debilitated recuperate, while others debilitated and not obviously scorbutic, die. They would rise, walk feebly but steadily along, return to bed, and immediately die. The autopsy revealed no lesion or organic disease. In vain I searched brain, heart, lungs, and the other organs, for some of the familiar causes of sudden death. I spent in the search every moment of spare time. In but four cases did I discover any of these causes. It was in the midst of this ineffectual search for its special purposes that I at length noticed, issuing from the mouth of a dying man, a little foul-looking and slimy fluid, of a peculiar cadaverous odour. He had never complained, so far as the attending physician was aware, of any throat difficulty, but, on autopsy, I explored the throat and found the disease I describe.

"*Secondly.* So far as I have discovered, this disease attacks the throat and no other organ. It has appeared only in the mucous membrane. I sought, but failed in every instance, to find it in the same case with gangrene of the lung. Nor have I found it in the same case with scorbutus or the ordinary hospital gangrene.

"*Thirdly.* Not a single one of the conditions known as productive of hospital gangrene, existed during its production here. The wards of the hospital are very lofty, and its spacious and equally lofty galleries and corridors will entertain in the most salutary manner twenty-five hundred patients, but at no time was there more than twelve hundred and fifty. There is no part of these secluded from a free sweep of fresh air. The windows reach almost from the high ceiling nearly to the floor.

"The outer wall of the edifice is of iron, the inner of brick, thoroughly whitewashed.

"With regard to cleanliness, the force of energy and attention could no further go, as I imagine. From the first moment when I voluntarily took charge of the twelve hundred sick deposited here from Baton Rouge, the collected sick of a whole season of the troops there and Vicksburg swamps, no unpleasant odour has been allowed to be present anywhere within the walls, even in the kitchen. With a large force of contrabands to do it, every sunrise sees every washable part of the building cleansed thoroughly; not a spot but is visited by me several times a day.

"Aware of the magnitude of the dangers of uncleanliness among so large a number of sick men in one building, the inflexible rule has been, punishment of every offence of the least uncleanliness, alike of officers or privates. Had this rule not been enforced with a constancy and force of determination neither to be baulked nor evaded, these walls would have been a pest-house. To be sure, these men were deposited here destitute of everything whatever but accumulated filth and disease, and as completely lost to any notion of, or respect for, cleanliness, as though they had never heard of it, but since they have been here, no uncleanliness of the hospital has been permitted. Even the outer walls, being of painted iron, and reachable to the galleries, have been continually scrubbed. Patients in wards in which mortality was greatest, which had been floored for us, were placed in others as soon as floored, while all the wards except two are open on both sides to the open air. Finally, except the scorbutic condition of the system, there have been here none of the known conditions of hospital gangrene. The existence of 'gangrene of the throat' is to be accounted for on other conditions—perhaps the mere absence of vigor, and of the enlivening power of the blood.

"On a continued examination of this disease, I am constantly convinced that if it has been noticed in single instances, it has not been known to exist in any considerable number of cases—I ascertained eleven cases out of forty-two autopsies. A larger number of autopsies, an ounting to eighty-seven, was made without any suspicion of the disease. As often as the disease was disclosed, I thought of one point—its painless progress—of similarity with phagedenic ulcer of the penis, and looked for this in its appropriate seat, but invariably without success. The whole number of these cases were examined with reference to disease of the principal organs, causing death, but the general debility or cachexia was thought to be sufficient to account for them. Otherwise, therefore, than as either Dr. Rawson or Dr. Kennedy supposes, debility was neither a 'symptom' (Rawson), nor a 'cause' (Kennedy), of scurvy, for although they were examined most carefully, even to the opening of the joints, none of the symptoms which constitute scurvy, according to our knowledge, were found. For they do not die of scurvy but of debility. But one case died of scurvy, and autopsy disclosed the disease in various signs.

"In all these instances the abdominal cavity contains a large quantity of fluid, which floods the intestinal tube and augments its morbid activity. Autopsies made but a few minutes after death always disclose this fact. In such cases the supposition was always entertained, that the vascular portion of the omentum was the source of the accumulation. Here also the watery part of the dilute blood, in a very dependent part transudes through the thin coats of the capillaries, and collects into the abdominal cavity—and concurrently to this the feeble force of the circulation scarcely suffices to dispel the blood past the point of gravitation.

"The same is true of the œdema of the legs, or of the chest. Always I find by autopsy such is the case. This excess of fluid in the cavities tends further to slacken the forces of life, and bring them to an end. The sum total of the fluid of the body is *not* decreased; but the blood itself *is*,—hence you will always find on autopsy of these cases but little *blood* (it is surprising how little), and that principally in the veins of the neck—the portal and pulmonary system, and even the great arterial vessels, have but little. These debilitated men die so suddenly, that but for their previous state, and the entire absence of the conditions of congestion, you would think them stricken of apoplexy. It is simply the end of debility. The kidneys have secreted their normal amount of fluid—and are found healthy and of full size. It is of but little use, therefore, to give directions, unless you revive the functions which replenish the blood, and form its plastic elements. The skin also does its part, but ineffectually. I have made some rapid reductions of the œdema of the lower extremities by means of a mixture of aqua distil. 1 qt., rock salt ℥ij., and glauber salt ℥j., and have also observed a marked improvement in the general anasarca from the juice of the raw onion, though the quantity of this latter I could cause to be made was very small, having nothing better for the purpose than an extemporized lemon-squeezer. For the scorbutic tendency a cold potato-salad, formed of boiled sliced potato, onions, vinegar, and a little olive-oil, is the best *alleriant*, or finely-sliced raw potato may be used—though I suppose the juice of the raw potato to be the very best; and for arrowroot in cases of weakness of the stomach, I substitute a mess made of lager-beer thickened with good flour, or the mucilago of slippery elm, flavoured, and set upon the stove until it reaches ebullition. This mess is tonic, and the gluten of the flour is the most nearly assimilable of all vegetable proximate principles, and is very nutritive, while it is not less emollient than arrowroot.

"As stated above, there is a large proportion of the sick, of cases of chronic diarrhœa, which have had intermittent fever, that are incurable by any of the known resources of therapeutics. Again and again, in the history of these, the frequency of the fæcal discharges may be abated or arrested, but the cessation will be only temporary. The system itself reaches a stage of debility, where it does not respond to the presence in it of the appropriate remedy. For precisely as a certain organ is requisite to deal out and appropriate nourishing substances, so is it necessary to deal with a remedy. Not only is the blood itself not *renovated*, nor its dominant element, the red globules, formed, but for the very reason that this replenishment does not occur, it becomes thinner, diminished in amount, and dilute from the continued absorption of the watery parts of the serous fluid bathing the tissues. In those parts of the vascular system, therefore, as mucous surfaces, where the normal function of the capillaries in co-operation with the follicles based upon them, is to secrete some of the proximate substances, they transude a watery fluid alone. The muscular fibrillæ everywhere, the dominant cause of the various functions, unsupplied with their proper substance from the blood, become toneless and lax, and the intestinal canal becomes a mere receiver of a watery transudation.

"But what was most remarkable was, that the autopsy disclosed in all but three of these cases a striking flabbiness of the heart, proving that what has been said of the muscular fibrillæ is equally true of the heart, and the muscular part of the entire arterial system. This debilitated heart, therefore, greatly impaired in power, combined with a small quantity of blood—a want of propelling power, and propelled fluid—a twofold inefficiency of the circulation—is precisely the condition for the transudation of fluid formed in such cases. It accounts, indeed, both for the almost total want of energy, and explains the character of the disease.

"This condition of the impoverished and diminishing, relaxed, and flabby muscular substance, perfectly accounts for the patient's feeling so very sensibly his inefficiency to move by means of the voluntary system, and the reflective will easily distinguish between this 'feeling' and the consciousness or knowledge a patient experiences in paraplegia, wherein there is no such impoverishment of the muscles, unless the immobility is chronic. I do not see that reason demands any more explicit explanation of the facts in the case. You may think a patient merely spiritless and lazy, you may exhort him accordingly; but on a careful inspection of his acts day by day, you will find he can do no better as he is. The only partial recuperative is a Northern climate.

"In the absence of an invigorating climate, no restoration of these cases is possible by medicine. The red globules of the blood, always the enlivening agents of the functions, being wanting, as the normal quality of the blood as a plastic material, the gastric juice cannot be secreted, and also the physiological dissolution of food is unperformed. Every food, therefore, which requires such dissolution, is passed without it.

"I have continued to attempt the restoration of these cases, by an adequate supply of the cold extract of beef (Liebig), which contains all the soluble organic substance of flesh—and the hematine of its red substance, in the most assimilable form. But no obvious success has been attained. This substance is greatly the superior of beef essence or beef-tea. Even under this care these cases linger on, and one by one drop off.

"It is thus the Northern soldier, to whom the environment of a northern atmosphere is literally a part of his being, yields his life in defence of liberty.

"People do not 'stand' upon their muscle here; they sit and lounge. Find a man anywhere, and if there is a resting-place of only the dry ground, he is 'down upon it.' Soldiers do not carry their knapsacks, the quartermaster does it. Nor do they stand guard with their muskets. They sit guard in shirt-sleeves and detached bayonet.

"These are the conditions, it appears to me, which hold a direct relation to gangrene of the throat—a non-inflammatory, non-febrile, destructive disease."

The 'British Medical Journal.' Dr. Alexander Fleming communicates to this journal some observations preliminary to the therapeutical inquiries now being conducted by the Association. The subject is the *Oil of Male-Fern in Tape-worm.* We quote his observations:

"I agree with many in believing that the oil of male-fern is a cure for tape-worm; but I often meet with medical men who deny its efficiency. Now, an appeal to the wide field of observation which our Association offers will surely decide this question. I have found, moreover, that the oil sometimes fails; and I trust our inquiry will disclose the causes of failure, and enable us to avoid them.

"Care should be taken that the drug employed be fresh and of good quality. It is sometimes not so. It is a thick dark olive-green coloured oil, having the characteristic odour and taste of the male-fern root. The taste is cooling and persistent. I have not perceived the acridity that is commonly ascribed to it. In default of better tests, we judge of the quality by the colour, taste, and smell. The inferior qualities may be due to the roots of other ferns being gathered in place of that of the male-fern; or, more probably, to unskilful preparation and preservation. The best quality, if kept for some time, throws down a grey sediment. The virtue of the oil does not appear, so far as I can learn, to be thereby injured; but when a deposit has formed, the bottle should be well shaken, before pouring out the dose.

"The mode of exhibition is important. I usually give it thus:—Mix well oil of male-fern one drachm, and mucilage half an ounce. This draught is mixed with one ounce and a half of sweet milk, and taken at bedtime; the patient having omitted the dinner and evening meal of that day. Taken thus, on an empty stomach, the mixture is carried speedily into the intestines, to feed, and at the same time poison, the hungry parasite which nestles there. Milk is the favourite food of the worm. If the bowels incline to constipation, I give next morning a dose of castor-oil; otherwise not. If necessary, I repeat this medication daily, one, two, and three times, or until the worm is discharged. A large experience has satisfied me of the decided efficacy of this mode of exhibition; but the remedy may be given successfully in other ways, and each observer will naturally incline to adopt that mode, the value of which has been confirmed by his own trials.

"The schedule explains itself, and in using it there is no occasion to refer to directions elsewhere.

"I have selected this question, partly because of its high practical interest, and partly because of its great simplicity. The diagnosis of tape-worm is easy; the disease is chronic, with no natural tendency to health; and there is consequently little difficulty in distinguishing between a recovery and a cure. In an *extended* inquiry of the kind we are now instituting, it appears to me essential to success that the question should be very simple. When, on the contrary, the question proposed involves some difficulty in diagnosis, many and not easily defined degrees of severity of the disease, numerous modifying conditions in the constitution and surroundings of the patient, and the comparison, not of one, but of a number of modes of treatment, each of which again admits of a multitude of modifications as to dose, time, and mode, of exhibition of the drug,—I fear that, under these circumstances, in an appeal to a *wide* field of empirical observation, we are more likely to thicken than to thin the veil which hides the truth.

"Our question relates to one point only—the usefulness or otherwise of the oil of male-fern in tape-worm; and the schedules have no column for the causes and symptoms of the disease. More information on those heads would be most interesting; but they are ontside the scope of this, which is a therapeutical inquiry; and my experience tells me that in schedules of this kind, if we attempt too much, they are apt to be left empty.'.

'Medical Record of Australia.'—We extract the following *On the Specific Influence of Common Resin in Hooping Cough.*

"In the 'Record' for the 1st of May, 1861, I drew the attention of the profession to the value of common resin in gonorrhœa and gleet. Few remedies possess so certain an effect in these affections alone or in combination with copaiba or cubebs. It possesses, moreover, a great advantage over these remedies from being readily made into pills, enabling patients to take it regularly—a point of very great importance, and one which will enable the practitioner to promise his patients, *if they abstain strictly from stimulants*, a cure in fourteen or twenty-one days. Like copaiba, it sometimes excites nettle rash, but more frequently an irritable efflorescence or papillary eruption, which is troublesome when the patient is warm, and it excites irritation of the kidneys and bladder, particularly of the latter. To prevent its producing irritation of the skin, its use should be preceded by a warm bath, or sponging with warm soap and water, to cleanse the skin. The warm bath should be repeated every four or five days to keep the skin free. If the irritation appears in spite of this, three or four grains of iodide of potassium given with it three times a day will often keep it in check. The frequent desire to pass water, which it often produces, need cause no anxiety; but when it is accompanied with pain and tenderness in the kidneys and bladder, and the urine deposits a large quantity of mucus, mixed occasionally with blood, it had better—if the addition of five or seven minims of tincture of opium to each dose, and sitting as high as the navel in warm water for twenty minutes twice a day do not relieve them—be discontinued for a few days, although I have never seen it produce decided inflammation of the urinary passages. The following is the plan which I have generally followed in treating gonorrhœa: if the patient is young and plethoric, and the discharge accompanied by marked inflammatory symptoms, I have first ordered saline purgatives, warm bath every second day, and to envelope the penis in lint wetted with acetate of lead and opium lotion, renewing it every three or four hours, for three or four days, or until the severe scalding and swelling subside, and then the resin in five or seven grain doses, every eight hours, either made into pills or as a powder, mixed with ten or fifteen grains of powdered gum acacia, and taken in wet sugar, milk, or any other fluid; and one table-spoonful of acetate of lead lotion; ten grains to six ounces of water, with opium (thirty grains of tincture of opium) injected three times in the course of twenty-four hours into the urethra; when the pain has nearly disappeared, ten grains of chloride of zinc may be substituted for the acetate of lead; when the pain is slight, the chloride of zinc injection and the resin may be at once commenced with. In the first cases, if the patient strictly abstains from drink and intimacy, the swelling of the penis and the scalding begin to subside in a few days, but the discharge does not diminish materially in quantity until the resin has been taken some days; it then begins to get thin and less in quantity; by the tenth day it appears only in the morning, and by the fourteenth or sixteenth day ceases. Its stopping does not indicate that the patient is safe from a relapse; a long walk, a ride on horseback, or a glass of beer, spirits, wine, or any stimulant drink, will cause it to return, and it is therefore necessary to impress upon the patient the importance of avoiding these, and continuing resin and the injection for ten or fourteen days longer.

"Its efficacy in the 'winter coughs' of old people, in combination with opium, belladonna, and squills, led me to use it in hooping

cough, with greater benefit than any other remedy I have employed. As this disease is prevalent at present, the brief histories of the following cases will not, I hope, prove uninteresting to the profession :—

" Cases complicated with Bronchitis.

" Case I.—F., æt. four years, scrofulous constitution ; hooping cough for six weeks, the attacks occurring five or six times in the day, lasting some time, and ending in the discharge of a large quantity of mucus, more or less tinged with blood. This is the second attack ; the first disappeared when she was sent into the country. Mucous râles all over the chest, particularly in the large bronchial tubes. Before the cough occurs, the mucus can be heard ascending as high as the first bifurcation of the bronchial tubes. Resin two grains three times a day, a dose of ipecacuhana wine being given first, to excite sickness and rid the bronchial tubes of the fluid.

" 2nd day. Cough much better; less severe and of shorter duration, less mucous râle.

" 6th day.—No mucous râles, but before the cough there is still the accumulation in the bronchial tubes, but the quantity discharged is less. 1-12th of a grain of opium and ¼th of a grain of extract of belladonna were added to the resin.

" 12th day.—The cough was much better up to the 10th day ; then, from exposure to cold, the bronchial symptoms returned, and the cough became again severe. Ipecacuhana and resin were again given, the child being strictly confined to a warm room. In the course of a few days the bronchitis disappeared ; the opium and belladona were then resumed.

" 21st day.—The cough had disappeared.

" Case II.—A female, aged eighteen months. Hooping cough for several weeks, the paroxysms occurring frequently, and lasting for five minutes. Mucous râles in the larger bronchial tubes, and mucous wheezing in the rest of the lungs. The same treatment was pursued as in the last case.

" The progress of the case was good, althongh it was under unfavourable circumstances, the child being one of a large family, living in a small damp room, and not well cared for. It had a relapse just as the cough had ceased; the bronchial symptoms returned, and with it the cough. By clothing it in flannel, confining it to the house, and counter-irritation with weak croton oil linament between the shoulders, it improved rapidly.

" Cases III and IV.—A female, aged one year, and a male, aged twenty-one months, suffered similarly. Relapses occurred from exposure to cold and wet.

" Cases complicated with Bronchio-pneumonia.

" Case V.—Male, aged sixteen months. He first came under my notice suffering from remittent fever, with enlargement of the mesenteric glands. While improving, he was seized with measles. The eruption was neither very severe, nor attended by any symptoms of bronchial irritation until the 7th day. Then mucous râles were noticed at the base of the lungs, with slight fever. These symptoms improved under treatment, and the child was not brought under our notice for 11 days. Then it was suffering from bronchio-pneumonia, accompanied with hooping cough, which had existed since the day before. The cough was very troublesome—mucous râles, with crepitation, general—pulse 120, without much power—skim warm—slight bluish tinge round the mouth. One grain of resin, with 1-6th of a grain of tartarised antimony and ½ a grain of calomel, every three hours. Blister to chest.

" 2nd day.—Better; mucous râles and crepitation diminished; cough less troublesome ; bluish tinge of face gone. It continued to improve up to the fourth day. The hoop had disappeared, and the cough was slight. Then, from exposure to cold, the mucous râles re-appeared, and the cough became again troublesome.

" 5th day.—Face pale; bluish tinge around the lips had reappeared. In the evening convulsions appeared, in which it died two hours afterwards.

" The mesenteric and bronchial glands were rather large. The anterior part of both lungs were loaded with red serum ; the posterior part indurated. The bronchia and trachea contained a large quantity of thin mucous fluid, and their lining membrane was injected. Brain was not allowed to be examined.

" Case VI.—A male aged ten months was brought under my notice by a medical friend, on the 8th of December last. He was healthy looking, but somewhat emaciated, having but recently recovered from an attack of inflammation of the lungs. The present attack has existed 14 days. There is in the posterior part of the chest mucous râles, in the left anteriorly fine and coarse crepitation, and in the right induration, fits of coughing occurring every 7 or 10 minutes, of short duration, but accompanied with a hoop ; pulse 90, feeble, pupils contracted, urine scanty, feet slightly swollen, motions green and slimy, liver descends one fingers breadth below the ribs, the anterior fontanel depressed, face a tendency to flush at times. Resin, with extract of belladonna and tincture of henbane.

" 2nd day.—Coughing better, no hoop, the mucous râles and crepitation less marked ; has passed a rather tranquil night, pupils dilated : last night he had an attack of flushing of the face, which lasted several minutes—slight bluish circle around the lips, tendency to roll the head at times—the anterior fontanel is less despressed, and the pulse had risen to 120—urine more copious, and the motions natural. Iodide of potassium and tincture of digitalis were added to the mixture. At 12 p.m. he had a severe attack of convulsions, and at 6 a.m. on the 10th another slight attack.

" 10th.—But little alteration in the lung symptoms ; pulse 120 ; pupils dilated, anterior fontanel raised, slight tendency to dose alternating with restlessness. Blister to head : This relieved the cerebral symptoms, he passed a tranquil night, but on the 22nd the convulsions reappeared and he died on the 13th. Permission could not, we believe, be obtained to examine the body."

We need not quote further cases. Sixteen are reported.

We quote from the 'American Medical Times' an abstract of a paper *On Pelvic Hæmatocele*, which was read before the New York Academy of Medicine, by Dr. J. Byrne.

" After briefly alluding to the earlier history of bloody tumoura of the female pelvis, the author confines himself principally to a review of the literature of the subject from 1850 down to the present time. Though the escape of blood into the retro-uterine cul-de-sac of the peritoneum has been noticed for a long time by various observers, yet but few well authenticated cases of encysted pelvic hæmatocele are to be found recorded previous to 1850, and *even yet some of our standard works on the diseases of females deny the subject a single chapter.*

" The principal, if not the only authors in Great Britain, who have written anything on the subject, are Drs. Tilt and West, and Professor Simpson, and in America, Professor Bedford, who has reported a very interesting case in his work on the diseases of females.

" To French physicians, therefore, almost entirely, and to Professor Nelaton in particular, are we indebted for our knowledge of the disease ; and the discussions and essays which followed his investigations, prove not only how little the malady has been studied, but also how much we have yet to learn of its true pathology. Much diversity of opinion seems to exist regarding the source of the hæmorrhage, and consequently the relative location of the tumor in hæmatocele ; some contending that the effusion takes place, for the most part, either from the peritoneal surface of the ovary or the abdominal orifice of the fallopian tube, and therefore into the recto-uterine cul-de-sac of the peritoneum ; and others, that the utero-ovarian veins are the seat of the effusion, and that the sub-peritoneal cellular tissue will be found to be more frequently the pathological nisus in such cases.

" The author of the paper discusses at some length the various opinions on these important questions, and regards the pathological changes observed in cases of death as of little value in a statistical point of view, because the majority of intra-peritoneal extravasations must necessarily be fatal, and hence he believes that the sub-peritoneal form of hæmatocele is by far the more frequent.

" Exception is taken to the opinion of most, if not all, previous writers on this disease regarding its connection with 'disordered menstruation,' which latter the author seems to consider as one of the consequences of some pre-existing pathological condition in the ovary or neighbouring tissues ; because, though admitting that hæmorrhage 'to a limited extent,' from one or more of the Graafian vesicles, may take place, yet sufficient blood to produce even a moderately-sized retro-uterine tumor cannot be extravasated from a healthy ovary, or a tube whose lining membrane is free from structural lesions.

" The 'ovarian irritation' of Drs. Bennett, West, Churchill, and others, though often the result of uterine inflammation, is, nevertheless, frequently a primary affection, depending on inflammation of the ovary and neighbouring tissues.

" The causes are divided into *predisposing* and *exciting*, as follows: —1st. Inflammation of the uterine appendages, and its consequences. 2nd. Habitual constipation of the bowels, and morbid growths interfering with the free return of venous blood, and thereby producing a varicose condition of the vessels. 3rd. A hæmorrhagic diathesis from a disordered state of the blood. 4th. Tubular, uterine, or vaginal occlusion, obstructing the normal secretion or giving rise to regurgitation through the Fallopian tubes. The immediate or *exciting causes* may be, 1st. sudden suppression of the menstrual, or a hæmorrhoidal discharge ; 2nd. tenesmus or violent muscular exertion ; 3rd. injuries by a fall or otherwise, and 4th excessive coitus, and mental emotions tending to active congestion of the internal organs of generation.

" Still another cause remains to be mentioned, which might with propriety be classed both as predisposing and exciting, namely, extra-uterine pregnancy.

" When the hæmorrhage takes place from the under surface of the ovary, or within the folds of the broad ligament, the patient having previously suffered more than usual from pain in one or other iliac region, will complain suddenly of severe cramp in the

lower portion of the bowels, accompanied or soon followed by tenesmus, and weight referred to the loins and sacrum; there may be painful and difficult micturition, and if the quantity of blood poured out be great, faintness, and even complete syncope may now take place; the skin assumes a pale or sometimes anæmic hue; the extremities become cold, the countenance anxious, pulse small and frequent, and the abdomen tympanitic, and very sensitive to pressure, particularly over the seat of the rupture. At this stage of the case, a vaginal examination will rarely fail to detect a tolerably firm and irregular tumor, somewhat painful to the touch, and situated directly behind, or to either side of the uterus.

"[A full report of what the author considers a case of sub-peritonæal hæmatocele of 'the most exaggerated type' is referred to, but our space will not permit us to do more than to allude to it; we can merely refer our readers to the original paper for its minute and instructive details.]

"When the flow of blood takes place into the retro-uterine cul-de-sac of peritoneum the symptoms will of course be most alarming. The pain referred to the hypogastrium will be more intense, and the collapse more complete and enduring; the abdomen rapidly becomes tympanitic, and vomiting of brown or dark grumous liquid, now incessant, adds much to the distress of the patient; the pulse, if perceptible, is very small and rapid, and the features assume a hippocratic expression. Voisin, referring to the frequent absence of premonitory signs indicative of the occurrence, says, that 'the suddenness of the symptoms has sometimes led to the suspicion of poisoning.'

"The diagnosis of hæmatocele is in most instances extremely difficult, as proved by the case of M. Malgaigne, as well as those of other observers. And referring to this part of the subject, Nelaton says, 'the first case which I saw, I pronounced encephaloid disease, and incurable;' and of the second he adds, 'I reflected a long time, and concluded at last to introduce a trocar: if *cancer*, it could do no harm, and moreover, I had an idea that it might prove to be *abscess*.

"If, however, a careful inquiry be made into the previous history of the case, it seems hardly possible to make such grave mistakes; because, malignant growths, at least, and hæmatocele, present so few symptoms in common, that unless in a very anomalous case of the latter, which might possibly exhibit some extraordinary features and complications, such an error of judgment would seem to argue great remissness on the part of the professional attendant.

"The *principal* diseases with which it might be confounded, are *pelvic abcess, retroversion of the uterus, dislocated ovarian cysts,* or *fibrous tumours and extra-uterine fœtation.*

"Suppuration will, for the most part be ushered in by much constitutional disturbance, manifested by fever, rigors, &c. The swelling is more painful to touch, and gradually increases in size, and becomes softer. Whereas, *in hæmatocele the tumour is immediately formed,* and in the course of time may become less sensitive, and in all cases more firm.

"Retroversion at first sight might be mistaken for hæmatocele or vice versâ, but the position, or rather direction of the os and cervix, and other features diagnostic of this displacement, render it hardly possible to entertain doubts on this point after mature reflection: should some peculiarities present, however, tending to excite suspicions one way or other, the introduction of Simpson's sound will be the most unequivocal means of arriving at a correct inference.

"Ovarian cysts are less likely to be mistaken for hæmatocele than fibrous tumours, because, though their sudden displacement into the retro-uterine region might give rise to symptoms very analogous, yet in the former, the swelling will be more isolated, and to a certain extent easily defined, moveable, and situated pretty high up in the vagina: the uterus will also admit of being moved independently of the tumour, especially if the sound be used; and lastly, there will be no sudden anæmia.

"Fibrous tumours in the posterior uterine wall, being intimately connected with this organ, might, if examined without reference to the previous history of the case, be mistaken for hæmatocele, but with ordinary diligence in our investigation such an error would seldom if ever occur.

"Extra-uterine pregnancy, in some of its characters, might resemble retro-uterine hæmatocele, but the mildness of the symptoms, some of them perhaps being those referable to ordinary pregnancy, the slowness of their developement, and the detached and moveable nature of the tumour, ought to distinguish it from an *encysted* hæmatocele at least.

"The mistakes of Nelaton, Robert, Huguier, Dupuis, Stoltz, and Malgaigne, are referred to by the author, in proof of the great difficulty with which an accurate idea of the nature of these tumours can be arrived at in some cases. "A correct diagnosis will often be impossible until the trocar shall have entered their walls.

"*Treatment.*—Should be threefold—preventative, palliative, and curative.

"If the author be correct in attributing these maladies to inflammation of the ovary and varicose veins within the folds of the broad ligaments, "*preventative treatment* demands *our first and most earnest attention.*" This will be best accomplished by local depletion, counter-irritation, and gentle laxatives.

"Palliative treatment would consist in restoring the equilibrium of the circulation, combating the peritonæal complications by local depletion and other antiphlogistic measures, relieving pain by anodynes, and supporting the patient by proper nourishment."

Births, Marriages, and Deaths.

BIRTHS.

ATKINS.—On the 3rd ult., at Nusseerabad, Rajpootana, Bombay Presidency, the wife of Assistant-Surgeon H. Atkins, of a son.

FYFFE.—September 15th, at Raymond terrace, Hunter River, New South Wales, the wife of B. Fyffe, Surgeon to the Tomago Mining Company, of a son.

PARKER.—August 24th, at Ningpo, China, the wife of Dr. William Parker, of a son.

SIEVEKING.—On the 20th ult., at Manchester square, the wife of E. H. Sieveking, M.D., of a daughter.

SUMMERS.—On the 15th ult., at the Old Vicarage, North Petherton, the wife of W. A. Summers, Esq., M.R.C.S., of a son.

MARRIAGES.

FRY—MARCHANT.—On the 20th ult., at St. Paul's, Deptford, John W. Fry, Esq., M.R.C.S., of Thaxted, Essex, to Lydia Elizabeth, youngest daughter of Thomas Marchant, Esq., of Deptford.

L'ESTRANGE—MANDY.—On the 20th ult., at St. Mary-of-the-Angels, Bayswater, E. H. L'Estrange, M.D., Cape Mounted Riflemen, to Mary Rebecca, eldest daughter of S. D. Mandy, Esq., of Stanley gardens, Bayswater.

DEATHS.

BROOKES.—September 19, at Elizabeth street, Hobart town, Sydenham Brookes, eldest son of John Doughty, Esq., aged 17.

JAGO.—On the 19th ult., at Trejago, Hammersmith, Francis Robert Jago, Esq., Surgeon R.N., aged 75.

HORAN.—On the 10th ult., at Bridge street, Sunderland, John Bernard, son of John Horan, Esq., M.R.C.S., aged 4 years and 6 months.

MADDOCK.—On the 18th ult., Alfred Beaumont Maddock, M.D., of Curzon street, Mayfair, youngest son of the late Henry Maddock, M.P., aged 48.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 20th ult.:—Matthew Bloxam, Duke street, Grosvenor square; William Alfred Elliston, Ipswich; John Beddoe Morgan Evans, Haverfordwest; Gwynne Henry Harries, Haverfordwest; Alfred Harris, York terrace, Commercial road East; Ebenezer Mark Thompson, Billinghay, Lincolnshire; Richard Turner, Pentrehcylin, Oswestry; John Henry Wood, Ledbury, Herefordshire.

NAVAL SURGEONS.—The following members of the Royal College of Surgeons of England passed their examinations last week for Naval Surgeons:—John Wilson Dobbin, of H.M.S. Dromedary, Woolwich—diploma of membership dated June 3rd, 1854; Bradley Gregory, of H.M.S. Sutlej, Portsmouth—April 11th, 1859; Martin Magill, of H.M.S. Russell, Falmouth—June 6th, 1856; Maxwell Rodgers, of H.M.S. Royal Adelaide, Plymouth—May 8th, 1857; Peter Williams Rolston, of H.M.S. Fox, Woolwich—May 6th, 1853.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 20th inst.:—William Henry Fleetwood Buckle, Royal Mint, London; Frederick Augustus Palmer Hains, Totness; William Henry Kempster, Battersea.

UNIVERSITY OF ST. ANDREW'S.—HONOUR LIST, NOV. 18.—First Class:—John F. Nicholls, Devizes; and Charles A. Waterborth, Isle of Wight—equal.

MEDICAL SHERIFF.—Mr. William Coulson has been pricked for Sheriff for the County of Cornwall.

DEPUTY PROFESSOR OF ANATOMY AT CAMBRIDGE.—At a Congregation held on Thursday, the 20th inst., Dr. Drosier, of Caius College, was appointed to this office.

PROPOSED HOSPITAL AT POONAH.—Mr. David Sasson, of Bombay, has offered half a lac of rupees (5,000*l.*) towards the construction of a general hospital at Poonah, and a lac of rupees (10,000*l.*) towards its endowment.

AMERICAN MEDICAL STUDENTS.—In consequence of the troubles in the Northern and Southern States of America, a number of students have availed themselves of the peaceful condition of Canada to complete their medical studies in the Universities there, especially at Montreal, Toronto, and Kingston.

SERIOUS ACCIDENT.—Staff Assistant-Surgeon William Thomas Paliologus was, a few nights since, precipitated down one of the trenches at Fort Pitt, Chatham, a depth of about thirty feet, from missing the path, owing to the extreme darkness and there being no fence or other protection. He was discovered about three hours

afterwards, with one of his legs broken, and otherwise seriously injured. He was immediately removed to the hospital, and attended to by the medical staff. As frequent similar accidents have lately occurred, it has been suggested that the authorities should erect a fence or some other barrier, and thus prevent the recurrence of what might have been a fatal catastrophe.

The Disgraceful Uproar at the Opening of the Faculty of Medicine at Paris last week has resulted in the sending of two medical students to prison for a month each. The two so-called ringleaders were doubtless not much more guilty than the remaining two or three hundred dissenters, the feeling being very general in the Profession that M. Rayer's promotion to the office of Dean over so many equally honourable heads was an act of imperial "prepotenza" likely to prove a bad precedent.

Munificent and Rare Recognition of Medical Services.—On the departure for Europe of Mrs. Mead, widow of the late Mr. Cornelius Christopher Mead, Assistant-Surgeon to the European Hospital, Bombay, who died at Malabar Hill, Bombay, on the 30th September, the Hon. Rustomjee Jamsetjee Jeejeebhoy presented her with a sum of 15,000 rupees in acknowledgment of the medical services, extending over several years, rendered by her late husband to the Jamsetjee family. The hon. gentleman gave 10,000 rupees in his own name, 2,500 in the name of his mother, Dowager Lady Jamsetjee, and 2,500 in the name of his sister, Perozebaee.

Medical Mayors for 1862—3.—The following gentlemen have been chosen Mayors of the respective towns for the ensuing year:—Bedford, Dr. Couchman; Chesterfield, Dr. Jones; Dewsbury, Dr. Fearnley; Kidderminster, Dr. Roden; Pembroke, Dr. Jones; Truro, Dr. Trueman; Wakefield, Dr. Holdsworth.

Ovarian Dropsy.—A very interesting case has just occurred, where Drs. Warren and Storer, of Boston, U.S., were consulted, in which an attempt had been made to relieve the patient by the usual method of tapping; but, on introducing a trocar and canula, no fluid was obtained; the operation was repeated in another place, but with the same result. The tumour then increased to an enormous extent, the lower extremities were much swollen, there was difficulty of breathing, and increased difficulty of locomotion. A very large trocar was thrust in below and to the left of the former punctures; no fluid followed the withdrawal of the trocar, but a feather, which was passed in through the canula about five inches, was found, on withdrawal, to be covered with a coloured gelatinous fluid, which was too thick and stringy to pass through the canula. After this her symptoms continued to grow worse, and the patient died in about five days, rather suddenly. On opening the abdomen, a thin sac was found filled with innumerable cysts of an oval shape, and resembling the shelless eggs found in poultry, varying in size from the egg of a sparrow to that of a goose. They were full of a substance resembling calves'-foot jelly, which in the smallest was clear and transparent, in the others more opaque, and in some yellowish. Most of the cysts were covered with a delicate net-work of minute vessels. The contents of the tumour filled two large water-pails, and weighed thirty-six pounds. The failure to obtain fluid upon puncture was very easily accounted for, not only from its gelatinous nature, but by its being contained in cysts.

National Dental Hospital, Great Portland Street, W.—The First Annual Meeting of this useful charity was held in the committee-room of the institution, on Monday evening last; Dr. B. W. Richardson in the chair. The treasurer's report showed that the funds of the institution were in a satisfactory state, and had enabled the committee to meet the heavy expences attending its first establishment. 2,020 patients had attended at the hospital during the year, the majority of whom could not have received the kind of treatment which their cases required, but for the existence of such an institution. The committee referred to the great loss they had sustained in the death of the founder, the late Mr. James Robinson, and trusted that the subscribers would continue their exertions to secure the permanent success of the institution.

Prize Essay on Mineral Waters of Scotland.—Some time ago, a prize was offered by the Royal College of Physicians of Edinburgh for the best essay on the "Mineral Waters of Scotland." This has been recently awarded to Dr. Murray Thomson. We believe we are entitled to speak of Dr. Thomson's labours as constituting, in many respects, a considerable advance upon all that has been previously accomplished or attempted among us. He has made new and original analyses of all our mineral springs of repute, classifying them according to their composition and medicinal actions; and has added many scarcely less valuable particulars regarding the climate, situation, accessibility, and economic and recreative resources of their various localities, such as he has been able to glean by inquiry and inspection on the spot.—From the 'Scotsman' of Wednesday, Nov. 19.

Apothecaries' Hall.—The Annual Dinner of the Society of Apothecaries took place in the Hall on the 14th inst. In the absence of the Master, Mr. Wheeler, Mr. Griffiths presided as Deputy-Master. Amongst the guests were Dr. Watson, the President of the College of Physicians, Mr. Luke, the President of the College of Surgeons, the Censors of the College of Physicians, Mr. Glaisher, F.R.S., of the Royal Observatory, Mr. Campbell De Morgan, Mr. Nunn, Dr. Barnes, etc. On Mr. Glaisher's health being proposed by Professor Brande, F.R.S., the former gave a most graphic description of his late perilous balloon ascent. Many were the just tributes paid by various speakers to the tried merit of the Society of Apothecaries as an examining body. In fact, if the number of students presenting themselves for examination be a criterion, it appears that the Hall was never in higher estimation than at present. The toast of the Court of Examiners was responded to by their Chairman, Dr. Ansell. The health of the veteran chemist, Professor Brande, was proposed by the Senior Warden, and, it is needless to add, was most warmly received.

Ethnological Society.—At the meeting of this Society held on Tuesday last John Crawfurd, Esq., F.R.S., President, in the chair, a paper was read by Major R. F. Burton, H.M. Consul at the Bight of Biafra, on a recent visit made by him to the Fán country, in Central Africa. After a fruitless search after the gorilla, he returned to the Gaboon, and on April 10, 1862, he set out in the 'Eliza' schooner to explore the waters of the Mpongwe or Gabon, the Nkome and the Mbokive, traversing the Bàkele and Fán country. On arriving in this latter district, expecting to see a large-limbed, black-skinned, ferocious-looking race, he was astonished to witness a finely-made, light coloured people, of decidedly mild aspect. The features also were sub-African; many, if whitened, might pass for Europeans; few were so negroïd in type as the Mpongwe, none so negro as the blacks of Guinea or Kongo. After describing minutely the dress of the Fáns, Major Burton proceeded to call attention to a fundamental error in African ethnology made by Dr. Livingstone, who, deriving all his knowledge from the southern corner of the vast continent, asserts that "no African tribe ever became extinct." The contrary is emphatically the case. Nowhere does the selection of species, so to speak, fight more strongly the battle of life than in maritime Africa. The tenants of the coast are rarely ancient people. Demoralised by the contract of European and Asiatic civilisation, and having, like the Turks, less inducement to bar the coast to their inner neighbours than the latter have to secure free transit for their merchandise to the highway of commerce, they degenerate and gradually die out. This is the case with the Mpongwe and old Calabarese. The following interesting facts were recounted by Major Burton respecting the cannibalism of the Fáns:—The Fáns, like most African tribes, with whom fighting is like our fox-hunting live in a chronic state of ten days' war. Such is the case even where the slave-trade has never been known. Battles, however, are not bloody. After the fall of two or three warriors, they are dragged off to be devoured, and their friends disperse.—If the whole body cannot be removed the victors content themselves with a "gigot" or two to make soup The cannibalism of the Fáns is by no means remarkable, limited as it is to the consumption of slain enemies. The practice sporadically extends from the Nun to the Kongo, and how much further south he cannot at present say. In the Niger and the Brass the people do not conceal it. In Bonny, Major Burton had seen all but the act of eating. The Duellas of Cameroons number it amongst their "country fashons;" and though the Mpongwe eschew the chimpanzee, the Fáns invariably eat their foes. Still no trace of the practice has been seen at Mayyán. This, however, is not caused by its civilisation; the Rev. W. Walker and other excellent authorities agree that it is a rare incident even in the wildest parts, but by want of opportunity. The corpse, when brought in, is carried to a hut in the outskirts, and is secretly eaten by the men only, the cooking-pots being finally broken. No joint of man is ever seen in the settlements. The sick are not devoured; the dead are decently interred, except slaves, who, as usual, are thrown out into the forest. The chiefs, stretched at full length, and wrapped in a mat, are secretly buried, the object being to prevent some strong fetish or medicine being made, by enemies, from the various parts of the body; and in some tribes those of the same family are interred near one another. The commonalty are put secretly under ground. During his peregrinations he never saw even a skull. Mr. Tippet, who had lived three years with his people, only knew three cases of anthropophagy. Yet the Fán character has its ferocious side. Prisoners are tortured with horrible ferocity, and children may be seen licking the blood from the ground. It is a curious ethnological consideration, this peculiar "developement of destructiveness" in the African's brain. Cruelty seems to be with him a necessary of life. All his highest enjoyments are connected with causing pain and inflicting death. His religious rites (how different from the Hindus) are ever causelessly bloody. As an instance, take the old Calabarese. For 200 years they have had intercourse with Europeans, who certainly would not encourage these profitless horrors, yet no savages could show such an extent of ferocity as the 6,000 wretched remnants of the race. He could not believe this abnormal cruelty to be the mere results of uncivilisation. It appeared to him rather the work of an arrest of developement, which leaves to the man all the bloodthirstness of the carnivore. Few of the Fáns lack flesh, fowl, or fish,—goats, mutton, or game, once a-day; many eat it twice. Cattle is, as yet unknown; the woods, however, supply the wild buffalo in numbers. The dress, manners, and

customs of the Fáns closely accord with the accounts which have been already given by M. Du Chaillu, and by the old voyagers to Gaboon in the last century. An interesting discussion supervened, which was commenced by Mr. Francis Galton F.R.S., who said that the present condition of the African race precluded any hopes of their ultimate civilization, unless some dominant race should arise which like the Moors in Northern Africa, might subjugate the scattered tribes and reduce them to one uniform civilization. Sir Charles Nicholson, speaking of the cannibals of the Tonga Islands, agreed that the prospect of their improvement was hopeless, and that the highest samples he had seen of the race were scarcely mentally equal to European children. Dr. Hunt pointed out that, while a few discrepancies existed between Major Burton's account of the Fáns and that given by Du Chaillu, the general tendency of his observations was to corroberate that traveller's account. Mr. C. C. Blake said that, although slavery had been alleged to be the corrupter of the morals of the African races, cannibalism often existed independently of slavery; while in those tribes on the coast which had had civilised intercourse with Europeans, cannibalism had been abolished. Professor Tagore contrasted the bloodthirsty rites of the Africans with the mild religions of Asia. Dr. Hodgkin condemned slavery and the slave trade; and gave an instance of an Australian native who had been educated in England, and who had reached a pitch of moral perfection rarely attained by Europeans. Mr. L. Burke criticised Dr. Hodgkin's remarks at some length, and maintained the doctrine of the primæval inferiority of the African races. Mr. Crawfurd (the President) pointed out that civilization had never been spontaneously developed in Africa; that human sacrifices, like those of Dahomey, had existed in it from time immemorial; that the negroes had been unable to tame the elephant of Africa or to devise any form of permanent architecture; and in reply to Dr. Hodgkin, who had quoted the Mosaic law in contravention of slavery, indicated that the regulations as to the punishment of slaves by death in the Pentateuch were more severe on the slave than many of the codes now in force n the most barbarous slave countries.

The Alleged Poisoning by Strychnine.—The adjourned inquest on the body of Mrs. Jane Gillespie, the wife of a mariner residing in Wellington-street, North Shields, who died after an hour and a quarter's illness on Saturday, the 11th October, it is suspected from the effects of strychnia, was held at the Town-hall, in that town, on Thursday. A considerable number of local magistrates were upon the bench with the coroner, and most of the medical gentlemen in the neighbourhood were present during the investigation. Some of the facts of this very painful case have already been published. The poor woman had been suffering from a slight attack of bronchitis and attended the surgery of Dr. Fenwick, a well-known practitioner in that town, who had prescribed for her. She had taken two bottles of medicine for her complaint, and, on the 10th, had procured a third. She took two table spoonfuls of the contents of this latter bottle on Saturday, the 11th, and was immediately attacked by an alarming illness, some of the symptoms incident to poisoning by strychnia being developed, and as already stated, in an hour and a quarter she was dead. Her medical attendant, Dr. Fenwick, after making a post-mortem examination, gave a certificate that she died from an attack of bronchitis; but a portion of the contents of the bottle of medicine procured by her having been subsequently analysed by Mr. Pattison, analytical chemist, it was found to contain 1½ grains of strychnine to the fluid ounce. The body was then disinterred by an order from the coroner, and a second post-mortem examination made by Mr. Newton, surgeon, of Newcastle, and some other medical gentlemen. The blood was found to be in a fluid state, but the principal organs were in a normal condition. The viscera was sealed up and sent to Mr. Pattison, who applied the usual tests, and discovered strychnia present in those organs. Taking the fact that the bottle contained this deadly poison, with the symptoms during life, and the result of the post-mortem examination, the medical gentlemen examined to-day were of opinion that death had not arisen from bronchitis, but was consistent with death by strychnia. Dr. Fenwick, who underwent a long examination, stated that if the woman's death had been produced by this poison, it had arisen through one of the assistants, who had made up the bottle, mistaking a bottle containing a solution of strychnine for one containing a solution of antimony. The inquest was adjourned for a week.

Distress in the Manufacturing Districts.—The medical officers of the Stockport Union, in a report recently presented to the guardians, after describing the physical consequences which must follow from the present diminution in the quality and quantity of the food of the working classes, warn the guardians that already "disorders of a febrile character, land scurvy," &c., are beginning to manifest themselves among the recipients of relief, which must, as the winter progresses be very numerous, unless sufficient clothing and food of a proper quality to sustain the strength and keep up the animal heat be provided.

Hydrophobia in Vienna.—The regulations of the police authorities respecting mad dogs have been relaxed of late, and we have unfortunately to record a case of death from the disease. A rabid dog broke from his chain, and bit a child seven years old very badly in the face. The little patient, whose wounds had thoughtlessly been sewn up, was brought to the hospital, where the sutures were removed, and the injured parts deeply cauterised with potassa fusa. The first symptoms, however, of hydrophobia, showed themselves twenty-five days after the attack of the dog, and the child died two days after the first accession of the symptoms. The post-mortem examination did not disclose any alterations clearly referable to the nature of the disease.

Mr. Kendall, F.R.C.S.E., Senior Surgeon to the West Norfolk and Lynn Hospital, has presented a large and valuable collection of books to that Institution for the formation of a library for the use of the Medical men in the district.

Appointments.—Dr. Theodere Bloomenthal, has been elected Resident Medical Officer to the Queen Adelaide Dispensary, Bethnal-green-road. Dr. Alfred Thomas Brett, has been elected Medical Officer and Public Vaccinator for the Union House and Infirmary of the Watford Union, Herts, *vice* Thomas Abel Ward, M.R.C.S., Eng., L.S.A. Lond. Dr. J. A. Dale, has been approved as one of the Examiners in the first Examination for the Degree of M.B. University of Oxford. Dr. Charles G. B. Daubenny, has been approved as one of the Examiners in the first Examination for the Degree of M.B. University of Oxford. Dr. James Grieve, of Dumfries, Physician to the Dumfries and Galloway Royal Infirmary. Dr. Frederick Hezekiah Hargood, has been appointed Assistant Medical Officer to the Lancaster County Lunatic Asylum, Rainhill, *vice* Henry William Jackson, M.R.C.S., Eng., L.S.A. Lond., appointed to the Surrey County Lunatic Asylum, Wandsworth. Dr. Barclay Henry has been appointed Medical Officer of the Parishes of Luss and Arrochar, Dumbartonshire. Dr. J. Hamilton Martin, has been appointed Apothecary to the Male Lock Hospital, Dean-street, Soho, *vice* Dr. C. F. Bullmore, resigned. Dr. Charles Orton, has been appointed House Surgeon to the North Staffordshire Infirmary Etruria, Stoke-upon-Trent, *vice* Charles Parsons, M.R.C.S. Eng., L.S.A. Lond., resigned. Dr. Frank James Wilson Packman, has been elected Medical Officer and Public Vaccinator for District No. 1 of the Wimborne and Cranborne Union, Dorsetshire, *vice* Dr. Charles Brown Parkinson, M.R.C.S. Eng., L.S.A. Lond., resigned. Professor H. Rainy, has been elected Honorary President of the University Medical Society, Glasgow. Dr. George Rolleston, has been appointed Public Examiner in Scientia Naturali, University of Oxford; he has also been approved as one of the Examiners in the first Examination for the Degree of M.B. Dr. Thomas Rowley, has been re-elected Alderman of the Borough of Lichfield. Dr. Charles Swabey Smith, has been appointed local surgeon, for Burbage, of the Great Western Railway Provident Society. Dr. Wm. Abbotts Smith has been appointed Honorary Medical Officer to the Church of England Scripture Readers' Association, Spring-gardens, S.W. Dr. Frederick Snaith, has been elected Town Councillor of Boston, Lincolnshire. Dr. Arthur Edward Turneur, has been elected Mayor of Denbigh.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 3.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Society for the Encouragement of Arts, Manufacture and Commerce, 8 p.m.—Mr. D. Puseley, "On Thompson's Process of Boat building by Machinery;" Hunterian Society, 8 p.m.—Dr. Peacock, "Remarks on Pellagra, or the Lepra, or Elephantiasis of Lombardy;" Obstetrical Society of London, 8 p.m.—Dr. Tilbury Fox, "On the Influence of the Mother's Health in the Production of Rickets."

Thursday, December 4.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m. Ovariotomy, Ruptured Petinæum, and Vesico-Vaginal Fistula; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes in Opinion and Practice which result from recent Researches in Physiology and Pathology; Chemical Society, 8 p.m.—Dr. Woods, "On the Determination of Organic Matter in Drinking Water." — Mr. Rodwell, "On the Reactions of Sulphate and Sulphide of Lead with Hydrogen and Carbonic Oxide;" Harveian Society, 8 p.m.—Mr. J. R. Lane, "On Stone in the Bladder in the Female."

Friday, December 5.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, 8 p.m.—Practical Evening for the Narration of Cases and Exhibition of Specimens.

Saturday, December 6.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.

Monday, December 8.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.; Royal Institution, 2 p.m.—General Monthly Meeting; Epidemiological Society, 8 p.m.; Medical Society of London, 8½ p.m.

Tuesday, December 9.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Royal Medical and Chirurgical Society of London, 8½ p.m.

BOOKS RECEIVED FOR REVIEW.

A Treatise on the Continued Fevers of Great Britain. By Charles Murchison, Esq., M.D., F.R.C.P., &c., &c. London: Parker and Co., West Strand.

New Plan of Operating for Large Tumours. By Dr. J. M. O'Ferrall.

Lectures on Surgery. By W. Lawrence, Esq., F.R.S. London: John Churchill, New Burlington street.

NOTICES TO CORRESPONDENTS

A Borough Surgeon.—There is not the slightest probability that St. Thomas's Hospital will be re-established in Southwark, notwithstanding the silly trash which the 'Lancet' emits in its weekly columns. We must not forget that at least two of the writers of leaders for that Journal are Medical officers of St. Thomas's Hospital; hence the furious and antiquated medical bigotry which periodically appears in it. There is an attempt to make "a big job" of the whole affair; but it is certain not to succeed. The Corporation of London has no title whatever; nor have the citizens of London a title to the five or six hundred beds of the present hospital. We should be glad to see the rights of the citizens maintained up to their legal point—what that is, the wise men who write 'Lancet' articles do not yet know. We may enter upon this subject, which is an important one, on a future occasion. All we can now say, is, that the Governors, if they desire to carry out an efficient scheme, need not be frightened at the Court of Chancery. We have already fought a battle before the Lord Chancellor in a similar case, and obtained a restitution of citizens' rights after an alienation of two centuries; so we have a right to claim some knowledge of the subject. But it really nauseates us to see the combination of vague ignorance and violence which characterises our contemporary.

Dr. M.—Certainly not.

To the Editor of the Medical Circular.

Sir,—I observe by the Medical Circular of Wednesday last (page 393), that an assistant is about to be appointed to the Hunterian Museum. Would you be so kind as answer the following questions through the medium of your colums to correspondents in the Circular of next Wednesday Dec. 3rd, and oblige,

G. R. S.

Nov. 29, 1862.

1st. How many hours will such assistant be engaged daily?

2nd. Will he be allowed to engage in any other than official duties, in other words, if a surgeon, will he be allowed to practice during extra hours?

Our correspondent should apply to Mr. Balfour.

Mr. Baker.—Received with thanks.

An Accoucheur and M.R.C.S.E.—We should doubt if Dr. Belluzi's case of extracting a fœtus from a woman dying of phthisis, as reported in 'L'Union Medicale,' is at all uncommon. It must be borne in mind that in pregnant women *in articulo mortis*, parturient action will sometimes set in just in the same way as peristatic action of the bowels. At any, rate we have on two occasions delivered women manually who were about to die of phthisis; one succumbed immediately after the operation by turning, the other lived about forty-eight hours. Dr. Belluzi's patient survived twenty-four hours. What is the experience of English practitioners?

Mr. Mitchell.—Note received. Copies forwarded.

Dr. G. is thanked for his information.

Vindex.—The discussion had better be dropped. It is purely personal.

Dr. Althaus.—We do not remember to have received his recent work.

D. D's request shall be attended to on the earliest possible opportunity.

H. B.—1st. No.—2nd. No.

One who wants to sell a Practice.—We cannot advise you. Advertise.

Mr. Warton.—No.

Dr. Paterssen.—We are unable to give further information than we have already afforded.

A Correspondent informs us that the report of the case *Walters* v. *Lush* which we took from a contemporary was "absurdly incorrect." We thought so. It appears that the paper was given to the *defendant* not to *Mrs Young*. This explanation justifies our comments. We could not believe that the law could recognise anything so "absurd" as was reported.

∴ We have had no time to peruse the report of the Manchester Meeting before going to press; but our correspondent shall have an opinion upon it in our next number. We hope that it is not "wilful" but apathetic ignorance with which Manchester landlords may be charged.

To the Editor of the Medical Circular.

Sir.—The enclosed paragraph appeared in to-days' "Hampshire Indepeudent."

Can it be possible that these weekly puffs in provincial, and also metropolitan, newspapers appear with Mr. Fergusson's knowledge and sanction?

Or has Mr. Fergusson's name been used without his consent in support of such repeated puffs, some of which, as you know have been written in language unfit to meet the eyes of general newspaper readers.

I am not aware that the operation has been previously hazarded where such a complication existed, and about which there could hardly be a difference of opinion. Under the circumstances I cannot but conceive that the use of the clamp, or vice (*vice is surely the most appropriate name for the instrument used*), was altogether unjustifiable.

Depend upon it, Sir, that an *hypertrophied scrotum*, complicated with a large hernia, will not be again hastily removed with the sanction of any discreet surgeon, whether it be a Fergusson or any other man.

The conduct of some of the Medical papers is highly censurable in aiding and encouraging professional puffing, one even to the extent of sending proof sheets, as we must presume, on the week of the operation, sothat quotations might appear in the local papers on the Friday night; whereas, under ordinary circumstances, the Medical papers alluded to never reach us until Saturday morning, before which the local are in circulation.

Besides, have not some of the Medical papers given a fulsome description of the discussion on the *so-called Elephantiasis* paper at the meeting of the Medical and Chirurgical Society?

Yours, &c.,

Southampton, Nov. 29, 1862. Edwin Hearne.

"The Late Case of Elephantiasis in Southampton.—*We noticed last week*, the fact of Dr. Wiblin having read a paper before the Royal Medical and Chirurgical Society, on the case of elephantiasis for which he lately operated. When he concluded, Mr. Fergusson, the eminent surgeon, rose and said:—"The subject was of great interest, as so little was known of the disease in this country. We had, however, happily, the testimony of surgeons educated in England as to the value of operation in these cases. He could not but admire the skill and boldness of the surgical means adopted by the author in the case he had related. It was well known that operations in some cases were fatal, but in many there was great and marvellous success. Patients had lived after the removal of tumours weighing as much as 140 lbs.—equal to the weight of the whole body. He (Mr. Fergusson) considered that Dr. Wiblin had done *honour to the Profession and to his brother practitioners in* London in bringing the case before their notice, and had helped to open the session of the Medico-Chirurgical Society with *eclat*. Every one would deplore that the patient had died; but it was clear, from the history of the case, that everything had been done to prevent this issue. For his part, he considered that the case was one of those in which the surgeon could have little or no control over the result."

(Our correspondent may be assured that Mr. Fergusson has had no share in the publication of the foregoing puff. An opinion expressed by an eminent surgeon before a Medical Society is one thing, the publication of that opinion in any papers for advertising purposes is another, and withal so objectionable, that it is the duty of the Profession in the locality to bring the subject under the notice of an ethical committee.)

CHLORODYNE.

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CAUTION.—The great success attending the use of this extraordinary preparation has induced unprincipled parties to manufacture compounds in imitation, calling them after the same name. Medical Men are advised of this dishonourable proceeding, so that they may be guarded against the culpable practice of introducing substitutes in lieu of Chlorodyne, causing thereby uncertainty of action in the treatment of the patient by the physician, probable disaster to the sufferer, and deception in the preparation.

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JOURNAL

OF

Practical Medicine and Surgery.

—o—

Art. 6330.

HOSPITAL SAINTE EUGENIE.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

Efficacy of Tannin in a Severe Case of Scarlatinal Anasarca; with Albuminuria and Hematuria.

We noticed in St. Margaret's ward, a little girl, aged eight years, who had been admitted for anasarca attended with fever and hematuria. The parents stated that the child had had measles, and swelled glands, but there was no evidence to show that during the days which preceded her admission into hospital, any eruption of scarlatina had been observed. One of her sisters, however, appeared to have recently had scarlet fever, and the patient herself had complained of sore-throat. This piece of information, taken in conjunction with the furfuraceous desquamation still observable on the skin, sufficiently attested the existence of confirmed scarlatina.

The pulse was frequent (92), the urine was red and contained albumen, blood-corpuscles, tubes enclosing a considerable number of oil-globules, and granular epithelial casts. The case was therefore one of renal, and not vesical disease. Tannin was prescribed in gradually increasing doses from 2½ to 15 grains daily. Considerable improvement followed the exhibition of this remedy, and when the child left the hospital, the anasarca had disappeared, and although albumen might still be detected in the urine, no trace remained of the epithelial casts or of blood-corpuscles.

Mr. Bouchut then offered a few remarks, suggested by this interesting case, on the pathology of albuminous nephritis.

Acute desquamative nephritis though not common in early infancy is frequently met with in childhood, and presents the same characters as in the adult. It is often a complication or a consequence of scarlatina, in which renal usually accompanies cutaneous congestion. This may be the only change in the kidney, but in some cases the vascular or cortical portion of the organ becomes affected, and serious consequences may then be apprehended. We have enumerated above the leading chemical characteristics of the urine in cases of the kind, and need not allude to them at greater length.

When induced by mere congestion, albuminuria consequent on scarlatina, but unattended with anasarca or hæmorrhage, is assuredly curable; when the anatomical changes are of a deeper nature, the disease is more difficult to manage, but must not be represented as beyond the resources of art. In some instances, Mr. Bouchut has even observed a spontaneous cure, in spite of the formidable symptoms to which it had given rise. In the little patient who suggested the present remarks, he might therefore have refrained from active interference, but for the severity of the anasarca and albuminuria, and tannin was the medicine he gave the preference to on this occasion.

Indeed Mr. Bouchut is of opinion that tannin is more efficient for the treatment of desquamative nephritis, than any of the remedies which have been recommended, such as milk-diet, Vichy water, broom-flowers, cinchona, arseniate of soda, sesquichloride or pyrophosphate of iron, &c.

The dose may be gradually increased, in the case of children, from three or six grains to fifteen or thirty grains in the course of the day. Gallic acid, if preferred as more powerful, should be exhibited in doses at least one half less considerable.

Art. 6331.

HOSPITAL OF LA CHARITE.

(PROFESSOR VELPEAU'S WARDS).

Hematic Tumour treated by Crushing.—Efficacy of Nitrate of Silver in Puriform Conjunctivitis.—Remarks on Vegetations.

Mr. Velpeau recently received into his wards, a carter whose right leg had been injured by violent pressure from large stones, and was in consequence the seat of an enormous sanguineous effusion. The extravasation amounted to about eight ounces of blood, partly infiltrated and partly collected in a fluid state.

With regard to prognosis, these two kinds of effusion widely differ from each other. Infiltrated blood is spontaneously absorbed, a fact which accounts for the success of many discutient lotions; collections of liquid blood, on the contrary, persist with much obstinacy, and the fluid undergoes considerable changes in consistency and composition. It may be transmuted into a serous collection, a hæmatic tumour, containing a chocolate-coloured matter, or a solid growth; whichever form it may assume, the effusion is not spontaneously absorbed, and is a cause of great anxiety to the patient. Now, blood effused into the cellular tissue being always readily removed by absorption, it would obviously be advantageous to transmute a collection of extravasated blood into a common sanguineous effusion. It is not impossible to attain this end by a theoretical view, the correctness of which is fully confirmed by practical experience. By pressure applied in such a manner as to cause the cellular tissue to give way, numerous channels are opened for the escape of the accumulated fluid, and Mr. Velpeau has thus very frequently succeeded in effecting the desirable transformation. We have seen in his wards, patients in whom crushing of hæmatic tumours, produced the most rapid and beneficial results. One day's rest, and a light roller applied over the part, constituted the entire after-treatment, after which the patients were dismissed without incisions, without inflammation, and without pain. The simplicity and efficacy of this method are truly alluring. It is not, however, applicable under all circumstances, and three conditions, which the surgeon should ever bear in mind, are necessary to its success. The size of the collection must be moderate, otherwise pressure would lacerate the integument. The skin must also be free from wound, or injury of any kind, as the same accident might occur; and, finally the hæmatic tumour must repose on a solid, resisting, osseous surface. Some regions are in this respect privileged. The anterior aspect of the leg, the front of the knee, the clavicular region, and the skull admit readily of the needful pressure. But in the parts chiefly consisting in muscular structures, or resting on the thoracic or abdominal walls, the procedure if not utterly impracticable, is at least very difficult of application.

In the patient more immediately alluded to, the three conditions above enumerated were absent. The effusion was situated in the fleshy part of the calf of the leg; the skin was excoriated, and the collection was considerable. Mr. Velpeau, however, deemed it expedient to make some attempt to break through the circumambient cellular structures. He succeeded by careful and moderate shampooing of the limb, in reducing the tumour to one-half of its original size. Absorption set in gradually, and a complication arose which at first caused some anxiety, but eventully proved useful. An eschar on the skin, which had been dressed with poultices, and dusted with muriate of ammonia, fell away and placed the sanguineous collection in direct communication with the atmosphere. This accident was taken advantage of, and the remainder of the extravasated blood was by gentle pressure forced out through this aperture. A roller was afterwards applied, and the case proceeded favourably. When Mr. Velpeau related the above particulars, the swelling had disappeared altogether, no wound was perceptible, the patient complained of no pain, and a complete cure had been effected.

— We also noticed in Mr. Velpeau's wards, a young woman

who for a week had been suffering from puriform conjunctivitis in both eyes. The right eye was first engaged: the patient was affected neither with leucorrhœa nor with gonorrhœa, but had visited a family every member of which was suffering from ophthalmia. This circumstance, taken in conjunction with the progress of the case, sufficiently pointed to uncomplicated suppurative conjunctivitis. Of all puriform inflammations of the mucous membrane of the eye, this is the least severe. It is therefore highly desirable with respect to prognosis, to discriminate it from other varieties, and likewise in order to proportion the energy of treatment to the gravity of the disease.

Mr. Velpeau, in suppurative ophthalmia, always has recourse to nitrate of silver, but modifies the strength of the collyrium according to the requirements of each case.

In the present instance a solution of two grains to the ounce was at first applied night and morning to the conjunctiva; the amount of nitrate of silver was after three days increased to three grains, and a cure was effected in a week. In mild cases the same result may be attained with a solution of half a grain to two grains in an ounce of distilled water. In gonorrhœal ophthalmia, on the contrary, it is important to lose no time, lest the cornea should become engaged, a perforation of that membrane entailing probable destruction of the organ. Mr. Velpeau recommends the lunar caustic to be applied once a day over the entire surface of the conjunctiva, both on the lids and on the eye-ball, until the virulence of the disease has abated. The same treatment is applicable to the other kinds of puriform ophthalmia, and a solution of half a drachm, or one drachm to the ounce, may be used instead of the solid lunar caustic. It is, of course, unnecessary to add, that, under all circumstances, the effects of the application must be carefully watched, in order that the purposes of treatment may not be exceeded; it is even sometimes necessary to discontinue the use of the remedy, as it may possibly aggravate the symptoms and hasten the progress of suppuration of the eye-ball.

— Warts and vegetations around the anus and organs of generation, may perhaps occasionally be the consequence of syphilis, but in many instances Mr. Velpeau opines that these growths are unconnected with the syphilitic taint. Amongst other cases Mr. Velpeau adduced the instance of a child of fourteen, belonging to respectable parents, and carefully educated, in whom the entire margin of the anus was the seat of enormous vegetations. It was impossible in this case to believe that they were the result of syphilitic contamination. On another occasion Mr. Velpeau attended a boy aged fifteen, who had not attained puberty, and yet presented numerous vegetations at the basis of the glans penis. Here again the specific nature of the affection did not admit of demonstration.

The learned professor illustrated with these and other cases the remarks suggested by a consideration of the cases of two young girls who were admitted into the wards for the treatment of excrescences similar in appearance, but possibly differing in their nature. One of the patients was aged fifteen, and from the various circumstances of her history it seemed all but certain that syphilis was entirely foreign to the production of the growths, whereas the other case admitted of considerable suspicion. The same treatment was adopted in both instances.

The larger vegetations were removed with curved scissors, and the operation was followed by the direct application of solid lunar caustic to the bleeding surfaces. A powder consisting of equal proportions of savin and alum was also dusted over the wounds and over the smaller vegetations spared by the scissors. Cakes of lint bearing the same preparation were then laid over all, and supported with an appropriate bandage.

This dressing usually succeeds in causing the smaller excrescences to fade away, and prevents a reproduction of those which have been removed. It is proper to prescribe in addition a few warm baths, astringent lotions with alum or tannin, and when a strong presumption is entertained that the disease is due to syphilitic infection, mercurials must be resorted to.

ART. 6332.

AURAL SURGERY.

(MR. TRIQUET'S DISPENSARY.

Catheterism of the Eustachian Passages.

We remarked in our last number on the difficulties of Eustachian catheterism; we now turn under Mr. Triquet's guidance to a consideration of the accidents which may arise from the operation.

These accidents may be local or general.

The local accidents are the following: *Laceration of the valve*, which closes the inferior orifice of the nasal duct, an injury of very trifling importance, and involving but slight pain and the escape of a few drops of blood; *sharp pain* induced by the contact of the catheter, in persons in whom the Schneiderian membrane has acquired an extreme degree of irritability, in consequence of chronic or ulcerous coryza; *repeated sneezing* may be caused by the presence of the instrument, and yield only when the membrane is accustomed to its contact; also more or less considerable *epiphora*, an inevitable consequence of catheterism in children, women, and nervous subjects.

This morbid flow of tears is not undeserving of the attention of the practitioner; the copious discharge induced by the slightest contact with the Schneiderian membrane, the spasmodic contraction of the ocular muscles, the shrinking of the eyeball within the orbit, and the very great distress experienced by the patient, might suggest a fear of serious consequences; but these troublesome symptoms soon yield spontaneously, and may be disregarded unless the patient be subject to ophthalmia, in which case inflammation of the eyes might be awakened by the introduction of instruments into the nasal fossæ.

We should also enumerate among the other local accidents to which Eustachian catheterism may give rise, *epistaxis*, *convulsive action of the soft palate*, *emphysema of the pharynx and larynx*, *laceration of the membrana tympani*, and *traumatic otitis*.

Whether the mucous membrane has been merely grazed by the extremity of the catheter, or has been lacerated, a few drops of blood frequently escape while the catheter passes through the nasal fossæ, and after the operation a considerable quantity of blood stains the patient's pocket handkerchief. This liquid may flow into the pharynx and mouth, and be rejected by efforts of exspuition. Hæmorrhage is also frequently observed in persons whose pituitary membrane, in consequence of frequent colds, has become habitually congested. On the slightest contact with the instrument blood rushes forth with violence; its escape is checked, it is true, with a little cold water, but the occurrence is an unpleasant one, and should if possible be prevented. The greatest caution and gentleness are therefore necessary in the management of the operation; the instrument carefully chosen, should be heated in lukewarm water, and lubricated with albumen; if the condition of the mucous membrane is not perfectly satisfactory, it would perhaps be requisite to substitute for the metallic catheter a soft, even, and flexible india-rubber tube, with a perfectly smooth extremity.

In the old procedures of catheterism, the instrument inevitably came into contact with the soft palate, and almost invariably caused spasmodic contraction of its muscular texture, attended with nausea, and even vomiting. Mr. Triquet's new mode of operation entirely does away with this disagreeable effect, because the instrument, gliding in the inferior meatus, meets with the orifice of the Eustachian passage without ever touching the velum palati or pharynx.

Spasmodic contraction of the soft palate, though not occasioned by direct irritation, may be observed in some highly nervous individuals, when the catheter touches the mucous membrane, and more especially when it is on the point of penetrating into the Eustachian tube. During these occasionally violent contractions, the levator and tensor palati, which are both inserted around the orifice of the Eustachian

duct, obstruct the passage so completely that the instrument cannot be inserted without effort. Sometimes the spasm occurs after the catheter has penetrated some short distance, the extremity of the instrument is forced back into the pharynx, and the operation must be recommenced. If the surgeon attempts to overcome forcibly the resistance of the contracted muscles, he may lacerate the mucous membrane, the consistency of which is often altered by chronic inflammation of a granular, catarrhal, or other nature. The injury inflicted is not at first apparent; but during a sudden effort of deglutition, or injection of even a small quantity of air into the duct, the patient suddenly falls back in his chair, as if in the agonies of death. The finger rapidly inserted into the mouth, and pressed on the basis of the tongue, supplies at once the explanation of this alarming occurrence, and shows the presence of considerable emphysema beneath the pharyngeal mucous membrane, the larynx, and especially the thyro-epiglottic ligaments. The surgeon should not lose his presence of mind under these alarming circumstances, but, with the nail of the finger which presses on the tongue, lacerate one of the emphysematous tumours of the mucous membrane, the air then escapes with a hissing sound, and all peril is dispelled.

It is evident that the aurist must be prompt and cool, as asphyxia is imminent. A fatal termination of this accident has occurred several times in London, when English surgeons were in the habit of using Kramer's pump instead of the small blower now adopted. This kind of emphysema never has entailed death in France, although the alarming effusion of air alluded to has more than once been observed. Mr. Triquet met with an instance himself in the early days of his practice. It is impossible to foresee the occurrence of this accident, which clearly depends on a peculiar disposition of the mucous membrane, and on the existence of large follicles analogous to Morgagni's lacunæ. The catheter, although guided by a gentle and experienced hand, may penetrate into the gaping aperture of a follicle, and wandering from the proper direction, cause the injected air thus to pass into the cellular tissue, without any blame to the operator.

Kramer's pump was, moreover, open to another objection—that of inducing the rupture of the membrana tympani. The thinness of this membrane, contrasted with the power of impulsion of the engine invented by the Berlin Professor, readily accounts for the former frequency of its lacerations. It must, however, be acknowledged that the accident may be produced—rarely, it is true—by insufflation with the common india-rubber blower. Marc d'Espine states that he performed several thousand insufflations, and that twice only he caused a rupture of the membrana tympani, which entailed no serious consequences.

Another injurious consequence of Eustachian catheterism, is *traumatic otitis*. In some very irritable subjects, the mere introduction of a bougie has been known to give rise to inflammatory action, which afterwards was propagated to the drum, and required active treatment. Inflammation is in general the result of catheterism too frequently repeated. It is expedient, therefore, to be cautious, and to act precisely with as much prudence as in the case of catheterism of the urethra.

The general accidents which may result from Eustachian catheterism are in the first place *rigors* and *fever*. Feverishness may be the consequence of more or less considerable nervous disturbance resulting from the operation, or may be symptomatic of inflammation of the ear, caused by the local irritation.

We shall conclude with a few brief remarks on the *obstinate headaches* complained of by nervous women who have long persevered in the daily use of the catheter. This excruciating headache usually disappears when the local measures of treatment are discontinued; and in the contrary case, baths, country air, and absolute rest of mind and body, should be prescribed. It is unnecessary to add, that the regularity of the menses must be carefully watched over, and the hæmorrhoidal discharge, in men subject to it, should be promoted by appropriate remedies. The treatment of the affection of the ear should, in Mr. Triquet's opinion, be resumed in autumn or spring, the seasons most favourable in general for the cure of all diseases.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

By JABEZ HOGG, Esq.,
Assistant-Surgeon to the Hospital, &c., &c.

(Continued from page 398.)

Ophthalmoscopic appearances in the chamber of the healthy eye.

In examinations with the ophthalmoscope, the direction of the rays of light passing from the concave surface of the mirror into the eye of the patient, though most important for the purposes of illumination, do not concern us so much as the reflected rays coming back from the fundus oculi, and which describe the images of their object source on the retina of the observer. The theory is that the fundus sends back from each illuminated point, a divergent cone of rays, and which pass out at the same angles of refraction, and in the same plane of reflection to that in which they entered the eye, presenting an exact picture of its condition and appearance when examined with the ophthalmoscope.

The fundus of a healthy eye is generally described as of a warm orange or pinkish red colour, owing to the rays of light being chiefly reflected from the vascular tissues, more particularly from the capillary vessels of the choroid. The colour, however, varies sometimes from perfectly natural causes, such as the quantity of choroidal pigment or the greater transparency of the retina. If, also, the latter is well illuminated, or when the focus falls exactly upon it, it may be perceived as extending of a light grey or blueish grey over the bright choroid beneath. If, therefore, with normal vision the retina appears somewhat opaque or cloudy, it must not be considered due to a pathological change in structure, but to some constitutional peculiarity, producing a physiological phenomenon.

The bright red of the choroid coat is also modified by the amount of pigment, where it is less than usual the lighter is the colour and the brighter and warmer is the red; where it is more, it imparts a yellowish red or brownish tint to the whole of the interior of the eye. It is to be observed also that the pigmental colour of the iris is some guide, for we find that with a brown iris the fundus is of a darker red and more florid than when it is blue. In young persons also and in the delicately pale, the fundus will be found of a brighter and more vivid red than in older and more robust persons. "If we trace the course of the light sent from the ophthalmoscope after it has passed through the refracting media, it must be observed that it first meets with the retina, which, being smooth and transparent, reflects but little light either regularly or irregularly when the light falls nearly horizontally on its surface, as it must of necessity do. It next reaches the layer of hexagonal pigment-cells covering the choroid internally, when a considerable proportion is absorbed, some is transmitted, and a good deal seems to be reflected. The transmitted light arrives at the choroidal vessels in the next place, and some is reflected, some transmitted, and some absorbed. The pigment in the interstices between them will, if strongly developed, absorb most of the light which falls upon it, but some may be transmitted through both it and the vessels and the sclerotic, which has a great reflecting power. The light returning from these more deeply-seated parts suffers loss from absorption in passing again through the more superficial ones, and it is also dispersed by them in such a way that it rather tends to affect the colour of the latter and the apparent brilliancy of the image which we see, than to give us a definite perception of the form and colour of the objects from which it is reflected. The less strongly developed the superficial pigment is, the less absorption and dispersion will take place." (*a*)

Considerable discussion has taken place as to the different influences exerted upon light by the several membranes which form the structure of the fundus oculi, and I have preferred, therefore, to entering into any such unsatisfactory inquiry in our present state of knowledge to give the above quotation from the writings of one well qualified to judge, and who has made the subject a philosophical study. To return to the appearance of the fundus in the ophthalmoscope in the centre of the observer's field of vision, looking somewhat downwards and inwards is seen the optic nerve entrance, its colour being slightly or greyish white, and nearly circular in shape. Sometimes, however, it approaches an oval form, and may have even an irregular outline. The arteria centralis retina with its accompanying vein pierces the optic nerve and enters the globe through the porus opticus. It immediately divides into four or five branches, which at first run between the hyaloid membrane and

(*a*) Rainy.

the nervous layer of the retina, entering the latter membrane, to form a close capillary network in its substance, at the ora serrata terminating in a single vessel which bounds the margin of the retina. The veins, which begin at the ora serrata by an incomplete circle, run with their trunks parallel to the arteries, and collect in the vena centralis which leaves the eye by the side of the artery. Of the two principal arterial branches with their corresponding veins one pair runs upwards and outwards, the other downwards and outwards, surrounding in their course the macula lutea, yellow-spot of Soemmering, which is free from all but capillary vessels. Sometimes we find a considerable deviation in their distribution. At all times the arteries may be easily distinguished by their brighter colour and more defined outline, which is attributable to the greater reflecting power of the arterial coats. The observer will also sometimes see, and may always by a slight adjustment of the lens, the pigmental interspaces between the choroidal vessels, appearing like stripes of a dusky brown colour. They are most easily seen at the circumference of the fundus oculi, and in the eyes of persons of fair complexion.

Before an estimate can be formed of the pathological changes revealed by the ophthalmoscope, it must be evident that the normal picture presented by the back-ground of the eye demands careful study; and the part borne by the different membranes in the production of this picture must be the subject of very particular consideration. Great difficulty will at first be experienced, especially in the appreciation of a depression or a prominence, which depends in part on the alterations produced in the light and shade of inverted images, when a convex lens is used with the perforated mirror. In the examination of objects lying behind the crystalline lens, it must be also borne in mind that we are looking through that body, and consequently what is seen is magnified very considerably. Then, again, by using a magnifying-glass to examine the changes in the retina, or increase the illumination in the interior of the eye, allowance must be made for differences of intensity, as well as the size of the picture presented.

Before passing on to the investigation of the morbid appearances in the fundus of the eye, we must in all cases bear in mind:—

1st. That the crystalline lens reverses the parts on the concavity round the entrance of the optic nerve (placing the yellow spot on the nasal side, &c.)

2nd. That only a limited space round the optic nerve (its radius not extending so far as the yellow spot) is open to accurate examination; and that the choroid forms one uninterrupted red field.

3rd. That the yellow spot is nearest that part of the optic nerve entrance freest from vessels, and which admits of the greatest number of optic nerve fibres being seen.

General Principles upon which we proceed to investigate the Seat of Morbid Changes in the internal Eye.

A few observations upon the most common morbid changes that take place in the interocular media and tissues will be very useful, for the purpose of preparing the student for those deviations from the normal condition he is likely to meet with in examinations with the ophthalmoscope, and which must be duly considered and allowed for. Turbidity of the humours, for instance, in various diseased states of the eye, besides obscuring a view of the fundus, considerably impairs the transparency of the retina. On the other hand, some changes of an inflammatory nature much increase its reflecting power, thereby producing only a slight misty indistinctness in the appearances.

Patches of serous exudation, the result of congestion, situated beneath the retina, are recognised by a bluish-white tint, sometimes scarcely perceptible, whilst in others it is very decidedly so; and even vessels of new formation occur, the original ones being destroyed and lost. Some parts of the discoloured portions will appear almost or quite dark, owing to the light reflected not entering the eye of the observer.

In cases of congenital insensibility of the retina, the surface presents a greyish-white appearance, and in certain cases an entire absence of bloodvessels has been discovered. The gradual disappearance of the capillary branches of the retinal artery, especially on the inner side of the papilla, has been noticed, as marking the progress of a gradual loss of sight, dependent upon cerebral disorganisation. An anæmic or blanched condition (white atrophy) of this membrane is a very noticeable symptom of disease.

The optic nerve entrance piercing the choroid or vascular coat of the eye may be very considerably affected by disease, with very little apparent change appearing upon its disc. One condition of the papilla optica produces a singular effect, owing, no doubt, to some parts reflecting more light than others, and which Liebreich points out as being due to a distribution of lights and shadows, as in the representation of a well-executed sphere on a plane surface; so, although the papilla does not normally present a globular form, in the ophthalmoscope it sometimes appears to do so. In glaucoma, where the optic nerve entrance is cupped or excavated, when examined with a convex lens this appearance becomes very striking; for another optical illusion, depending upon the complete inversion of the image, so alters its natural character, that it appears as a raised, instead of a depressed, surface.

"The most important optical deception," writes Dr. Mackenkie (*a*), "which arises from viewing the fundus in the indirect method, as well as the most puzzling to a beginner, affects the papilla. The student has probably heard that the papilla, in the glaucomatous eye, is cupped or excavated; but to his view it appears quite the reverse. It appears rounded and prominent.

"To comprehend clearly that this is an allusion, all that one requires to do, is to impress, with the head of a pin, a small dimple on a bit of paper, and put this under a compound microscope, with the concave side of the impression uppermost. The same appearance will then be seen, which is presented by the papilla of the glaucomatous eye—namely, that of a rounded and protuberant surface.

"This optical deception arises from the inversion which the image suffers from being viewed through the compound microscope. We judge that an object, viewed with a single eye, is convex or concave, solely by the manner in which light is reflected from the body under examination. The light which falls obliquely on a convex surface illuminates that side which is nearer to the source of light; the side farther from it is in shade. The light which falls on a concave surface illuminates that side which is farther from the source of light; the side nearer it is in shade. Let the source of light remain in the same position, but invert the image of the object illuminated, so that the light which falls on the farther side of it may seem to fall on the near side, which is the case when we look through the compound microscope at the hollow on a bit of paper, or when we examine the optic papilla through the compound microscope formed for the occasion by the patient's eye, *plus* the convex lens held in front of it; and both the dimple on the paper and the papilla, although they are actually cupped or concave, will then appear convex and prominent.

"If, on the other hand, we turn the convex side of the dimple on the paper uppermost, and view it with the compound microscope, it appears concave. The inversion of its image causes the light which falls on its near side to appear as if it fell on its farther side, and thus the eye is subjected to a deception the reverse of the former, and from which it cannot free itself. If there be cases, then, in which the end of the optic nerve within the eye actually projects in a convex form, they will offer, when examined in the indirect method, the appearance of a cup or depression.

"Such facts have long been familiarly known; the apparent transmutation of an intaglio into a cameo, or that of a cameo into an intaglio, under the compound microscope, being a common source of amusement, fully discussed by Sir David Brewster, in his 'Letters on Natural Magic, Letter V,' Important as their bearing is on pathological examinations of the eye, they seem to have escaped the notice of ophthalmoscopists, till attention was directed to the subject by Dr. A. Weber, in a paper in the 'Archiv. für Ophthalmologic,' Band II., Abtheilung I., Seite 141."

(*a*) O. H. Reports, April, 1860. I gladly make this quotation from the published writings of the Nestor of Eye-Surgery; because I well remember the effect a letter of his produced on the Fellows of the Medical Society of London, before whom I brought my first paper on the Value of the Ophthalmoscope. Mr. Haynes Walton having exhausted his own arguments against my paper, took from his pocket a letter from Dr. Mackenzie, in support of his views. I am, therefore, particularly gratified to find him now fully admitting the great value of this instrument.

(To be continued.)

The Pathological Society of Dublin.—The first meeting of the twenty-fifth annual session of the above Society was held in the Anatomical Theatre of Trinity College, on Saturday, 29th ult.; Dr. Banks, President, in the chair. Interesting communications were made by Drs Corrigan, Mc. Dowel, and Edward Hamilton; after which, the Society proceeded to the election of Officers and Council for the year ending November, 1863, when the following were chosen;—*President*—John Hamilton. *Vice-Presidents*—Joseph O'Ferrall, Samuel Gordon, James S. Hughes, Alfred H, M'Clintock, Robert Mayne, Jolliffe Tufnell. *Council*—Robert Adams, John Banks, Awley Banon, Thomas Beatty, Dominick J. Corrigan, Fleetwood Churchill, Christopher Fleming, Alfred Hudson, Edward Hutton, Robert Law, Benjamin G. M'Dowel, Josiah Smyly. *Honorary Secretary*—William Stokes, *Secretary* and *Treasurer*—Robert W. Smith. *Secretary for Foreign Correspondence*, Robert D. Lyons. The subject selected for the Society's gold medal, to be awarded at the end of the session to the best essay thereupon, is the "Diagnosis and Pathology of the Diseases of the Medulla Oblongata, and of the Spinal Cord and its Membranes."

Distress in the Isle of Skye.—Owing to the failure of the harvest, the inhabitants are suffering acutely from privation. Fever and measles are very prevalent.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, WESTMINSTER, DEC. 5.

(SITTINGS AT NISI PRIUS, BEFORE MR. JUSTICE CROMPTON AND A COMMON JURY.)

HALL V. SEMPLE.

This was a very extraordinary case, and one of very great interest and importance, as illustrating the practical operation of the law of compulsory confinement for lunacy, and especially as to the power of relatives to secure such confinement on medical certificates of insanity, without any previous judicial inquiry. On the 30th of July last, the plaintiff, a respectable tradesman, was suddenly seized as he came home to his own house at night, forced into a cab, and carried off to a lunatic asylum, under the following "order," signed by his wife, and the subjoined medical certificates, signed by the defendant and another medical man named Guy, all the three documents professing to be the forms required by the Lunacy Act, 16th and 17th of Victoria, cap. 96 :—

"Order for the Reception of a Private Patient.
"Schedule (A) No. 1, secs. 4, 8, 10.

"I, the undersigned, hereby request you to receive my husband, Richard Hall, a person of unsound mind, as a patient into your house.

"Subjoined is a statement respecting the said Richard Hall.

"MARY ANN HALL, China and Glass Dealer,
45 Tottenham-court road, wife of Richard Hall.

"Dated this 30th day of July, 1862.

"To Cyrus A. Elliott, Proprietor, Munster house, Fulham."

"STATEMENT.

"If any particulars in this statement be not known, the fact to be so stated.

Name of patient, with Christian name at length	Richard Hall.
Sex and age	Male ; 56.
Married, single, or widowed	Married.
Condition of life and previous occupation (if any)	China and glass dealer, formerly engraver.
Religious persuasion, as far as known	Protestant.
Previous place of abode	45 Tottenham-court road.
Whether first attack	No.
Age (if known) on first attack	About 50 years.
When and where under previous care and treatment	Not anywhere.
Duration of existing attack	Several years.
Supposed cause	Gay company and drink.
Whether subject to epilepsy	No.
Whether suicidal	No.
Whether dangerous to others	Yes.
Whether found lunatic by inquisition, and date of commission or order for inquisition	No.
Special circumstances (if any) preventing the patient being examined before admission, separately, by two medical practitioners	None.

"MARY ANN HALL, China and Glass Dealer,
45 Tottenham-court road, wife of patient.

"Medical Certificate.

"Schedule (A), No. 2, secs. 4, 5, 8, 10, 11, 12, 13.

"I, the undersigned, being a member of the Royal College of Physicians of London, and being in actual practice as a physician, hereby certify that I, on the 28th day of July, 1862, at 45, Tottenham-court road, in the county of Middlesex, separately from any other medical practitioner, personally examined Richard Hall of Tottenham-court road, china warehouseman, and that the said Richard Hall is a person of unsound mind, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds—viz. :—

"1. Facts indicating insanity observed by myself :—

"He had a wild and staring look, with restless eyes, and nervous agitated manner. He represented to me that his wife was ruining himself and business, and he intimated that she was improperly associating with other men ; he is evidently labouring under delusions, and he acts upon those delusions.

"2. Other facts (if any) indicating insanity communicated to me by others :—

"He is guilty of repeated acts of violence, he constantly threatens his wife, and often assaults her ; he sleeps with a drawn sword by his bedside, and declares that he will murder any one who approaches him, and he has often threatened to stab his wife.

"ROBERT H. SEMPLE, 8 Torrington-square, London.

"Dated this 29th day of July, 1862."

"Medical Certificate.

"I, the undersigned, being a member of the Royal College of Surgeons and Licentiate of the Apothecaries Company, and being in actual practice as a surgeon and apothecary, hereby certify that I, on the 13th day of June, 1862, at 45 Tottenham-court road, in the county of Middlesex, separately from any other medical practitioner, personally examined Richard Hall, of 45 Tottenham-court road, glass and china warehouseman, and that the said Richard Hall is a person of unsound mind and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, viz. :—

"1. Facts indicating insanity observed by myself :—

"He had a restless, irritable, and exciting manner, with a wild and glaring look, and expressed much vindictiveness towards his wife, and said, 'I must be a —— fool to mind what that woman has said.' He stated that she had her fellows constantly running after her, and intimated that I was one of them.

"2. Other facts (if any) indicating insanity communicated to me by others :—

"On a former occasion when I had called to see him he had just before broken the looking-glass to pieces, also the marble mantle and bedstead ; had been brandishing knives over his wife's head, and using horrid language, sometimes kicking her, tearing her bonnet and clothes off, and all without provocation, as I find from neighbours and old acquaintances that she is a discreet, sober, prudent, and patient woman. "JOHN GUY, 13 Golden-square.

"Dated this 29th day of July, 1862."

The plaintiff was examined a few days afterwards by the Commissioners in Lunacy and discharged as sane. He thereupon in August brought this action. The declaration contained three "counts" or charges. The first was in the common form of trespass for false imprisonment, to which the defendant pleaded a justification under the statute, and the certificates, &c., above set forth.

The second count was for falsely, maliciously, and without reasonable or probable cause signing a certificate of the plaintiff's lunacy under the statute ; and for falsely, maliciously, and without reasonable and probable cause inducing one Guy to sign such a certificate. To both these counts the defendant pleaded under the statute "Not Guilty."

Mr. Montagu Chambers, Q.C., Mr. Huddleston, Q.C., and Mr. Prentice were for the plaintiff ; Mr. Serjeant Piggott and Mr. Gordon Allan were for the defendant.

The case commenced on Thursday in the Bail Court ; when,

Mr. M. Chambers opened the case for the plaintiff, stating that he should show from various circumstances that Dr. Semple, the defendant, had not acted *bonâ fide* under the statute, and had taken no fair or proper means to discover whether the plaintiff was really insane, and that neither he nor Guy had made a due or proper examination of them, or made any proper inquiries from friends or neighbours. The learned counsel said he should give abundant evidence from the testimony of the plaintiff's near neighbours that he was well known to be perfectly sane and sensible, and that the least inquiry would have satisfied the defendant that he was so.

Mr. Huddleston called and examined the plaintiff, who appeared a very respectable and remarkably sensible-looking man with a very shrewd and intelligent cast of countenance. He gave his evidence very clearly and sensibly. He said he was fifty-six years of age and had been brought up as an engraver for over 20 years. Afterwards he became a dealer in china. In 1834 he was married to his present wife, and placed her in business as a grocer, he himself working meanwhile as a journeyman. He and his wife did not live happily together. "It commenced," said the witness, "three weeks after we were married." They separated three several times. He had established a shop for china and glass in Tottenham-court-road, and still carried on his work as an engraver. He had then for two years separated from his wife, and allowed her a maintenance. These separations were caused by her conduct, not his. He employed men and had apprentices in his business, and said he, "I never was behindhand with an order." He had had six children by his wife, and on one occasion he was induced to take her again. She came to his shop one evening and said, "what a pity it was that they should be separated ; that she had seen her folly, and they had children."

Mr. Serjeant Pigott objected that this could not affect Dr. Semple.

The learned Judge said a question was raised as to a delusion about the wife, and that made this evidence material.

The plaintiff went on.—He received her into his house again at her entreaty. At first her conduct was better ; but in three weeks she commenced again—reckless extravagance, taking things away and pawning them, and getting money and keeping it. She also often made a noise ; sometimes behaved violently ; would take the clothes off his back, &c. Her conduct compelled him to give up

his engraving, and go to the business at the shop to look after it. That was about six years ago; she used to make disturbances frequently, come into the shop and act so as to bring a crowd round, and force him to shut up his shop.

Mr. Serjeant Pigott again objected that this could not affect Dr. Semple, who had only known these persons two years. How could he be affected by these dissensions six years before?

The learned Judge repeated that there was a question raised as to whether these were not all delusions on the part of the plaintiff.

The plaintiff went on with his evidence and stated that his wife pawned his goods, and on one occasion he found 40 duplicates under her bed.

Mr. Serjeant Pigott asked the date of this fact, but it was not then stated.

Examination continued.—He had had his wife bound over to keep the peace more than once. He went on to state that in 1856, when the freehold of the house he held in Tottenham court road happened to be in the market, and Guy came for the purpose, as he said, of looking at the house, he showed him over it, and while he was doing so his wife joined them. He perceived or suspected from their demeanour that they knew each other. He observed upon it to his wife, and left them and went downstairs to his dinner. While he was at it Guy came in.

The learned Judge observed he hardly saw how what Guy said or did could be material.

Mr. Chambers said he proposed to show a conspiracy or combination among all the parties.

The learned Judge said that was scarcely shown yet sufficiently to make Guy's acts evidence against the defendant.

The plaintiff was then asked as to an old sword, which he said was an old dress or theatrical sword, which had belonged to his brother (who was dead), and hung up by his bed. It was quite blunt. He went on to state that on one occasion at Golden square, two or three years ago, his wife took some money from his till. He followed her to see where she went, and he saw she went to Guy's house.

Mr. Serjeant Pigott objected again to this evidence as irrelevant.

The learned Judge said the case was peculiar, and the charge was not only that the certificate of insanity was false, but that the defendant knew it.

The plaintiff went on to say that this Guy had on the former occasion made an observation about the sword. His wife had frequently been guilty of disturbances. She would come down in the morning and say, "I am prepared for you, and shall stop you from taking any money this morning." She would go outside the door and collect a crowd, and say to them, "You see that man there; me and my children have been up all night, he walking about with a drawn sword, threatening to murder me and my children." Every word of this was false, and he had never been guilty of an act of unkindness to her. Scarcely a week passed without something of this sort on her part. She often borrowed money from the neighbours in his name. People came to the shop continually inquiring for her; "tallymen" from whom she got goods, and shopkeepers who let her have goods at so much a week. On the 13th of June last, or thereabouts, he saw Dr. Guy looking in at the window—"flattening his nose up against his (plaintiff's) windows, poking his nose in, and peeping in at the shop." He told him to go away. With that exception Guy had never examined him, nor did he examine him then. Between that day and the 28th of July, when Dr. Semple (the defendant) came, persons had come to his (plaintiff's) shop, whom he did not know, and had spoken to him. But doctors he knew had called on him, persons whom he had afterwards found to be doctors, and whom he had not sent for. After this, on the 28th of July last, the defendant, Dr. Semple, came, a few days before he (plaintiff) was taken away. That was on the 30th of July. When he called, said the plaintiff, he walked into my shop, and said, "Is Mrs. Hall at home?" I said, "What do you want with her?" He replied, "I wish to see her." I said, "I don't call her to everybody unless I know their business. She is in the habit of running me up bills with tallymen, and I do not call her to any one unless I know first what your business is." He said, "She has a bad breast, and I am come to see about it." She had no bad breast, and I said, "If she has told you so, sir, it is a falsehood." I added that "Dr. Griffiths, the medical man, has attended her twenty years, and she sends for him whenever she is ill, and I am sure if you are a gentleman you will not lend yourself to anything of the kind."

Mr. Huddleston.—Anything of what kind?

Plaintiff.—Running me up a bill. I said so. I used the expression, "Her intention is only to run me up a bill." I mentioned where Dr. Griffiths lived, in Gower street, which is close to my house, and close to that of Dr. Semple, who lives in Torrington square, and would have to pass the door in going back. After what I have stated my wife, who appeared to have been watching, showed herself at the bottom of the shop. Then Dr. Semple walked towards her, and I walked towards them at the bottom of the shop. I said to him, "Perhaps, sir, you are not aware of the unhappy state in which I and my wife live; how she is in the habit of running me in debt." He said, "Then it appears you are the injured party? I have heard something of this. My name is Dr. Semple." "Oh," I said, "if you know all about it, I need say nothing more;" and I walked back to the front of the shop, and I said no more. That was the whole of the conversation which took place between us. It did not last ten minutes, and he left almost directly. I was not at all excited, and expressed myself as I do now. I never said to him that she was improperly associating with other men; nothing of the kind.

The learned Judge.—Do you mean that you never said that to anybody at any time?

Plaintiff.—No, my Lord.

Mr. Huddleston.—Were you "guilty of repeated acts of violence?" (reading from the certificate stated in the plea of justification); did you threaten her life or often assault her!

Plaintiff.—No.

Mr. Huddleston (still reading from the plea).—Did you sleep with a drawn sword, &c.?

Plaintiff.—No; the only sword is the one I have mentioned, and an old sword-stick with the handle on.

Mr. Huddleston.—Did you ever threaten to murder any one who approached you?

Plaintiff.—No.

Mr. Huddleston.—Did you ever threaten to stab her?

Plaintiff.—No.

Mr. Huddleston.—Was your appearance then as it is now, for I see he says you had a wild and staring look?

Plaintiff.—It was as quiet as it is now.

Mr. Huddleston then elicited further from the plaintiff that he had on several occasions consulted solicitors about his wife, and that solicitors had attended police courts for him. There was no interview between him and Dr. Semple besides what he had stated, before he was taken. He had never had three days' illness, except from a cold. He was not at all given to drinking. The plaintiff went on to state that two days after this interview with the defendant—that is, on the 30th of July—he was coming home at eleven at night from some neighbours, with whom he had been gossiping. He was going into his house with a latch-key. A man was lounging against the door, and said, "Is your name Hall?" I said (continued the plaintiff), "Yes; what do you want with me?" He said, "Some of your friends have got a supper, and are very jolly, and want you to come and join them." (Laughter.) I said, "You must make a mistake; you cannot mean me." I put the key in the door, and found it was fastened. One of the men placed himself before me, and said, "You must go with us;" and he threw his arms round my neck, and another round my waist, and they tried to force me into a cab which instantly drew up. I struggled desperately, but they carried me off the ground to the cab door. I resisted violently, and put one arm through the coach door and one through the spokes of the wheel. Then my neighbours and friends came out and got round me. The men said to the police they had a right to take me, and showed a paper which the policeman said he could not read by that light. I insisted on my being taken to the station, or their being taken. When we went to the station—with a crowd of fifty people—I said to the inspector, "These men say they have authority to take me, be kind enough to look at it." He did so, and said, "Yes, Mr. Hall, it is a legal document, and I would advise you to go quietly with them." Upon that advice I acted and got into the cab. The men got into it with me and drove towards Fulham. On the road they stopped at a publichouse, and said, "You gave us a pretty good busting and we are getting thirsty," and they would like something to drink. They had some brandy and water and I some beer, and I paid for it all, but I thought they might have put something in the porter and I threw it out of the window. (Laughter.) We went to Munster-house Asylum, Fulham. We got there between twelve and one in the morning. I was placed in a ward among a lot of other madmen.

This unconscious slip caused some merriment.

The plaintiff went on to say he was put in a ward with a lot of madmen, the keeper being with them; and he wished particularly to state, as showing what the keeper must have thought of the state of his mind, that he lent him (the plaintiff) a razor the next morning to shave himself. In the evening of that day he saw Dr. Stone. That was on the Thursday. He had no communication with friends or relatives till Saturday. They had called, he believed, but had been forbidden to see him. On the Saturday his daughter called and was kindly allowed to see him, and bring him a clean shirt. On the Saturday he was taken before the Commissioners and examined for more than an hour, and after that Mr. Elliott, the master of the asylum (who behaved very kindly to him), told him he was discharged, and invited him, as he had been so worried, to go down to Worthing and stay a few days with him, which he did, and stayed four days, taking his meals with the family, and spending his evenings with them. Then he went home and was again subject to annoyance by his wife. He remembered Dr. Webb and Dr. Semple coming. That was on the 27th of September. Dr. Webb came first and examined him, after that Dr. Semple came. At that time the plaintiff said he had instructed his attorney

to commence an action (which had been in fact begun in August), and in consequence of his attorney's advice to have no conversation with him, he walked upstairs. The plaintiff continued:—When I got upstairs I found him behind me. He said, "Now don't run away, poor fellow. (Laughter.) I am not going to hurt you" (laughter)—patting me on the back (Great laughter.) I pushed by him, got downstairs into the shop, and sent for two of my neighbours and said when they came, "Now, Dr. Semple, anything you have to say you can say it in the presence of these gentlemen." He commenced speaking, and my friends pushed me away, and said, "You had better say nothing." I went on one side, but heard my wife running on, and saying, "Dr. Semple, can't I take goods out of the shop and pawn them?" "Yes, Mrs. Hall, certainly" he said, "you can do what you like." Then I got further away, for I felt inclined to make a reply, and I got near to the door. I don't recollect his saying anything as to my charging my wife with anything. I went out and walked across the road. My wife had had a summons against me at Marlborough-street the same day before Dr. Semple came, in which she charged me with having kicked her. That was false. Dr. Semple and three other medical men appeared, and my wife appeared with attorney and counsel, and I was attended by my solicitor, Mr. Lewis. I heard questions put to my wife by Dr. Semple in my presence. I heard him ask her, "Now, who found the money for this?" She only smiled. The plaintiff went on to state that he had found concealed among his wife's papers the certificate he now produced. It was beneath the pillow of his wife's bed; she had absented herself from his for six years.

This certificate was then put in and read. It ran thus:—

"I hereby certify that Mrs. Semple is an illused woman, and that there is no truth in the infamous charges brought against her, but that she deserves the sympathy of her friends and of the public."

This was signed by the defendant, Dr. Semple. This concluded the examination in chief of the plaintiff, which had lasted about an hour and a half, and throughout the whole of which he certainly had shown the most perfect sense and self-collectedness.

Mr. Serjeant Pigott then cross-examined him. Unhappy differences, he said, had existed between his wife and him for six years, and she had refused to share his bed.

Mr. Serjeant Pigott.—Are you subject to violent passion?

Plaintiff.—No; but when excited on some occasions I may have expressed myself with warmth, as most men have.

Have you not been in the habit of ill-treating your wife?—No, not ill-treating her—not to use that word.

Have you never struck her?—No.

Kicked her?—No. I was accused of it at Marlborough street.

Have you not struck her on the breast?—No.

Were you intimate with one Harriet Sarson—Yes.

Was she godmother to two of your children?—Yes. He went on to state that he had allowed his wife, when separated from her 10s., a week with four children. That was twelve years ago. He had left her. She was then in Camden town. He went and took lodgings. He then carried on business as an engraver. He was separated then from her for two years. It was after that she asked him to come back and live with her. Harriet Sarson visited him at Tottenham court road. She was there once.

Have you thrown a carving knife at your wife while she was sitting at table with a child?—Never.

Have you thrown slops over your wife?—Never.

Have you torn the bed curtains down in a violent state?—No, never.

Nothing of the kind?—No.

Called her names?—I may have used some harsh expressions sometimes. I may have d—d her when she has been kicking up her disturbances.

Was d—d h—h one of the harsh expressions?—I dare say it may have been when she has been going on so.

Did you ever charge her with adultery?—Never.

The plaintiff was asked whether, when he saw Guy in 1856, he had not said to his wife that she seemed to take an interest in him. He stated that what he had said was, that as she seemed to know the matter better than he did, she had better answer him.

Were you jealous of your wife at that time?—No.

You left them, and went away to your dinner, although you never saw him before?—Yes. She answered his questions.

Were you not in the habit of charging her with having fellows after her?—No, but with having people after her for debts.

Did you not charge Guy with coming after her?—No, but with coming improperly to the house.

Had not your wife a bad breast?—No.

Had you not struck her?—No.

Was not her breast discoloured?—I never had seen her breast for years. She had refused to cohabit with me for years.

You mean to swear you had never struck or kicked her?—No, never.

She used, you say, to run out to the neighbours?—Yes.

Do you say she is mad?—I never charged her with it.

How do you account for her running out to the neighbours about you?—I can't account for it, except her disposition to persecute me.

He was then pressed as to the sword and sword-stick, but he denied ever taking them up to his wife. He said she rarely was in his bedroom, and he never quarrelled with her there. He knew a person named Cash, a milliner, but did not commit adultery with her. "No," said he, "I have found one woman enough for me. (Laughter.) She weighs sixteen stone." (Laughter.) He was asked further as to imputations about the woman mentioned, and explained his visits to the house by an acquaintance with some one else there. His wife had often charged him with improper intimacy with this and other women. He repeated that he had never charged his wife with adultery or drunkenness. He repeated again that he had never told Dr. Semple so. On the 27th of September he had been bound over to keep the peace in his own recognizance for 10*l*.

This closed the cross-examination, which lasted only half an hour, and which certainly had not shaken his evidence nor disturbed his demeanour.

Re-examined by Mr. Huddleston, he explained the occasion on which he had done what caused the magistrate to bind him over. He stated that his wife had been guilty of some neglect of his children, and he said to her "This is like your d——d impudence," and he had removed her dinner on to the dresser (as she was eating it before giving the children theirs); she said "I'll give you a turn for this," and ran downstairs to the shop to go out at the door and raise a disturbance. He ran after her, and she cried out "he has kicked me." That was not true. She said to the servant girl, "You saw it, didn't you?" The girl could not have seen them, as she was in the kitchen, but called out "Yes, ma'am" (a laugh), although she could not have seen it, if it had been so. This was what his wife had complained of, and the magistrate had bound him over, but had said—

Mr. Serjeant Pigott objected to that, and it was not pursued.

Mr. Huddleston then re-examined as to the woman Sarson, but

Mr. Serjeant Pigott said he had not imputed improper intimacy in respect to her.

The plaintiff went on to say that he had left his wife twelve years ago because he had found the pawn-tickets under her bed. He had allowed her 10s., and at another time 15s. a-week, when his own wages were 35s., or thereabout. When Guy came, in 1856, he said, looking at the sword, "You seem to be well prepared," and the plaintiff said he told him to leave the house. That was all the interview which had taken place between him and Guy before the latter signed the certificate, except when he saw him peeping in at the house, and also on another occasion, when he had followed his wife to Guy's house. He went on to say that his wife would of a morning or an evening "tuck up her sleeves," and say she would give him a turn, and then go to the door and kick up a disturbance. His wife had often threatened him.

This closed the examination of the plaintiff, who preserved the most entire self-collectedness.

(To be continued.)

Dublin Obstetrical Society.—The constitution of this Society now entering upon its twenty-fifth annual session, has undergone a material change which is likely to be productive of the best results, and to give to the Society increased vigour and activity. The movement which led to this reorganisation, was initiated by Dr. M'Clintock in the opening address of last session. The first open meeting under the new *regime* was held at the Rotunda, on Saturday evening the 29th., when Dr. Beatty, the newly elected President, delivered the inaugural address. Having thanked his Professional brethren for their kindness in placing him in the chair, Dr. Beatty proceeded to describe the changes just alluded to. The Society was now to be a representative Society, having a President, two Vice-Presidents, a Treasurer, a Secretary, and a Committee of five members. He next alluded to the flourishing condition of similar societies in England and Scotland, and expressed a hope that a like prospect awaited this society, which was established at the suggestion of a distinguished member of their branch of the Medical Profession—Dr. Evory Kennedy. He dwelt on the loss the Profession had sustained during the last few years, especially referring to Dr. Montgomery, in whose death their branch of the Profession had sustained a severe loss. The President then proceeded to detail the many improvements which had taken place in the Obstetric art, and to give an account of the objects and usefulness of the Society. Dr. Evory Kennedy was moved to the second chair; and on the motion of Dr. Corrigan, seconded by Dr. Churchill, a vote of thanks was passed to the President for his able address.

The Number of Surgeons in the Federal Army.—In the regular service there are 281 surgeons, and 271 enlisted medical cadets and hospital stewards. In the volunteer service there are 2,060 surgeons, and 1,200 contract physicians employed as assistant surgeons. There are also 202 staff-surgeons, and 120 assistant staff-surgeons. The totai of these is 4,124, and is exclusive of new appointments.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 10, 1862.

LANCASHIRE DISTRESS AND THE POOR-LAW SYSTEM.

The privation of labour in the cotton districts is one of the most remarkable incidents of the present generation. So sudden and general a disturbance of manufacturing and trading operations has scarcely been known; and the distress it must have occasioned among a large class who had hitherto earned good wages, and were in the possession of many social comforts, must be as severe as it is unwonted. There is something in the spectacle of half a million of persons, old and young, dependent upon charity, from loss of labour, that appeals powerfully both to the imagination and the sympathies; and we are glad to know that the cry of suffering has met with a noble and generous response. The landlords of Lancashire met last week, and contributed a munificent sum for the support of the distressed operatives; but they were tardy in their movements. The quicker sympathies of the mercantile community had anticipated them, and hence their beneficence has lost the priceless grace of promptitude. *Bis dat qui cito dat*, is an old-fashioned but an invaluable rule in the distribution of alms.

The cotton famine has now existed, with less or more severity, for a period of eighteen months; during that time large numbers of persons have been either working half-time or have been altogether without employment; and as the law is invariable that when Giant Want comes in at the door, Giant Disease immediately follows, we have been for a long time expecting to hear alarming accounts of the physical suffering and mortality in the great towns of Lancashire. We have been, however, saved from this additional calamity. With the exception of some expressed apprehensions of future suffering, and a recorded increase of fever cases at Preston, we have not noticed any reports of the prevalence of fever in those towns: on the contrary, the latest reports announced a remarkable immunity from disease.

This exemption has, no doubt, been caused by the profuse charity which the merchants of London, and the gentry and people throughout the country, have poured into these exhausted hives of labour. The greatness of this private almsgiving has exceeded anything of the kind in our annals, and is a wonderful evidence of the vast resources of the country. From innumerable small springs the wealth of the people has been poured forth, and, rivulet joining rivulet, a mighty river of benefactions has flowed into the parched cities of Lancashire.

Latest accounts show that the operatives of Preston who are dependent upon charity have been receiving a weekly average of 1s. 7¾d. a-head from the poor-rate, besides 2s. a-head from the Relief Committee. At Burnley the operatives have been receiving an average sum of 1s. 6d. a-head from the parish; whilst those who are supplied from the Relief Fund receive at the rate of 3s. a single person, 8s. a family of four, and 14s. 6d. a family of eight. We are now informed that a sufficient fund has been collected to keep the distressed population of the cotton districts throughout the winter at these rates; and the Manchester Committee are of opinion that it would be unwise to raise the allowance above this amount. They are satisfied with what they have done; and we hope that their calculations will be proved correct. There is at least an end of immediate apprehensions; and when the spring comes we may hope that trade will resume its natural channels, and prosperity visit once more these industrial cities.

Lancashire has complained bitterly of the sufferings of her population, and her plaint has been listened to with prompt and serious commiseration. Her ratepayers in the great towns of Preston and Ashton-under-Lyne have been paying about 7s. in the pound upon existing assessments, and they have with justice groaned under the grinding pressure of this unwonted burden. Let them not believe that we do not sympathise with their condition. We regard it as one of the most painful instances of the inequality of our laws, that when a calamity of this kind visits a district, the load of responsibility should be borne by the particular ratepayers residing in a limited area. It is as wrong in the case of Preston, Burnley, Ashton-under Lyne, Rochdale, Stockport, and Manchester, as it is in the case of the western counties, the Tower Hamlets, Chelsea, or the West London Union. Is it not a scandal that when two or three hundred thousand persons are thrown out of work, that this opulent county should be obliged to appeal for charity to our various colonies and dependencies, and to the Moslem, the Parsee, and the Hindoo? Under a proper organisation of State relief this would be quite unnecessary; and we shall be much surprised if this, the wealthiest country in the universe, shall be content on any future occasion of suffering to exhibit itself as the world's most importunate mendicant.

Our Lancashire friends now know what suffering is, although it has not gone to the extent of enlarging their death-lists; we therefore appeal to them with some hope of assistance in behalf of the sufferings of the abject poor who swarm habitually in other great cities of this empire. They think it hard that they should be required to pay 7s. in the pound upon assessments at two-thirds of the annual value of their property; what would they say if their ordinary rating were at that amount, as it is in many parishes in the western counties, as it is in some also in the metropolis?

Their own poor are receiving per family of five from 10s. to 12s., and this amount is considered barely sufficient to sustain life; what would they say if the same number of persons received only 2s. or 2s. 6d. and three loaves, as is the rule in some great London Unions; or even less, as is the case in others in periods of unusual distress? Will Lancashire help towards the enactment of a law that shall enable the impoverished Unions to make larger allowances to these miserable pauper outcasts?

This is not a mere question of justice or of charity; it is a question of life or death? It concerns us as medical practitioners. We are not ignorant of the mortuary statistics of the poor, we investigate them with all the interest of a mathematician resolving a new theorem in algebra, we try as a matter of duty to discover the causes of the heavy sacrifice of life in pauper colonies, and we look to the further development of hygienic regulations as the panacea for all the maladies that affect this wretched remnant of our population; but does it never occur to us that human nature cannot exist upon a shilling a week, that a few months or even a few years of life upon such a dole, eked out by occasional snatches of gain from other sources, is only protracted starvation? Whether we ever give this subject a thought or not, true it is that the death-lists of the poor are swelled by the inadequacy of the means of existence. Dr. Murchison has, we find, in his recently published

Treatise on Fever, attributed typhus primarily to want, an opinion that has been often expressed in these columns; but he might have gone further and remained within the confines of truth. We have dwelt upon this subject because we have thought that the distress in the manufacturing districts afforded a suitable opportunity to bring it under the notice of our readers. We now leave it with the assurance that every unbiassed and truthful man must see that the evils we have pointed out call loudly for a remedy.

SUMMARY OF THE WEEK.

COTTAGE HOSPITALS.

What is doing in the country towards the establishment of "Cottage Hospitals?" We have heard of two or three since the beginning of the year; but we should like to have information of many more. At the commencement of this year, we hoped that at least twenty would be founded before the end of it: we should be glad to know how near our expectation is to its fulfilment. Our readers may, if they please, call this our hobby. Be it so. We mean to ride it until the idea is fully realised—until, in fact, "Cottage Hospitals" become a settled institution. We do not know what the Governors of St. Thomas's intend to do in the matter. If they establish their hospital out of town, as they ought, they will be able to realise this design. The enemies of improvement already begin to suspect that the leading Governors are revolving this idea, as was hinted very obviously in Dr. Bristow's address; and we hope that the suspicion is well founded. Whether St. Thomas's Hospital shall be re-established on this plan or not, we have no doubt that, ultimately, there will be a Metropolitan Cottage Hospital. The money could be easily obtained; and nothing is required but leisure to devote to so admirable a work. Two propositions have already been submitted to our notice—one to found an institution on an independent basis, and another in connection with an established charity; but, alas! *Ars longa, vita brevis.* Still, we trust that, ere long, some active man will give his time and energy to this work. There are many junior practitioners who are looking out for some duty to discharge—something, perhaps, that will make their name memorable. Better this, far better, than hanging about the old hospitals seeking for an opening, or spending their precious youth in pleasure or idleness—

> "Not enjoyment, and not sorrow,
> Is our destined end or way;
> But to act that each to-morrow
> Find us farther than to-day."

We referred, some months ago, to a Cottage Hospital that had been established at Fowey by Dr. Arthur A. Davis, and we have now the satisfaction to state that it has been found so useful, that Mr. Rashleigh, of Point Neptune, near Fowey, has with great liberality offered *four* cottages, which he has recently built at Par, in close proximity to the celebrated Par Consols mine and harbour, to be fitted up at his own expense as a Branch Cottage Hospital. This is a noble-hearted man; and there can be no doubt that his offer will be responded to by the local public in as noble a spirit. Much of the success of these institutions depends upon the judgment with which they are worked; and as the Fowey Hospital has proved eminently successful, we cannot withhold from Dr. Davis our warm commendation for his judicious administration of the institution. He is a sort of medical missionary in his neighbourhood in behalf of this benevolent work, and is exerting himself in every way to promote the establishment of these hospitals. This is well-doing. We find that the total cost of each patient at the Fowey Hospital averages 7s. 6d. per week! The smallness of this charge seems almost incredible; but it is explained by the fact that many of the respectable inhabitants take so deep an interest in the institution, that they supply dinners almost daily to those patients who are able to make use of them. This is opening up new avenues for charity, and increases the ties which bind the sympathies of the rich and their poorer brethren. Let the good work prosper!

PSEUDO-SCARLATINA.

A solecism may be sometimes forgiven on account of its expressiveness. The occurrence of certain cases of pseudo-scarlatina was brought under the notice of the "Epidemiological Society" on a recent occasion by Dr. Richardson, with the view of arriving at some definite conclusions on the subject. Our own opinion is, that the affections adverted to have been often observed, and even described by many writers, but that their correct analogies and relations have been overlooked. Small-pox, scarlatina, and measles, were formerly considered as one disease; and it is not much more than half a century since the latter diseases have been carefully distinguished. We yet require further analysis. There is a disease, whether rightly called Urticaria, or Rosalia, that is different from Scarlatina, Rubeoli, or Roseola, and that must sooner or later take a distinct place in our nosology.

MEDICAL TITLES.

Some time since, there was a controversy, somewhat violent, indeed, about the legal use of medical titles, and one of our contemporaries took a very active part on the exclusive side. We suppose that it is on that side still, but does not show its colours so valiantly. There is a difficulty in the matter that is constantly crossing our path in our daily avocations—how shall we style an M.R.C.P. of the London College of Physicians? If other non-graduates be not doctors, he clearly has no right to be addressed as one; must we, therefore, appear uncivil and adhere rigorously to a theory which was at one time belauded as the only one that was honest and true.

What the Dictionaries say about "Doctors" is nothing to the purpose; they may agree or disagree among themselves, and we shall be left as much in the dark as ever as to the rights by law and rights by courtesy which are involved in the question that has been started by the "Medical Act."

HALL *v.* SEMPLE.

A remarkable case has just been tried in the Court of Queen's Bench, before Mr. Justice Crompton, in which Dr. Semple was charged with not having acted *bonâ fide* and taken proper pains to inquire into the state of mind of the plaintiff before writing a certificate of lunacy, and thereby causing him to be confined in a lunatic asylum. At the time we are writing the cause is only half heard; and, of course, it would be premature for us to express any opinion upon the allegations. The case is, however, one of such deep importance, and so certain to form a text for severe comments by the public press, that we have deemed it right to give a report of it in another part of this journal.

THE LARYNGOSCOPE: ILLUSTRATIONS OF ITS PRACTICAL APPLICATION.—This forms the subject of a paper to be brought before the Medical Society of London by Dr. Gibb, on the 15th inst. Medical gentlemen (not necessarily Fellows) are invited to be present.

THE FACULTY OF MEDICINE IN PARIS have presented the following names for the chair of Clinical Midwifery vacant at the Faculty: 1. M. Depaul; 2. M. Pajot; 3. M. Blot.

REVIEW OF BOOKS.

An Appeal to Physiologists and the Press. By H. Freke, M.D.

Dr. Freke is indignant that his views of Organisation have been appropriated by succeeding writers, and he appeals to the press to establish his claims to priority. His great complaint is that his works have not been read, that "nobody opened his volume" because of an unappreciative notice in the 'British and Foreign Review,' and he adds that "neither then nor since has the slightest notice been *anywhere* taken of the propositions of leading importance I then ventured to advocate." This is very hard certainly; but it does away with the possibility of plagiarism. Dr. Freke seems to have been as easily snuffed out as poor Keats; but we hope he will live like him to be appreciated. Should any of our readers be anxious to know Dr. Freke's views, we recommend them to study his brochure. We do not think it would be advisable to load our pages with the discussion.

On the Causes of the Evils of Infant Dentition. By J. C. Clendon, M.R.C.S.

Mr. Clendon has had considerable experience as a practical dentist, and deserves to be listened to. Nothing is more common in domestic surgery than the application of the gum lancet whenever the practitioner thinks that the febrile restlessness of a child is induced by pressure of the advancing tooth upon the gum. Mr. Clendon objects to this practice. He observes:

"To take off this pressure and liberate the tooth, he at once has recourse to lancing; after which the child, relieved in some measure by the loss of blood from the inflamed parts, and weary from its crying and struggling, as well as from long pain and restlessness, drops off to sleep, and the mother is satisfied. But does the medical man really believe that he has liberated the tooth? Is he not perfectly certain, if he thinks on the subject at all, that, while no gum-obstruction could hinder that tooth if it meant to come, so likewise no gum-lancing, nor any power on earth, could bring it out of its hiding-place one day or one hour before its appointed time? In making these observations, I beg especially not to be misunderstood: I do not pretend to say that the most experienced and scientific surgeon-dentist could by any means always grapple successfully with these most intricate and difficult cases; but I do mean to say that such cases cannot be judged of fairly by those who have not studied the parts with which they have to deal; I do contend that gentlemen of a learned profession should not be satisfied, even if the authorities are, without some personal knowledge of the subjects they undertake to treat; and that, inasmuch as wrong theory is sure, both to lead to wrong practice, and to prove a barrier to the perception and admission of truth, and to all improvement, therefore, false views should be combated wherever found, and by whatever authorities supported."

Now we fear that wrong theory has led to wrong practice here. So far as our experience goes on this point, we should say that when the tooth is near the surface, and the gum is inflamed and swollen, an incision with a gum-lancet gives instant relief, and in many instances prevents the accession of a fit which might be and often has been induced by the reflex action caused by the pain. If any will reflect upon the discomfort he experienced when he cut his wisdom teeth, he will be able to realise the uneasiness caused to the susceptible organisation of an infant by this sometimes painful process. Premature lancing is no doubt injudicious, and ought to be reprobated.

Mr. Clendon believes that the pain arises from the overcrowding of the teeth in a narrow jaw, preventing the due development of the dental sacs. He observes:

"Now, what is the condition, what are the contents of the maxillary bones six months after birth, just when the first teeth are about to appear? We have in those hidden cavities forty-four bodies, perfect or in progress, organs destined to last for life. Here is before you a preparation of first and second dentition, containing forty-eight teeth, more than half of them of full adult size, packed away in every direction, like bees in a hive, all elbowing and pushing their way to obtain space. And we must remember that although, in the dry preparation, the tooth alone seems to fill the socket, leaving no room to spare, yet that in life each one, besides the pulp, has also its own proper covering, the dental sac with its external and internal coats, and an enamel organ with a considerable interspace; the sac, too, highly vascular, and sensitively endowed with branches of the trifacial nerve. Trace back this nerve to its source, to the pons varolii and the floor of the fourth ventricle, where it is in close proximity to the glosso-pharyngeal, pneumogastric, spinal accessory, and spinal nerves, and at once the whole train of evils, difficult breathing, immoderate diarrhœa, convulsions, squinting, effusion on the brain, and death, are easily accounted for."

What then shall be done in the way of treatment? Upon this point Mr. Clendon is not so clear:

"I am continually asked (he says) 'But, if you reject the old views, how do you account for the relief which gum-lancing immediately affords? That it does so can hardly be denied.' I do *not* deny it. I admit it fully. But, if the theory of the practice were true, it should result in the emancipation of the tooth, which it does not; it is only a palliative, as its highest advocates admit; the evil is in no wise cured, and will be sure to run its course. No doubt the blood-letting, and the incision itself, like any other counter-irritant, may afford temporary relief; though, perhaps, still greater might be obtained by the application of a leech or cupping-glass to any part of the inflamed gum, could such means be adopted in an infant's mouth. The lancing may do no harm, though of this I am by no means sure, but the principle involved in it is wrong; and it would be, indeed, an unworthy argument for a scientific man that he does no harm when, by seeking right principles and following them out, he might instead be doing a great amount of good.

"Finally, I may be asked, 'What, then, do you propose?' That is quite another question, and a very wide one. At present, I propose nothing but that we should start fair; should disabuse our minds of wrong views, so as to admit right ones; should remove error from our path, in order to see the way to truth. My only wish, in fact, on this subject is, that we should strive to ascertain the real causes of the evils we have been discussing, in the hope that better knowledge and more appropriate treatment may be attended with happier results."

So we may go on lancing the gums until Mr. Clendon has devised a better method of relieving the turgescence or pressure upon the dental sacs.

On Intestinal Obstruction by the Solitary Band. By John Gay.

If we mistake not this brochure has been forwarded to us once or twice before, and has been duly noticed.

Sixth Annual Report on the Sanitary Condition of St. Pancras, Middlesex, during the Year 1861. By Thos. Hillier, M.D.

This is another of the able Reports by our Metropolitan Sanitary Officers to which we are in the habit of calling attention. With respect to Infant Mortality, Dr. Hillier remarks:

"The deaths under one year numbered 1,065, and the number under that age living in the parish during the year was about 6,661. It may be stated that at that age the death-rate was over sixteen per cent. per annum, about seven times as great as the rate at all ages combined."

In some districts, however, the infant mortality was higher than this. We extract the following remarks on the rates of sickness and mortality:

"It has been estimated that the amount of sickness prevalent in a place bears a tolerably constant proportion to the mortality. The law of the proportion is found to be 'that the numbers *constantly* suffering from *acute sickness* at any year of age (from fifteen years and upwards) will amount to double the number of yearly deaths, and the number of *invalids* or *permanent sufferers* from past sickness will be equal to the number of annual deaths.' Consequently, as the deaths in St. Pancras during 1861, at the age of fifteen years and upwards, numbered 2,227, we may conclude that there were on an average *constantly on the sick list*, unable to work, dependent on past savings, or on the assistance of friends, or compelled to throw themselves on the parish, 6,681 adult persons, of whom one-third were permanently disabled, so that they will never again be able to work for their maintenance. The adult population, that is, the population above fifteen years of age, was in 1851 about sixty-eight per cent. of the whole; if the same proportion existed in 1861, the number living above fifteen years of age at the census would be 135,176, so that we should have one person out of every twenty constantly sick, and of these one-third, or one of every sixty persons in the population permanently disabled. A large proportion of these was amongst the poor, many of whom were thus brought on to the rates, for there is no cause of pauperism so prolific as sickness."

Overcrowding seems to be a prevalent evil in some parts of this parish, and the slaughter-house and cow-shed nuisances are rife.

The Spas of Europe. By Julius Althaus, M.D.

This is a complete hand-book on the subject of mineral waters. While the author was engaged upon his work he might have profitably given us a general essay on baths and bathing,—however, so far as it goes, this work aims at being a complete compendium on its specialty. The author first enters upon a disquisition on the origin of springs and the various theories, silly or rational, that have been propounded—from the notion of Aristotle that the interior caverns of the earth were filled with air which condensed into water upon their roofs—retorts on a grand scale, to the more generally accepted doctrines in modern times. The physical properties of mineral waters constitute the subject of the next chapter; this is followed by others on their chemical composition and geographical distribution; all these chapters containing much information. Two more chapters on the physiological and therapeutical action conclude the work. This treatise will, no doubt find its place in most well-appointed libraries.

REVIEW OF THE PERIODICALS.

We continue our notice of the 'Dublin Quarterly Journal.' The Rev. Samuel Haughton contributes an article on the *Natural Constants of the Healthy Urine of Man.* Mr. Haughton has obtained considerable repute for the perseverance and acuteness with which he has followed out this branch of physiological inquiry. He says of *sulphuric acid* in human urine, that he suspects that it is the measure of the alum we eat in our bread; and of *chlorine*, that he is quite sure that it is the measure of the common salt we consume. He therefore attributes only a secondary importance to them. We extract the following table of the "Natural Daily Constants of the Urine of the Average Man, including both Beef-eaters and Vegetarians.'

Excretion.	Per Day.	Per Day per lb.
Urine	52·62 oz.	2·84 drachms.
1. Urea	493·19 grs.	3·331 grs.
2. Uric Acid	3·15 grs.	0·021 grs.
3. Phosporic Acid	32·36 grs.	0·218 grs.
4. Sulphuric Acid	31·55 grs.	0·214 grs.
5. Chlorine	106·56 grs.	0·673 grs.
6. Extractives	175·27 grs.	1·183 grs.
7. Balance (viz., inorganic bases)	115·73 grs.	0·827 grs.
Total Solids	957·81 grs.	6·467 grs. per lb.

Mr. Haughton then investigates the nutritive value of oatmeal broth and beef tea, the former being made with from three to five ounces of oatmeal and a quarter of a pound of beef to each quart, and the latter with a pound of beef to the quart of water. The result shows that a quart of the broth possesses less urea-producing power than a quart of porter or a pound of boiled cabbage; and of the beef tea Mr. Haughton remarks:

"This is almost exactly the same value as that found for a quart of Guinness's XX Porter, and for a pound of cabbage or cauliflower boiled; while it is only one half the value of a quart of Dublin milk, and less than one-third of the value of a quart of milk taken from the cow."

This analysis exalts cabbage and depreciates beef tea as popularly estimated.

Dr. Edward Hamilton contributes to the same journal some *Cases in Surgery*, chiefly cases of cancer of the lip, and Mr. Rawdon Macnamara reports cases of *Stricture Treated by the Immediate Plan*, or as it is more popularly known, Mr. Bernard Holt's operation. Mr. Macnamara highly commends this method of procedure, and says that in the cases in which it has been tried either by himself or his friends, it has been followed by the most encouraging results. We quote the cases:

"The case of A. B., aged 50, admitted into the Meath Hospital, September 10th of the present year, was a most interesting one. He had been long subject to stricture, for the relief of which he had been treated by several surgeons on the plan of gradual dilatation; the largest sized instrument, however, that any of them ever succeeded in getting in was No. 4; and on the last occasion on which an effort had been made to introduce an instrument, considerable difficulty was experienced, and a false passage was made, attended, as he states, with the loss of a considerable quantity of blood. After a great deal of trouble I was enabled to get the dilator past the false passage into the bladder, split the stricture, introduce a No. 8 catheter, and empty the bladder; the hæmorrhage was of the most trifling character, scarcely a drop of blood having been lost; and as to the pain, he exhibited so little concern, that I thought he had not felt it; and it was only in reply to my question on the subject that he expressed himself as having felt what had been done to him. This operation was performed on the 12th September; that night he had rigors, but of a very slight nature. Next day, and ever since, he was as if he had undergone no operation; and I now experience no difficulty in passing a No. 9 catheter; and, indeed, so far as his stricture is concerned, he might have been discharged cured the day but one after Mr. Holt's instrument had been used. He still, however, remains in hospital for the treatment of quite another disease, having no connexion whatsoever with the stricture.

"The following case is one of great importance, both as to the gravity of the lesions, and in consequence of the manœuvre employed by which the dilator was introduced into the bladder.

"R. T., aged 57, admitted into Meath Hospital in September, suffering from the effects of stricture of the urethra in three different situations, the most anterior being the tensest stricture it has ever been my lot to feel. This patient was under my friend Mr. Philip Crampton Smyly's care, to whose courtesy I am indebted for liberty to make mention of it on the present occasion; this man had been on three different occasions operated on by different surgeons for the relief of his stricture by external incision; he now is in a most deplorable state, Mr. Smyly with difficulty passing the smallest sized instrument. On the 17th September Mr. Smyly proceeded to put into operation the 'immediate plan,' and, after prolonged manipulation, failed in getting the instrument more than through the most anterior of the three strictures, when its further progress was arrested, not by the distant strictures, but by the tension of the anterior stricture, which could be distinctly felt tightly pressing the instrument, and completely impeding its further onward progress. Nor was I more fortunate in my endeavours to introduce it further, and the operation should have been abandoned, had we not, on consultation, agreed to burst this stricture, and then to proceed with the further steps of the operation, which Mr Smyly accordingly carried into effect—he introduced the stilette, burst completely the anterior stricture, withdrew the stilette, closed again the blades of the dilator, continued its course successfully on into the bladder, again introduced the stilette, burst the other strictures, and, on the withdrawal of the dilator, introduced a No. 8 catheter into the bladder. In this case there was but little hæmorrhage, and but very trifling constitutional disturbance. This case made a profound impression on me at the time, as a good example of forcible dilatation *versus* external incision; and the manœuvre by which the resistance of the anterior stricture was overcome and the bladder at last reached, is one that merits attention, consideration, and recollection in similar cases, at the hands of the operating surgeon.

"The case of J. H., aged 51, admitted into Meath Hospital 21st September, presented features of peculiar interest. This man presented himself at the Hospital with the view of having an instrument passed; he had been twenty years suffering from stricture of the urethra, had been for the last fifteen years under treatment, and, as all such patients in process of time more or less so become, was perfect master of the features of his own case. He indicated No. 1 as the size that should be employed, as none other had ever been passed for him, and that it would require great dexterity to get even that into his bladder, that he had been for years accustomed to have this size occasionally introduced, and that subsequently to its introduction, for some time, he felt comparatively comfortable. I proposed to employ in his case the 'immediate plan,' to which, however, he would not consent; he had been told by one of the first surgeons in Dublin that a larger size than No. 1 could never be introduced, and he was not inclined to go 'past' his opinion. In despair I gave up reasoning with him, brought him into the ward in which happened to be lying the two patients whose cases I have last recorded, and on whom the operation had been so recently performed, and after some manipulation, succeeded in introducing No. 1 gum elastic catheter, which I directed him to keep for some time in his passage, and left him, having given directions to one of my apprentices to remove it previous to his departure. Next morning this gentleman greatly astonished me by informing me that this patient's scruples had been removed and that he had returned to the hospital to place himself under my care, with the view of having his stricture treated by the 'immediate plan;' and on inquiry it turned out that he had fallen into conversation with the other two patients, and their description of the relief that they had experienced by the operation was so satisfactory that it carried conviction with it, and he at once resolved to have recourse to it in his own case. In my opinion no amount of testimony could speak more trumpet-tongued in favour of Mr. Holt's method, than that afforded by this accidental occurrence. Both patients had experienced different plans of treatment; both had been subjected to the operation of forcible dilatation, and it was their representations that succeeded in convincing him, after all my arguments and persuasions had been urged in vain. This man's stricture was burst on the 24th September, and a No. 8 silver catheter introduced; there was scarcely any hæmorrhage, but trifling pain, and no constitutional irritation, so much so that next morning he was up walking about the ward, and seemed rather amused at being asked about rigors, &c. On the 26th I failed in getting in No. 8, but passed No. 7; on the 29th, however, No. 8 passed easily enough, and he was fit to be discharged from Hospital.

"This next case, operated on by Mr. P. C. Smyly this day that I write, is of too important a character to be omitted. J. N., aged 50, admitted into Meath Hospital September 10th, suffering under stricture of twenty years' standing, consequent on a gonorrhœa which was cured without the use either of injections or instruments. About twelve months ago an abscess formed immediately behind the scrotum, which was opened, and ever since more urine passed through the fistulous opening than through the urethra. The scrotum and perineum were dense and swollen. On the 10th September Mr. Smyly succeeded in passing a No. ½ sized gum-elastic catheter, but for several days was unsuccessful in his efforts to introduce a higher number; at last he succeeded in getting a No. 2,

and then, after a few days more, a No. 3 catheter into the bladder. On this, 29th September, the dilator was introduced, the stricture split, and a No. 10 gum-elastic catheter introduced with ease into the bladder, the urine drawn off, and the patient, some hours after the operation, expressed himself as being very comfortable, not presenting a single bad symptom. In this case also, the pain of the operation was unimportant, and the hæmorrhage of the most trifling character."

With reference to the pain of the operation, and the necessity of using chloroform, Mr. Macnamara says that the pain is so trivial that he sets his face against employing chloroform, except in cases of extreme irritability or timidity of the patient. He does not find that there is any risk of infiltration or of hæmorrhage from this operation. The article is a good one.

Mr. JOLLIFFE TUFNELL writes on *Elongation of the Uvula*, and the secondary consequences produced by its enlargement. He says that the evil may be easily remedied.

"How is this, then, so readily effected? By simply scarifying the front of the uvula by snipping it across with a pair of scissors, or vertically scoring the surface with the point of a tenotomy knife; both acting in the same way by giving vent to the fluids that are effused. This treatment (so simple) is, however, not generally adopted. Gargles and the inhalation of vapour we find to be the means ordinarily resorted to with the view of removing the consequent distress—a distress which is almost entirely dependent upon the obstruction which the elongation produces, and which is reduced as soon as the œdema is got rid of."

In chronic cases he recommends *excision*, taking care, however, that a portion be left to maintain as far as possible the natural condition of the parts. There is nothing new in all this. A paper on *Puerperal Fever* by Dr. DENHAM we intend to refer to on another occasion.

The 'Medical Times and Gazette.' Mr. SOELBERG WELLS continues his lectures on the Diseases of the Eye. He treats this week of *Strabismus*, and explains its various causes. Dr. RAMSBOTHAM'S cases in *Clinical Midwifery* are also continued. We quote a few:—

"*Right Elbow and Shoulder Presentation—Exvisceration—Decapitation.*

"Case 161.—On November 15, 1841, at 9.30 a.m., I was sent for, by one of the Surgeons, to Mrs. F., Spitalfields, a patient of the Royal Maternity Charity, in labour of her second child. Pains commenced on the night of the 13th, when the midwife was sent for; she found the os uteri quite close. The next day passed without any; but towards evening they were resumed, and the membranes broke at 3 a.m. of the 25th. On the midwife being again summoned, she found an elbow in the vagina, and immediately sent for the District Surgeon, who, being foiled in all the attempts he made to turn, sought my assistance. I discovered the right elbow presenting, and the arm very much swollen. The shoulder was being pressed against and through the os uteri with each pain; and there was a firm, constricted ring in the cervix, of 2½ inches diameter, against which the child's body was forcibly propelled, but through which, with all the exertion I dared to make, I could by no means pass my hand. I, therefore, in the hope of relaxing this rigid band, took 16 ounces of blood, and gave 40 minims of laudanum. At 2 p.m. things were in exactly the same state, and I still could not introduce my hand into the uterine cavity by reason of this impediment. It was evident that the child was dead. I, therefore, perforated the chest by Smellie's scissors; but its body lay so high, that I had great difficulty in removing any of the thoracic viscera. However, I got away both lungs and the thymus gland. I felt the pericardium, but could not detach the heart, nor could I perforate the diaphragm, so as to bring away any of the abdominal contents. I was afraid, indeed, to introduce the perforator high within the child's body, without knowing where the point went to, lest it should pass through the parietes at the other side, and injure the uterus. But the neck came so low, in consequence of the collapse of the chest, as to enable me to carry a blunt hook round it, and, guided by it, my father's decapitating hook. Still, the parts within which I was working were so constricted, that I could not use a sawing movement, and, consequently, my father's hook was almost useless. Bringing down the neck, therefore, by the blunt hook, as low as I could, I made an opening between two of the vertebræ by the point of the perforating scissors, and cautiously cut the ligaments and integuments, sometimes with the outer part of the blade, sometimes with the inner, until I had completely separated the head from the body. By means of the arm which was still external, the trunk was very easily removed, but the head gave me great trouble. I got a blunt hook into the mouth, but I broke the jaw with the exertion that I made. I then, by manipulation, turned the head, with the anterior fontanelle downwards. In doing this the placenta was separated and came external, and yet there was not the least hæmorrhage. I perforated through the anterior fontanelle, and, after evacuating a considerable quantity of brain, extracted the head. The operation occupied an hour and a quarter; and, notwithstanding all she went through, the woman recovered without a bad symptom.

"*Transverse Presentation—Decapitation.*

"Case 164.—On September 25, 1842, at noon, one of the Surgeons to the Royal Maternity Charity called at my house to take me to Mrs. F., Spitalfields, whom I delivered under a transverse presentation, on November 15, 1841, as detailed above. The membranes broke on the 18th, a week before. My friend saw her on the 21st, but did not make any examination, as there had been no pains since. I found the left arm entirely external, livid, and very much swollen; the cuticle was peeling. The head was lying on the right ilium, with the face looking backwards, and the neck presenting over the pelvic brim. The uterus was strongly contracted round the child's body, and was acting vigorously, which had been the case for some hours. My friend had tried to deliver by turning, but had failed. Being satisfied that the uterus would not admit the hand, and the chest and abdomen being too high to allow exvisceration to be performed, I passed my finger round the neck, carried a blunt hook over it by the side of my finger, and then my father's sharp decapitating hook by the side of that. I had thus the means of bringing the neck downwards, as well as the means of severing the head; but having too little room for a sawing motion, I could not succeed in cutting through the integuments. I, therefore, removed the sharp hook, allowed the blunt hook to remain *in situ*, and, as my assistant made traction with it, I directed the point of the perforating scissors against the lowest part of the neck, divided the skin, carefully separated one vertebra from the rest, cut through the cartilaginous transverse process on each side, and in five minutes had decapitated the fœtus at the root of the neck. The body then came away with little effort, and I extracted the head by passing a blunt hook into the mouth. The placenta followed soon, and she again recovered well.

"N.B.—It appears to me better practice, either to exviscerate or decapitate the fœtus, than to endeavour to deliver by turning, in all cases where the uterus is so strongly contracted round the child's body as to cause apprehension of its being lacerated by the introduction of the hand; because if such a degree of pressure is exerted on it as to render the operation of turning very difficult, the child must have died, either from compression on its own chest, preventing the diastole of the heart, or on the funis umbilicalis, or on the placenta itself, impeding the circulation of the blood through the umbilical vessels. One or other of these operations will always be available, providing turning cannot be performed. If more of the chest and abdomen than of the neck be in the pelvis, exvisceration can be had recourse to, but decapitation would be difficult, owing to the height at which the neck would then lie; and if the neck be over the pelvic brim, the head can easily be severed, although, from the height at which the chest and abdomen lie, exvisceration would be then impossible.

"*Hand, Foot, and Funis Presenting.*

"Case 165.—On November 15, 1842, at 4 p.m., a medical friend sent for me to Mrs. N., Ratcliffe, the mother of a family. The membranes broke at 11 a.m., and the pains, which had been regular until that time, became very trifling, and far apart. I found one foot and a hand in the pelvis, and a fold of the funis, which was flaccid and not pulsating, hanging externally; the other foot was at the brim. I took hold of both feet together, and had not the least difficulty in bringing the breech into the pelvic cavity. The uterus then began to contract more actively, and expelled the child as well as the placenta. She recovered well."

The *Use and Dose of Bismuth*, by ROBERT DRUITT, M.R.C.P describes the author's views of the therapeutical advantages of this medicine, and Dr. J. HUGHLING'S JACKSON contributes a report of some observations made with the *Ophthalmoscope*, during a paroxysm of epilepsy, sleep, and paralysis of the cervical sympathetic from injury of the spinal cord. We make an extract:

"*Ophthalmoscopic Examination during an Attack of Epilepsy.*—The following is the report of the case of epilepsy, or, rather, epileptiform convulsions, as supplied to me by Mr. James King, clinical clerk to Dr. Little. I have also to thank Dr. Little for his kindness in allowing me to examine the eye with the ophthalmoscope, and to make use of the observation in this paper:—

"William R., aged forty-two, a dock constable, was admitted May 1, 1862, with tumours in the neck, which first appeared about two years ago, and grew rapidly, so as to cause great deformity. He was pale, weak, and emaciated; but stated that he had enjoyed good health and had been moderately muscular, before the appearance of the cervical tumours. His mother had died of cancer of the breast. He was constantly spitting muco-purulent and exceedingly fetid fluid, which, on microscopic examination, was found to contain cancer cells. After the tumours in the neck had existed for

about nine months, the sense of smell became impaired, and was soon quite lost; taste became lost, except in part of the right edge of the tongue.

"On examination, on May 20, the sense of hearing was lost on the left, but perfect on the right side. The right pupil was more dilated than the left, but the sight was not affected, and there was no paralysis of the extremities. There appeared to be no communication between the cervical tumours and the interior of the mouth. Occasional attacks of vomiting occurred. The intellectual powers were feeble, and memory much impaired, and epileptic convulsions were induced if the patient was raised from the horizontal posture. He continued in a semi-comatose condition, supported by wine, milk, and beef-tea, until death occurred, on May 25.

"*Autopsy Twenty Hours after Death.*—Heart small, weighing six ounces; lungs healthy. The tumours in the neck involved only the glands, and were beginning to disintegrate. There was cancerous ulceration of the sphenoid bone, and a small smooth nodule of the malignant growth protruded to the left of the sella turcica, and pressed upon the brain-substance.

"The above was supplied to me by Mr. James King. For the following I am indebted to Mr. Hutchinson. Part of the base of the skull on the left side was forwarded to him for examination. The nerves, &c., on the part examined were affected as follows:—Fourth nerve not involved at exit. Sixth, the same. Fifth, surrounded by a thin layer of carcinoma, on the dura mater, not adhering to the nerve. It was thickest behind and outwards, and at that part accompanying the nerve forwards towards its ganglion. Upon the eminence just over the anterior condyloid foramen was a thin layer of carcinoma (or of lymph) adhering to the dura mater and to the fibres of the glosso-pharyngeal nerve. The fibres of the pneumogastric were also in close apposition to it; those of the spinal accessory were quite free. The internal jugular vein was completely plugged by a dark adherent clot of old standing; this clot ended in the passage of the vein through the bone, and the sinus within the skull was free. The spheniod cells and the body of sphenoid were infiltrated with cancerous deposit. The bone was softened. On the dura mater were numerous isolated patches of cancer, some of them very thin and superficial.

"I give the following extract from my diary, referring to the ophthalmoscopic examination, as I then wrote it down:—

"May 15.—I saw to-day, with Dr. Mackenzie, a case of epilepsy, under the care of Dr. Little. The man had tumours, probably cancerous, at the sides of the neck, and had fits occasionally, in which there were convulsions. These were easily brought on by moving him, or by making him get up in bed, and the pupils then dilated widely. In rest (*i.e.*, no fit present) the pupils were small—so small, that with a good lamp, &c., I could not illuminate the fundus. Still the right pupil was smaller than the left. He had loss of smell and taste, but no paralysis of motion of the body—at least, nothing notable.

"On the 16th, I again saw him. He was taken into a dark room; I then examined the eyes. I saw the right optic disc easily. At one time it was, for a time, quite white, and all the vessels disappeared. This was soon after he was raised up. After awhile, when the man seemed to be merely faint, the vessels alternated, disappearing altogether in inspiration, and reappearing in expiration.

"On the 17th, I saw the patient in bed, so that he might not be exhausted; but now the pupil was so small that I could not illuminate the fundus. Having dilated the pupil by atropine, I found the optic discs normal.

"It is well known that convulsions follow hæmorrhage, and that anything that stops the supply of blood to the head will bring them on. Raising the patient was enough in this instance. The continued anæmia of the optic disc, therefore, *may* have been due to position only. The pupil, however, was dilated to the utmost extent. This observation shows, at all events, that alterations in the retinal arteries are to be observed in cases in which the circulation in the brain is supposed to be defective. I have, however, in this Journal for August 30, p. 223, written more fully on this part of the subject.

"*Ophthalmoscopic Examination during Sleep.*—A girl, aged eleven, was admitted into the Hospital for the Epileptic and Paralysed, under the care of my colleague, Dr. Brown-Séquard, for hemiplegia, which had existed several years. Of this, at the time when the following observations were made, there was little or nothing left, and the child was in fair general health.

"I give the following extracts from my diary as the simplest way of recording several observations:—

"September 3.—I tried first, to examine the eyes without using atropine to dilate the pupils, but they were so contracted, as is usual in sleep, that I could not illuminate the fundus. I, therefore, dilated *one* pupil by atropine, and examined the fundus of both eyes. When the child was awake, I found the optic discs normal. They were well coloured, but not abnormally so. I had examined her sight carefully before dropping in the atropine, and found it perfect. When in deep sleep, one pupil was contracted; the one dilated by atropine remained enlarged. By the aid of a very intelligent nurse, who held up the upper lid, I was enabled to examine the optic entrance, to which, for the present, I confine my observations. I then found that the optic disc itself looked whiter, the arteries a little smaller, and the veins large. The veins were thick, and almost plum-coloured. The neighbourhood of the retina was also more anæmic.

"6th.—I saw the optic nerve steadily. The pupil, however, was now rather too small. I saw it, however, and can now confirm my first statement. *The Optic Disc.*—The arteries are certainly smaller, and the veins larger. The other parts of the optic disc are whiter, and the neighbouring part of the fundus is whiter. She had been well tired to-night by a long romp with the nurse.

"October 3.—The eyes had recovered by this time, and I again put atropine in the right eye, and examined by the ophthalmoscope. I carefully noted each vessel, especially the smaller ones, and learned by heart the positions of both veins and arteries, and also the degree of coloration of the optic disc. At night I examined the eye during sleep. The pupil was smaller than it was before, but I luckily saw well for a long time. The optic disc was not so red, the arteries were certainly smaller, and on this occasion, I think, the veins were no larger, and about the same as in the day. I then awakened her, and examined under similar conditions of light, position, &c. She was awake, but sleepy. I found that the arteries became large, but, on looking again, I found them smaller, as in sleep. They alternated several times. I could not long dwell on the disc; and my opinion is, that the alteration was gradual.

"October 16.—A girl, aged eleven, a patient under the care of my colleague, Dr. Ramskill. I dilated the right pupil with atropine. In sleep it was dilated; the other was contracted. I saw well in this case. The child kept deeply asleep, and I had the optic disc under view for a long time. All I can say is, that the disc itself was rather paler in sleep. I roused the child well up, so as to be fairly awake, and the only difference then was, that the disc was a little redder.

"N.B. The pupil dilated by atropine dilated to the fullest extent when awakened; twice the size it was when the child was asleep. The contraction was not due to the light only. It was the contraction of sleep.

"21st.—I put in atropine, and dilated the pupil to the fullest extent. She is a somnambulist, and I found her at 10 p.m. in the ward, in the arms of the nurse. The left pupil (the one without atropine) was not so small as usual in sleep. The other was as large as it was when she was awake. She was asleep, however, and I examined the eye, and then fairly awakened her, by pinching and making her speak, and getting her to look in certain directions. I again examined her eyes when she had gone off to sleep in bed; I feel convinced that the arteries are a little smaller, and the veins larger. I saw well, and for some time.

"24th.—Atropine as usual. I saw well; the disc was whiter, and the arteries smaller.

"I ought to observe, that in all these examinations the difference in the size of the arteries during sleeping and waking was but slight. I have not lost sight of the possibility, that in sleep the arteries may be more influenced by light than in waking.

"In one sense, it is of little importance to know the condition of the arteries in the interior of the eye in sleep; but it has, I suppose, an important bearing on the question, whether the arteries of the brain are contracted or dilated in this physiological condition.

"*Examination of the Eye by the Ophthalmoscope after Paralysis of the Cervical Sympathetic.*—By the kindness of Mr. Maunder, I had the opportunity of examining the fundus of an eye in a case of wound of the spinal cord, under his care in the London Hospital, in which there were symptoms like those following lesion of the trunk of the symyathetic in the neck. The case was one in which there were also all the symptoms found by Dr. Brown-Séquard to follow after section of one lateral half of the cord. The wound was, it was believed, betwixt the last cervical vertebra and the first dorsal; so that there were, as might have been expected, symptoms due to interference with the cervical sympathetic, which, Dr. Brown-Séquard says, come out chiefly from the spinal cord, by the roots of the last cervical and first and second dorsal, viz., increased heat on one side of the face, and contraction of the pupil. The fact, that contraction of the pupil follows on section of the sympathetic, was first noticed by Pourfour de Petit. In 1852, Professor Bernard noticed that there was increase of blood in the parts to which the sympathetic is distributed; and Dr. Brown-Séquard observed that galvanisation of the sympathetic produced exactly opposite effects to its section, contracting the blood-vessels, and hence diminishing the supply of blood. In Dr. Brown-Séquard's work on the 'Physiology of the Nervous System,' there is a list of the symptoms observed after section of this nerve trunk. Among these it is stated, 'The sensibility of the retina *seems* to be increased.' In this case there was, however, the patient affirmed, no intolerance. She bore the light of day and a light of a candle, both before and after atropine, without any difficulty whatever. Her sight was good, for near and distant objects. She could not read but could point out small letters

and could see easily a bell-wire on the wall opposite, and counted some small nails on the panel of the door at a distance of four or five yards. The eye was irritable, and the conjunctiva a little injected. As the sight was good, and as there were no indications of disordered retinal circulation, I did not expect to find any change. There was not, nor had there been any muscæ of any kind, no 'sparks,' 'flies,' and nothing floating before the eyes. In fact, in answer to the most varied questions, she persisted that each eye was the same as it had ever been. As one pupil was only a quarter the size of the other, and as the already contracted pupil became very much smaller than before under the influence of light, it was impossible to illuminate the fundus. I could on the healthy side, see the optic disc readily. I was obliged, therefore, to drop in atropine. I dilated both pupils widely. In twenty minutes they were equal.

"I compared carefully the optic disc, the veins, and arteries, and found them *quite alike in every respect.* The rest of the fundus was healthy.

"I give these details as a contribution to the study of the circulation in the eye. It shows only that, in *this* case (it being carefully remembered that the eyes were under the influence of atropine), the size of the retinal arteries was not appreciably altered. It is possible that, in the wound of the cord, the fibres supplying the retinal arteries may have escaped. Dr. Gardner has drawn attention to cases of contraction of the pupil from pressure on the cervical sympathetic by thoracic aneurisms. In his work on 'Clinical Medicine,' he gives several cases in which this symptom was thus caused, but in none of them has he noted any defect of sight. In one it is stated that, two or three years before admission the patient strained himself on one occasion, and was quite blind for a time. As there is no further note of any affection of this patient's sight, the man keeping at work until the day before his admission into the Hospital, I supposed the defect was temporary only.

"Dr. J. W. Ogle, in a paper in the 'Medical and Chirurgical Transactions,' gives twenty-six cases of alteration of diameter of the pupil (sixteen of contraction, and ten of dilatation), from pressure on the sympathetic by aneurisms, and other tumours, and from injuries of the spinal cord. In but one of these is there any note of defect of sight. The following are the details of this case as given by Dr. Ogle:

"*Case* 9 is that of a man, aged fifty-eight, related by Dr. Hope, ('Disease of the Heart and Great Vessels,' 3rd Edition, 1839, p. 608). He was affected by aneurism of the ascending aorta of the size of a cocoa-nut, with general dilatation of the aorta, and who died of pneumonia. He had had headaches for about six weeks, and, in addition to the other symptoms, complete blindness of the right eye, and incomplete blindness of the left one. Both of the pupils were contracted. No special brain symptom existed, and after death the brain was found healthy, but there was thought to be slight dwindling of the left optic nerve."

"These cases would seem to prove that injury to the trunk of the sympathetic in the neck does not produce any appreciable effect on the retina. As Dr. Brown-Séquard however, mentioned to me, in reference to my examination in Mr. Maunder's case, that, as the atropine had reduced both pupils to a like condition, it was possible that it may in the same way have affected the arterial circulation in the retina. The question might be easily settled by galvanising the sympathetic. This would dilate the pupil, and we might then observe the retina.

"The question is an important one, as the retinal arteries, being really cerebral, it would appear, that the vessels of part of the brain are not supplied by fibres from the trunk of the cervical sympathetic, if the branches of the arteria centralis retinæ in the eye are normal on section of this nerve trunk.

"I may add, that I have examined the fundus of the eye of a rabbit, both during the narcotism of chloroform, and in the sleep-like condition which followed it. I found no apparent change in it. I subsequently divided the sympathetic in the neck, and, by carelessness, some other nerves in this region. Contraction of the pupil and increased heat of the ear followed. On holding both ears up to the light, the great difference in the size of the vessels was seen. I did not, however, find any change in the condition of the vessels of the optic disc. I do not, however, attach much importance to these negative results, as the fundus of the eye of a rabbit differs very much from that of the human subject, and I have not yet sufficiently learned its peculiarities. I shall try next on a kitten, and galvanise the trunk of the nerve.

"I intend also to try to ascertain what, if any, changes can be seen in the calibre of arteries in the retina, by section and galvanisation of the sympathetic in animals, in the narcotism of chloroform, opium, and in poisoning by belladonna; also after death, from various causes, as strangulation, drowning, &c."

The 'Lancet.' Mr. HILTON'S lectures on *Pain* contain further illustrations of his principles of treatment. Dr. PAVY'S lectures on *Assimilation and the Influence of its Defects on the Urine,* which were delivered at the Royal College of Physicians, are reported. The author expatiates fully on the pancreatic and gastric juices, and especially on the action of pepsine.

On the Doctrine of Irritation and on the Nature of the Early Changes in Inflammation, Dr. LIONEL BEALE contributes the annexed observations:

"It is almost universally held that what is termed 'irritation,' or 'excitation,' exerts a most important influence upon the process of nutrition. The action of 'stimuli' upon living matter is considered to be a necessary preliminary to the manifestation of any phenomena. So, different kinds of stimuli or excitants—mechanical, chemical, and electrical—are spoken of; and it is held that every vital action must be preceded by an 'excitation.'

"Increased 'irritation' is supposed to 'excite' increased action, and to cause a living 'cell' to take up an increased proportion of nutrient matter within a given period of time. Irritation is believed to be the starting-point of those complex phenomena which in the higher animals we speak of as 'inflammation;' and, according to the views now held, it is impossible to conceive the process of inflammation taking place without the previous occurrence of irritation.

Although of late years the changes occurring in the anatomical elements of tissues (cells) in health and disease have been carefully studied by very many observers, there still exists the greatest difference of opinion with regard to the nature of the processes which occur, even in the very simplest structures, during their growth.

"A normal epithelial cell, for example, takes up a certain quantity of nutrient matter within a certain time, and certain changes are produced in a definite order and in regular succession. This cell, it is said, may be excited or stimulated to *increased action.* The normal process of nutrition may be exaggerated, and the cell may take up a much larger quantity of nutrient matter within a corresponding period of time, and increase in size with greater rapidity than before. Other changes may be observed in the epithelial cell, but these need not now be considered.

"What is the nature of this process of 'stimulation,' 'excitation,' or 'irritation,' and how does it produce these most important results? How is it, for example, that a particle of sand falling on the conjunctiva, or a thread passed through a living tissue, causes an increased action of the cells in the immediate neighbourhood? It is certain that the change is not dependent upon nervous influence, for it occurs in tissues destitute of nerves, and may be observed in plants. To say that the exaggerated action is the result of the 'irritation' is no explanation at all: it is no more than stating the fact, that the cells grow faster, and take up more nutrient matter, soon after a foreign body is forced into close contact with them, so as to displace or injure them; for not only are the cells that are touched influenced, but all those in the immediate neighbourhood.

"In every case of the so-called *stimulation* or *excitation,* the access of nutrient matter to the living and active part of the cell is facilitated. By the 'irritant' perhaps a hole is made in the outer inactive matter (cell-wall), or a portion of it may be removed. The pabulum reaches the living matter more readily than it does under normal circumstances. The rapidity of growth of living matter—that is, the rate at which living matter communicates to inanimate pabulum the same powers with which it is endowed, varies simply according to the rapidity with which the inanimate matter comes into contact with the living matter. The soft living matter in normal tissues is always separated from the nutrient pabulum by a certain thickness of matter which possesses no inherent powers of growth (cell-wall). If this be rendered more permeable to nutrient fluids, or reduced in thickness, or a portion of the surface torn away so as to expose the soft matter within, it is obvious that there will be greater freedom of access for the nutrient pabulum, supposing this to be present. The soft living matter will take up the inanimate pabulum more rapidly than normally, and convert it more quickly into living matter. In fact, normally, the conversion of pabulum into living matter proceeds, *under certain restrictions,* while under the conditions supposed, *the restrictions are to some extent removed, and so the process goes on faster.*

"So far, then, from 'stimuli,' 'irritants,' or 'excitants' *causing increased action,* they operate simply by removing restrictions, and thus the living matter is permitted to grow much faster than was possible under the conditions which existed previously. Irritation is not the starting-point of inflammation, but the first change is simply a more rapid appropriation of the nutrient matter by the living matter of the cells, consequent upon the impediments which interfered with the free access of this nutrient matter being diminished. The process of nutrition—the conversion of inanimate pabulum into living matter, may be explained both in health and disease without assuming the occurrence of an *irritation* or *excitation,* and we may study and describe the changes without using the terms *irritants, excitants,* or *stimuli.*"

Mr. CHALMERS MILES reports cases of *Small-pox treated by the Sarracenia Purpurea.* The cases do not justify the formation of a definite opinion upon the special utilty of this drug.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

Sir,—I observe, in the Medical Circular of the 26th of November, a letter from your able and zealous correspondent, Mr. Richard Griffin, of Weymouth, commenting in very severe terms upon the evidence given by a Mr. Cane (one of the Inspectors of the Poor-Law Board) before a select committee of the House of Commons with regard to the manner in which Poor-Law Medical Relief is distributed and paid for in both England and Wales. Now, as this is a subject, Sir, which most seriously affects, not only the ratepayers and the poor, but also the great body of the Medical Profession, I trust you will be kind enough to allow me, through the medium of your most useful and widely-circulated journal, to express, as briefly as I possibly can, my own simple views upon this subject. And in the first place, I beg to say that I agree perfectly with Mr. Griffin in saying that all our public medical charities ought to be inspected and superintended by medical men, because both medicines and proper medical treatment, are a total mystery to all persons except to Medical men themselves. Now, may I ask Mr. Cane, would any non-medical person be able either to superintend or supervise those medical institutions? Utterly impossible. Still, I admit that there is a great deal of what Mr. Cane has stated in his evidence that I do, nevertheless, most perfectly agree with; I beg, therefore, to occupy your columns once more with a short specimen of Mr. Cane's views upon the subject:—

"If I were permitted," says Mr. Cane, in his evidence before the Select Committee, "to express my general views, I should say that, if Mr. Griffin's suggested alterations of the law and other regulations relating to medical relief, were carried into effect, they would enormously increase the public expenditure, wholly demoralise the labouring classes, and impoverish the poorer class of ratepayers. Their effect, too, upon the Medical Profession would be calamitous. Numbers of persons would enter that Profession, which, by some, is thought to be already over-stocked, solely with the view of being elected to one or other of those highly-favoured 3,000 or 4,000 offices which Mr. Griffin would create; competition would be stimulated and carried to such an extent that but a very limited amount of remunerative practice would fall to the share of any poor Medical Practitioner who did not succeed in being elected a Medical Officer of a Union."

Yes, indeed, you can, Mr. Griffin, so may every other Poor-Law paid official, afford to sneer at all this, and tell us that Mr. Cane's evidence, as above quoted, is certainly very amusing, and altogether erroneous, and so forth; still, I beg to tell Mr. Griffin, as a medical man, that I do know, and could prove, too, if time and space would permit, that almost the entire of Mr. Cane's evidence, as above quoted, is perfectly true and correct—so far, at least, as I am personally acquainted with the manner in which this Poor-Law Medical practice is conducted in this part of the country called Ireland—where the great Armstrong-guns of the Profession, viz.—our County Infirmary Surgeons, and also the lesser luminaries, our Dispensary Doctors—being spread out like a sort of net-work over the entire country, have so managed it, some how or other, that they have got almost the whole medical practice of both rich and poor into their hands already.

How, then, is the poor private medical practitioner to subsist, may I now beg to ask your learned friend, Mr. Griffin, since such is the real state of the case in this country at the present time? Neither do I consider that our Poor-Law Medical Officers are half paid for the work they have to do, notwithstanding; but they may blame themselves entirely for that part of the business, for no sooner does any dispensary or workhouse become vacant, either by the death of its medical officer or any other accident, than we behold ten or a dozen candidates start up immediately, offering themselves for the situation. It is no great wonder, then, that the Profession is so much looked down upon and despised at the present time, and will continue to be so, I fear, unless the *great body* of the Profession makes a stand in its own defence immediately, and not allow either Poor-Law Board, or any Boards of Poor-Law Guardians, or their officials, to drag down or trample in the dust a Profession that was always hitherto most honoured and respected.

But how could we expect it to be otherwise, seeing that medical men are known now to sell themselves or their services to Boards of Guardians and Poor-Law Boards so extremely cheap? Yes, indeed, our medical officers ought to be ashamed, I think, to visit and give medical advice to the poor for so small a fee as fourpence or six-pence a visit. I believe it must come to this before long, that the rich and the higher classes of society will expect to have both themselves and their families attended to by medical gentlemen on almost the very same terms.

Now, as regards Mr. Cane's statement about the demoralising of the labouring classes, we do all know it here that there are numbers of able-bodied persons, both men and women, and also many artisans and tradespeople, who could very well afford to pay a small fee for medical relief; yet, but few of them will consent to do so, but fly off at once for a dispensary-ticket, merely if one of their fingers should chance only to ache, while many of this very same class of persons are often seen rioting and spending their money in the ale-house. So, Sir, as I have taken the liberty of stating to you once or twice already, I would now beg to repeat the opinion, that justice will never be done to either the sick poor, the ratepayers, or the great body of the Medical Profession, as long as the Poor-Law Medical Officers shall be at liberty to engage in *private medical practice.*

I am, &c.,

An Irish Surgeon.

Antrim, November 29, 1862.

MEDICAL SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

Monday, Nov. 3rd, 1862.

Dr. Babington, President.

Dr. B. W. Richardson communicated a paper on

ANOMALOUS EXANTHEMS.

Dr. Richardson, in commencing his paper, said that it was his wish to take the sense of the meeting on the question, "Whether it is not time for the Profession to come to some decision respecting the definition of certain exanthematous eruptions, which at the present moment lie out of all known and acknowledged systems of classification?" After narrating the various and serious difficulties which lie in the way of the practitioner in the determination of the contagious as distinguished from the non-contagious exanthems, the author said that they were confined to two diseases, measles and scarlet fever; and he then proceeded to describe cases in which doubts respecting the presence of these disorders were presented in a remarkable degree. Having completed this survey, he added:

And now we are brought to consider the great point before us—What is the nature of the cases to which attention has been directed? The answer resolves itself into one of the following propositions: (1) Either there is a distinct and contagious epidemic which is not isolated in our nosologies, which has its own poison and its symptoms, and with the positive identity of which the profession is not acquainted; or (2) there is a combined form of disease, of which scarlet fever and measles are the elements; or (3) there is an unrecognised form of the disease, scarlet fever; or (4) there is some known disease which assumes an anomalous character, simulating the combination of measles and scarlet fever above named; or (5) there is some unknown form of accidental disease from absorption of an organic poison with which we are not familiar, the disease being idiopathic and non-contagious.

The author next proceeded to discuss one by one these several propositions, with a view to eliminate such of them as did not answer to reasonable and fair scrutiny. After negativing the first three propositions, he dwelt at some length on the fourth, and discussed Dr. Ross's view that there is a form of urticaria which puts on symptoms that are confounded sometimes with measles, sometimes with scarlet fever, sometimes with both, and which he regards as the source of many of the doubts respecting scarlet fever. In reference to this view of the question, Dr. Richardson observed, that in the cases he had named he did not think that urticaria was the misleading disease. If so, urticaria is open to a definition so wide under the term species that our formula must be revised in regard to it. If that is urticaria which is *un*attended with wheals and with itching of the skin, but which is attended with sore-throat and ulceration, universal redness of the skin, and which sometimes terminates fatally, surely the old reading of urticaria must be replaced by one more distinctive in form and more extensible in symptom. Dr. Richardson next discussed the last issue: Is there some distinct disease, arising from organic poison, which is not yet recognised, and which is the source of all our difficulties? He believes that there is, and he is of opinion that it has the following distinctive forms:—

It is an eruptive disorder, in which the skin and mucous membrane of the stomach and alimentary canal mainly, and perhaps exclusively, share.

The disease has its origin in the alimentary tract, and is either primarily or secondarily connected with derangement of the nerves of organic life.

The surface eruption, both on the skin and mucous membrane, is due to a loss of the controlling influence of nerve over bloodvessel.

The disease is not contagious (the poison being fixed in character) except by direct inoculation.

The disorder shows no tendency to produce disease of the kidney, or uræmia.

Unlike scarlet fever and measles, it is variable in its course: it may terminate at once, and favourably, by active purging or vomiting, by which means offending matters are thrown out of the canal; or it may continue till it terminates in death.

It is probably most common in persons predisposed to rheumatism.

The prime seat of the disorder seems to be in the alimentary canal. In the irregular digestion of some particular forms of food, some product probably of the character of a non-volatile acid, is yielded, and, being absorbed from the canal into the blood is the poison on which the symptoms depend.

From the disease not being contagious, and from the fact that it arises in the body from mal-assimilation, it might be very appropriately named "Idiopathic Rosalia."

Dr. Ross remarked that he had himself, many years ago, recognised the peculiar form of disease described by Dr. Richardson, and had called professional attention to it. He looked upon it as a species of urticaria, to which opinion Dr. Richardson objected. He (Dr. Ross) admitted that in ordinary acute urticaria the heat and itching were intense, symptoms which were not observable in the affection under consideration; yet he thought that there was an alliance between the two diseases. This particular form of exanthem was generally mistaken for scarlatina, sometimes for measles. It was characterized by a diffuse scarlet rash associated with red fauces, as in scarlet fever, but without enlargement of the tonsils. The elongated papillæ of the tongue characteristic of scarlet fever he had not noticed in this affection, though the surface of the tongue would occasionally become smooth and red. In about two days the scarlet rash would change colour, becoming crimson; and then it was that the practitioner, fancying he had made a mistake in diagnosis, would conclude the case to be one of measles,—an opinion which would be strengthened by observing, on a closer examination, that the diffused rash was in large patches, and that the circumference of the patch was mottled and crescentic. The eyes would be watery. In some of these cases he had noticed that towards the circumference of the patch there was a small white spot—one or two; while in other cases, and in other patches on the same child, these spots did not exist. These papules had a marked resemblance to urticaria, hence he was induced to call the disease by that name. This disease was by no means uncommon, and occasionally prevailed epidemically like scarlet fever or measles, and was almost invariably mistaken for one or other of them. It was owing to the non-recognition of this affection that there were so many reputed cases of secondary attacks of scarlatina and measles. It was not severe, according to his experience; and the eruption rarely lasted more than four days. He had never met with a case running so grave and fatal a course as one described by Dr. Richardson, and considered that the unfortunate ending of the case referred to must have been owing to complications.

Mr. Radcliffe directed attention to the fact that Dr. Copland had described under the head "Rubeola," an anomalous exanthematous affection, similar in many respects to the majority of the cases detailed by Dr. Richardson, and which he (Dr. Copland) considered to be a hybrid, combining many of the chief characteristics of scarlet fever and measles. The most extraordinary and the gravest case related by Dr. Richardson he (Mr. Radcliffe) had seen in conjunction with him, but he had looked upon the case at the time, and still regarded it as an instance of anomalous scarlet fever, the anomalousness arising from irregularity of the circulation dependent upon cardiac disease. The most singular feature of the case was, that the eruption, which had appeared early, and was pretty equally diffused over the body and limbs, was interrupted by large, and late in the disease irregular, patches of seemingly healthy skin. The edges of the patches were singularly well-defined. At times the circulation in the extremities was so imperfect that they became cold and shrivelled as in the extreme collapse of cholera, the patches upon the limbs assuming a livid aspect. One of the patches sloughed. Dr. Mason Good has stated that occasionally the eruption of scarlet fever is broken by patches of the character described. Assuming that there was a distinct and hitherto unrecognised disease, such as Dr. Richardson described, he (Mr. Radcliffe) objected to the term Rosalia being applied to it, this term having already been made use of by Dr. Mason Good as the synonym of scarlet fever, and being recognised as a synonym of that disease.

Dr. Camps objected to the phraseology of Dr. Richardson's argument, particularly his use of the words "identity" and "analogy," and also demurred to the conclusion.

Dr. J. Edmunds said that during the last few weeks he had seen no less than three children in which, on the first day, a full and universally diffused lobster rash had led him unhesitatingly to pronounce the cases to be scarlet fever; yet, a day or two later, unmistakeable catarrhal accompaniments developed themselves, and the rash became so dark, patchy, and altogether so characteristic of measles, that he had been under the necessity of explaining away the discrepancy to the minds of the family by designating the cases mixed ones. His experience did not enable him to follow Dr. Ross in comprising scarlatinoid eruptions with urticaria. Certain febrile conditions, attended by a scarlatinoid blush, and sometimes also by mild sore throat were difficult to be distinguished from scarlet fever; and he had been accustomed to treat them with the precautions due to the more serious disease. He believed that these conditions resulted from the infection of organic matters, and were precisely analogous to fish-poisoning. Dr. Richardson proposed the name Rosalia idiopathica to designate cases of this class. He (Dr. Edmunds) thought that Septic Toxhæmia would be a preferable term. The receding eruption of scarlet fever he had often seen to present a mottled appearance. He would take the opportunity of pointing out a fact that he was not aware had been previously noted—to wit, that epidemics of scarlet fever were peculiarly frequent and fatal in newly-built houses. He was unable to conjecture the cause, but the fact was interesting in its bearing upon the relations between scarlet fever and rheumatism, and upon the theory which Dr. Richardson had propounded—viz., that scarlet fever depended upon the formation in the blood of an organic acid analogous to the lithic, which acid poisoned the sympathetic system. The analogy was further borne out by the fact that an unusual prevalence of rheumatoid disease of the limbs attended these cases of scarlet fever.

Dr. Richardson having replied, the meeting adjourned.

Births, Marriages, and Deaths.

BIRTHS.

Cousins.—On the 28th ult., at Lion terrace, Portsea, the wife of J. Ward Cousins, M.D., of a daughter.

Craigie.—On the 30th ult., the wife of James Craigie, M.D., of Birkenhead, of a son.

Fitzhenry.—On the 20th ult., at Crescent, Waterloo, near Liverpool, the wife of Edward H. Fitzhenry, M.D., of a son.

Palmer.—On the 19th ult., at Bexley place, Greenwich, the wife of H. Rowland Palmer, Esq., M.R.C.S., of a daughter.

MARRIAGES.

Smith—Wilson.—On the 27th ult., at Buccleuch place, Edinburgh, Wm. T. Y. Smith, Esq., of Barnsley, Yorkshire, to Helen, youngest daughter of the late John Wilson, Esq., Surgeon.

DEATHS.

Crozier.—On the 12th ult., on board the Peninsular and Oriental Steamer 'Simla,' on his passage from Calcutta to England, Wm. Crozier, Esq., F.R.C.S., H.M.'s Bengal Army, Professor of Anatomy and Physiology at the Medical College, Calcutta.

Leigh.—On the 16th ult., at St. Ives, Huntingdonshire, Charlotte Esther Leigh, daughter of the late John Leigh, Esq., M.R.C.S., aged 8.

Litchfield.—On the 28th ult., at the Woodlands, Isleworth, Vincent Litchfield, Esq., M.R.C.S., aged 35.

Meyler.—On the 15th ult., at Ashmeade House, Gloucester, William Morgan Meyler, Esq., J.P., M.R.C.S., aged 74.

MEDICAL NEWS.

University of London.—The following are lists of candidates who passed the respective examinations indicated:—Second M.B. Examination.—*First Division.*—John B. Bayldon, B. Sc., Surgeons' Hall, Edinburgh; Thomas Griffiths, University College; Richard Whitfield Hewett, King's College; James Usher Huxley, King's College; Horace Jeaffreson, St. Bartholomew's Hospital; Thomas Morton, King's College; Edward Parson, King's College; William Powell, London Hospital; James Shepherd, University College; Thomas Starkey Smith, University College; Alexander John Balmanno Squire, University College.—*Second Division.*—William Dale, Leeds School of Medicine and Middlesex Hospital; Richard Dawson, University College; Henry Colley March, St. Thomas's Hospital; Frederic Marsdin, King's College; Frederick Stockwell, St. George's, and Bath United; Edward Thomas Tibbits, University College.—Examination for Honours.—*Physiology and Comparative Anatomy.*—James Usher Huxley (University Scholarship and Gold Medal), King's College; Alexander John Balmanno Squire (Gold Medal), University College; Thomas Morton, King's College.—*Surgery.*—Thomas Starkey Smith, University Scholarship and Gold Medal), University College; Richard Whitfield Hewlett (Gold Medal), Kings College; Thomas Griffiths, University College, and James Usher Huxley, King's College, equal; Thomas Morton, King's College, and William Powell, London Hospital, equal.—*Medicine.*—Thomas Starkey Smith (Scholarship and Gold Medal), University College; James Usher Huxley (Gold Medal), King's College; Thomas Griffiths, University College; Alexander John Balmanno Squire, University College; Edward Parson, King's College.—*Midwifery.*—Edward Parson (Gold Medal), King's College; James Usher Huxley, King's College, Thomas Starkey Smith, University College, and Alexander John Balmanno Squire, University College, equal; Thomas Griffiths, University College; Thomas Morton, King's College.—M.D. Examination.—Charles Hilton Pagge, Guy's Hospital; John Henry Galton, Guy's Hospital; Morell Mackenzie, London Hospital; Walter Basnett Ramsbotham, University College; Joseph Rutter, University College; Robert Bowie Walcott, St. Thomas's Hospital.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 27th ult.:—Charles Owen Aspray, 8 Newton road, W.; Henry Charles Bastian, 14 Burton crescent; Daniel Biddle, St. Thomas's Hospital; Richard Thompson Cæsar, Hadlow, Tonbridge, Kent; Philip Alfred Cornish, Modbury, Devon; Collins Curtis, Great Northern Hospital; Charles John Stewart, 5 Montague place, Kentish town.

The following gentleman also on the same day passed his first examination:—William Henry Power, St. Bartholomew's Hospital.

M Du Chaillu.—This gentleman has replied to his assailants in the following way: I will prove how I got my specimens, by the simple expedient of hunting and shooting others as I hunted and shot these, under certain conditions, which involve a fair offer. If Dr. Gray and his friends will raise among them, and deposit in a bank, 2,000*l.*—I will deposit 1,000*l.* on my side—I will start for the gorilla country, and if I do not kill five or six gorillas in the course of two years (I allow so long for fevers and other contingencies), and bring their skins and skeletons home preserved with a preparation which those gentlemen shall give me (provided it is ascertained to be suitable for the purpose), I will forfeit to them my 1,000*l.* On the other hand, I shall claim their 2,000*l.* to repay my expenses if I succeed; and I shall be very happy of the company of the bravest of them in making the venture. Notwithstanding this offer, his assertions continue to be impeached.

Royal Institution of Great Britain.—General Monthly Meeting, Monday, December 1, 1862, William Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the Chair. George Berkely, Esq., Michael Smith, Esq., John Ware Stephenson, Esq., and Major Henry Strachey, were *elected* Members of the Royal Institution. Sir Roderick I. Murchison, D.C.L., F.R.S., was elected a Manager in the room of Sir B. C. Brodie, Bart., deceased. The presents received since the last meeting were laid on the table, and the thanks of the members returned for the same.

Ethnological Society.—At the fortnightly meeting of this Society, on Tuesday last, John Crawfurd, Esq., F.R.S., in the chair, a paper was read by Thomas Wright, Esq. on the "Human Remains from Uriconium." The skulls thence obtained were of two descriptions—one exhibiting the normal cranial conformation; one presenting a remarkable distorted form. A discussion followed, joined in by Messrs. Drachitis, Burke, Travers, Hodgkin, Blake, Somerville, the President, and others. Mr. Crawfurd read a paper on "Language as a Test of the Races of Man." The author affirmed that language, although yielding valuable evidence of the history and migrations of man, affords no sure test of the race he belongs to. The majority of the people of the British Isles 2000 years ago spoke their own native tongues. Now, the language spoken is one derived from Germany, on which has been engrafted a considerable portion of another that had its origin in Italy; while of the native tongues, two examples only remain, and these, without doubt, are doomed in a few generations to extinction as living languages. The like is the case in France; and similarly Egypt, Northern India, the New World, and other regions, offer examples. The class of monosyllabic languages affords a very thorough refutation of the theory which would make language a test of race. We have, at least, two very distinct races of man speaking these languages which so much resemble each other in sound and structure, namely, the Burmese and the Chinese, the first differing more widely from the last than either of them do from the Japanese, who speak a polysyllabic language. As, with one exception, the tribes in America are of one race, language and race ought there to be coincident, yet their languages differ wholly in their words; and there is a language spoken by the red men, in the very heart of the continent, of totally different structure from all the rest. Some have suggested that the differences in phonetic character and grammatical formation which prevail may have sprung from original and innate differences in the physical and mental organisation of races. Such a theory is refuted by the fact, that the children of races the most opposite, when taught from infancy, will acquire a mastery over any foreign language, be it ever so difficult of pronunciation or complex in structure. The discussion was carried on by Messrs. Spottiswoode, Burke, Ameuney, Hunt, Hodgkin, and others. A paper on the "Aborigines of Australia," by Mr. E. Preiss, was postponed until the next meeting, which will take place on the 16th instant.

The Number of Students at the Edinburgh University up to Nov. 22nd was as follows: Matriculated in the Faculty of Arts, 600; Medicine, 470; Law, 259; Divinity, 71; total 1,400.

The Federal Sick List.—The president of the United States Sanitary Commission reported that on the 28th of October last there were 120,000 Federal soldiers sick and wounded in hospitals and convalescent camps.

Births in Scotland.—25,798 births were registered in Scotland during the third quarter of the present year, being at the rate of 3.37 per cent. of the present estimated population. This exactly corresponds with the English proportion for the same quarter.

The Use of Quinine in the Indian Army has been followed by a steady diminution in the rate of mortality. In 1830, previous to its extensive use, the per-centage of deaths to the cases of fever was 3.60; while in 1856 it was only 1 per cent. in a body of 18,000 men scattered from Peshawur to Pegu.

The Netley Military Hospital and Medical School.—Arrangements are in progress for removing the general hospital, as well as the invalid depot, together with the entire staff of officers and other officials at Fort Pitt and St. Mary's Barracks, to Netley, where the large military hospital will be ready for the reception of patients early in the approaching year.

The Returns for the City of London for the last week show a mortality above the average for the season. There were 75 deaths. In the course of the last month the weekly proportion has risen successively from 53 to 66, 69, and 75. The increase has been chiefly among children and old persons, and no doubt caused by unfavourable weather.

Asylum Farms.—The American asylums for insane persons are in some instances provided with farms for the employment of the patients. The hospital farm of the Iowa Asylum consists of 173 acres of fertile land, affords ample occupation for the patients, and a valuable addition to the resources of the institution.

Ovariotomy in France.—Dr. Kœberlé, of Strasbourg, has transmitted to the Academy of Medicine the account of his second successful case; the last operation taking place on the 29th of September. M. Boinet has communicated to the same body the detailed account of a similar operation, with equally favourable results. The patient was thirty years of age.

Puckett Fund.—Mr. Griffin requests us to state that he has received 5*l.* 5s. from Sprott Boyd, M.D., of Sydney. Dr. Boyd was formerly a resident at Weymouth. The fund now amounts to 1,050*l.* 15s. 6d. Mr. Griffin has also received 10s. from W. Woodward, M.D., Worcester, towards the Poor-Law Medical Reform Association.

Appointments.—Thomas Alcock, M. D. Univ. St. And., Ex. L.R.C.P. Lond. M.R.C.S. Eng., L.S.A. Lond., has been elected Curator of the Museum of the Manchester Natural History Society.—Dr. Scott Alison has been elected one of the Physicians to the Scottish Hospital, *vice* Dr. Darling, deceased.—Dr. Donald C. Black has been appointed Medical Officer for the Parishes of Bracadale and Duirnish, Inverness-shire.—Alfred Brown, M.R.C.S. Eng., L.S.A. Lond., has been appointed Consulting Medical Officer to the Dispensary, Wandsworth, Surrey.—John Brown, M.D. Univ. Edin., F.R.C.P. Edin., has been appointed Assessor to the Lord Rector of the University of Edinburgh.—R. K. Buckell, M.R.C.S. Eng., Assistant-Surgeon Indian Service, has been promoted to be Surgeon *vice* Batson, retired.—Joseph James Constable, M.D. Univ. St. And., L.R.C.S. Irel., has been elected Medical Officer to the parishes of Filleigh, East and West Buckland, in the South Molton Union.—Robert James Blair Cunyngham, M.D. Univ. Edin., L.R.C.S. Edin., has been appointed one of the Presidents of the Royal Medical Society, Edinburgh, for the ensuing Session, being the 125th of its existence.—Mr. P. Maury Deas has been appointed one of the Presidents of the Royal Medical Society, Edinburgh.—William Henry Drozier, M.D. Cantab., has been appointed Deputy-Professor of Anatomy, University of Cambridge.—Mr. Robert B. Finlay has been appointed one of the Presidents of the Royal Medical Society, Edinburgh.—James Flexman, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer to the Workhouse of the South Molton Union.—James Augustus Foy, M.R.C.S. Eng., Assistant-Surgeon Indian Service, has been posted to the 9th Regiment Native Infantry.—Arthur Gamgee, M.D. Univ. Edin., has been appointed President of the Royal Medical Society, Edinburgh.—Surgeon Major J.H. Orr, C.B., M.D., has been appointed to act as Garrison Surgeon of Bangalore during the employment of Dr. Paterson on other duty.—George Edward Paget, M.D. Cantab., F.R.C.P. Lond., has been appointed Assessor to the Regius Professor of Medicine, Cambridge, for the ensuing year.—John Mugford Quicke L.R.C.P. Edin., M.R.C.S. Eng., has been elected Medical Officer and Public Vaccinator to the Union Workhouse, and the St. Clement District, of the Truro Union, Cornwall, *vice* Matthew George Painter, M.R.C.S. Eng., L.S.A. Lond., resigned.—Henry Charles Shepard, M.R.C.S. Eng., has been re-elected Medical Officer and Public Vaccinator for the Raglan District of the Monmouth Union, for twelve months.—Deputy-Inspector-General of Hospitals C.J. Smith, L.R.C.P. Lond. (Indian service), has been posted to Pegu, but will continue to act in the Northern Division until relieved, or until further orders.—Henry Ussher, B.A., M.B. Trin. Coll. Dub., L.R.C.S. Edin., has been appointed Medical Officer to the Wandsworth Provident Dispensary.—R.P. Walsh, L.R.C.S.I., and L.K.Q.C.P., has been elected to the Surgeoncy of the Fermanagh County Infirmary, Enniskillen, *vice* W. C. Ovenden, M.D., J.P., deceased.—John Wilson, M.D. Univ. Glasg., L.R.C.S. Edin., L.M. Glasg., has been appointed Medical Officer of the Drumshambo Dispensary District of the Carrick-on-Shannon Union, County Leitrim, *vice* Dr. Keon, deceased.

RETARDED DEVELOPMENT OF THE PERMANENT TEETH.—At the November meeting of the Odontological Society, Mr. Vasey reported the case of a young lady, aged eighteen, whose superior central incisors were not developed, the whole of the others being perfect. He made an incision in the gum, and in a few weeks the teeth descended in a well-developed form.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 10.

Operations at Middlesex Hospital, 1 p.m. ; St Mary's Hospital, 1 p.m. ; University College Hospital, 2 p.m.; Society for the Encouragement of Arts, Manufacture and Commerce, 8 p.m.—Mr. Taylor, Jun., "On the Construction of Labourers' Cottages and Sanitary Building Appliances;" North London Medical Society, 8 p.m.—Paper by Mr. W. Adams.

Thursday, December 11.

Operations at St George's Hospital, 1 p.m. ; Central London Ophthalmic, 1 p.m. ; London Hospital, 1½ p.m. ; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m. ; London Surgical Home, 2 p.m.—Ovariotomy, Vesico-vaginal Fistula, Elephantiasis of labium and Clitoris, &c. ; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes in Opinion and Practice which result from recent Researches in Physiology and Pathology."

Friday, December 12.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 13.

Operations at St Thomas's Hospital, 1 p.m. ; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m.

Monday, December 15.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m. ; Metropolitan Free Hospital, 2 p.m. ; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes in Opinion and Practice which result from recent Researches in Physiology and Pathology ;" Medical Society of London, 8½ p.m.

Tuesday, December 16.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Pathological Society, 8½ p.m.

BOOKS RECEIVED FOR REVIEW.

Transactions of the Pathological Society, Vol. XIII.

NOTICES TO CORRESPONDENTS.

LARYNGITIS wishes to know "what is the general opinion of the Profession with reference to the use of the nitrate of silver, in solution or in the solid state, in relieving congestion or curing ulcers on mucous membrane?" He adds, that he has used it extensively, and has come to the conclusion that it does more harm than good. Some authors say that the mucous membrane becomes paler under its use. This he denies.

MR. WILSON.—Enclosure received.

DR. BRUCE.—Yes.

MR. WARNER.—1st. No—2nd. No.

H. Y.—We never prescribe in the MEDICAL CIRCULAR

M.R.C.S. ENG.—Apply to Mr. Belfour.

DR. E.—We apprehend that, if phosphorus was really useful, it would have found a place in the regular armamentaria of physic long ere this ; for there is hardly any medicine of which it has been said more frequently that it *ought* to cure ; but, somehow, it has not been found to verify its good character in practice.

CHIRURGUS.—Your description resembles a case of elephantiasis. You should consult one of your neighbours.

DR. J. B.—1st. No.—2nd. Yes.—3rd. Glasgow is a good practical school. There is plenty of surgery there.

A LANCASHIRE SURGEON is thanked for his note. We believe that there is money enough in Lancashire to meet all the exigencies of the cotton districts—perhaps, indeed, more than enough. The liberality shown has been wonderful ; but we think that the operatives should have a legal provision in their distress without impoverishing their particular parishes. Much of what charity has now done should come in course of law. The country is rich enough ; it is the will that is wanted.

SENEX will be pleased to read our remarks.

CARITAS.—Give, certainly, according to your means ; but we would advise you to divide your contribution between the paupers of Shoreditch and the Lancashire operatives. Dr. Barnes is the medical officer of that district ; he will, doubtless, be able to inform you whether the Spitalfield weavers earn more, on an average, than 14s. per week—perhaps not so much. The 'Lancet,' this week, boasts of a monopoly of charitable feeling—"*Credat Judæus Apella, non ego!*" Of all vices, the worst is that which makes a trade of benevolence. Nobody believes that the proprietor's staff and printers of the 'Lancet' are a whit more charitable than their neighbours. There is a shrewd suspicion, indeed, in the other direction. The hundred-pound cheque has not yet been drawn. Read our article this week, which will be a guide for you. The only newspapers, so far as we know, that have tried to make capital out of this distress are the 'Daily Telegraph,' 'Lloyd's News,' and the 'Lancet.' "The force of charity could no farther go : To make a third, she joined the other two."

MEDICUS.—1st. Twenty-five guineas.—2nd. We cannot inform you.

The circular relating to the Relief of Lancashire Distress came to hand too late for notice this week.

Chlorodyne.—R. Freeman, Pharmaceutist, Kennington road, London, S., informs the Profession and Trade that he has FOR YEARS MADE, and extensively supplied Chlorodyne—in one-ounce and four-ounce stoppered bottles, at 1s. 6d. and 5s. each. He guarantees it to be uniformly and properly prepared, and superior to any other makers', though their charge be ever so exorbitant ; and he is glad to find that the low price at which he sells it allows the Profession to use it in common practice and at public institutions, so that its extraordinary beneficial effects are enjoyed by the poorest sufferers. Sold by all Wholesale Druggists.

King's Effervescent Citrate of MAGNESIA is the original Preparation for which the Proprietor received a Medal at the Great Exhibition in 1851, and has had the sanction and recommendation of the most eminent Physicians in London, and throughout the empire, for the last fifteen years, as a most agreeable and efficacious Saline aperient and Febrifuge, suitable for all ages and all climates. Testimonials accompany each bottle. Sold by all Chemists—W. W. KING Sole Proprietor, 15 Percy street, W.

Quinine.—Dr Hassall's report on WATERS' QUININE WINE recommends its use, and the Medical Profession generally testify to its value and importance.

ROBERT WATERS, 2 Martin's lane, Cannon street, London, E.C. Sold by Grocers, Chemists, Italian Warehousemen, and others, at 20s. a dozen.

Wholesale Agents, Lewis, Webb, and Co., Worcester.

Vaccination.—Liquid Vaccine LYMPH in purity and source guaranteed, in Capillary Glass Tubes, hermetically sealed, which preserves it for any period, supplied to the Profession by Mr. FAULKNER, M.R.C.S., Operative Chemist, &c., 40 Endell street, Long acre, London, W.C. Three Tubes sent by return of post, with instructions, on receipt of 30 stamps

Surgical Instruments.— J. ARNOLD continues to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under his own superintendence.

J. ARNOLD, 35 and 36 West Smithfield, E.C.
Established 1819.

Twinberrow's Patent Double-Action Reservoir Injection APPARATUS. Complete with additional Pipes for ALL Purposes, and suitable for every climate.

W. TWINBERROW has no hesitation in offering his PATENT RESERVOIR INJECTION APPARATUS as the most simple and perfect yet produced.

The PISTON OF PUMP, which so frequently gets out of order, is not introduced into this APPARATUS; there is therefore an absence of OILY, GREASY MATTER, and BLACK LEAD (which are absolutely necessary to lubricate the Piston in the usual Syringes), which soon become RANCID and GREEN, some portion of which inevitably passes with the fluid injected from an ORDINARY SYRINGE.

TWINBERROW'S PATENT DOUBLE-ACTION SYPHON SYRINGE,

With additional Pipes for all purposes, including the most perfect EYE DOUCHE and EAR SYRINGE.

The great advantage of this SYRINGE over others of a like description, is its having A DOUBLE ACTION, THEREBY PRODUCING AN UNINTERRUPTED STREAM, consequently discharging DOUBLE the QUANTITY OF FLUID IN HALF THE USUAL TIME, and with much LESS EXERTION.

From J. E. ERICHSEN, Esq
"6 Cavendish place, Cavendish square,
"Oct. 1. 1861.

"TWINBERROW' 'DOUBLE-ACTION (Syphon) SYRINGE' is the most generally useful INSTRUMENT of the kind with which I am acquainted.

"For the more ordinary purposes it is SPECIALLY WELL FITTED, being COMPACT, PORTABLE, and NOT LIABLE TO GET OUT OF ORDER.

"By a very SIMPLE ARRANGEMENT the INSTRUMENT may be rendered available as an EYE DOUCHE, an EAR SYRINGE and for washing out the BLADDER. For these purposes it is PECULIARLY WELL ADAPTED, being CONTINUOUS in its ACTION

"JOHN ERICHSEN, Professor of Surgery at University College, and Surgeon to the Hospital."

From W. FERGUSSON, Esq.,
Professor of Surgery at King's College, and Surgeon to the Hospital.

16 George street, Hanover square, Oct. 14th, 1861.

SIR,—I have seen and made use of your Double-Action Syringe, and think very highly of it.

Mr Twinberrow, Edwards street. Yours hfully, WM. FERGUSSON.

W. TWINBERROW, SOLE PATENTEE, PHARMACEUTICAL CHEMIST, 2 EDWARDS STREET, PORTMAN SQUARE, LONDON.

To be had of all Chemists, Druggists, and Surgical Instrument Sellers in the United Kingdom.

TOWLE'S CHLORODYNE.

Dose, 5 to 20 drops.

Presenting the advantages of KNOWN COMPOSITION and UNIFORM MIXTURE, combined with Moderate Price.

IMPORTANT LETTER, PUBLISHED BY PERMISSION.

From Dr. C. KIDD, Author of standard works on Chloroform:—"Sir,—I think if you would advertise your 'Chlorodyne' more than you do, you would help to beat the other SECRET compounds out of the market. Of the value of Chloroform given internally, I have no doubt; it appears to me in that form an anodyne SUI GENERIS that no other anodyne can approach. I have resolutely opposed the use of SECRET compounds of Chlorodyne, and in every way I can encourage the use of the 'Chlorodyne' (if we must have it at all) that is made by you, as you state that its composition is known. Many Medical men think with me and recommend your compound, but will never prescribe a SECRET remedy. (Signed) CHARLES KIDD, M.D., and Surgeon, Sackville street, Piccadilly, London, April, 1862."

1oz., 1s. 6d.; 2oz., 2s. 6d. ; 4oz. to 20oz., 1s. per oz. :—Carriage paid. Prepared by A. P. TOWLE, Chemist, &c., Ardwick, Manchester. May be had from Barclay and Son, Farringdon street, or through any Wholesale House.

JOURNAL

OF

Practical Medicine and Surgery.

MEDICAL CORRESPONDENCE.

ART. 6333. INFLUENCE OF THE CLIMATE OF OROTAVA ON PULMONARY CONSUMPTION, AND ON VARIOUS DISEASES OF THE MUCOUS MEMBRANES.—Dr. Chaillou, in noticing Mr. de Belcastel's interesting pamphlet on the climate of the Canary Isles, and the valley of Orotava, expressed a wish that the assertions of an unprofessional though extremely intelligent author, might receive the confirmation of direct and reliable scientific observation. I now respond to that appeal, and endeavour briefly to show that Mr. de Beleastel's statements are in no respect exaggerated.

To begin with Tuberculosis. The disease is unfrequent in our population, which amounts to twenty thousand souls. None of my fellow-practitioners, and eight of us practice in the Valley, have any more than myself observed pulmonary consumption in subjects under twelve years of age, a fact which deserves the attention of persons residing on the continent of Europe, and desirous of preserving children from the development of hereditary phthisis. With regard to adults, I can find but eight instances of tuberculosis (three men and five women) in 596 cases, of which I have recently made an abstract. If we add to these eight unquestionable instances of consumption in its various stages, the case of a young man who now enjoys good health, but was twice attacked with hæmoptysis, and two suspicious cases of chloro-anæmia, a total of eleven will be reached out of 599 native invalids. As to those persons suffering from phthisis who repair to us from abroad, they generally come from the West Indies or from the north of Europe. Some subjects are still in the incipient stage of the affection, whilst others are in a more advanced period of its evolution, when flesh and strength have already been lost. The distinction of the stage of the disease is an extremely important element in the correct appreciation of the influence of the climate.

Patients in the early period of phthisis recover, or preserve a degree of health which implies a stationary condition of the tubercular eruption. I could even adduce instances in which something more has been attained. I have observed foreigners suffering on their arrival in the island from frequent cough, and abundant expectoration accompanied by mucous zhonchi on both sides of the chest, in whom the physical signs entirely disappeared. I attend at present three patients, born in the most northern latitudes of Europe, who have wonderfully improved by a residence of ten months in our Valley, not only as regards general health, but also the local condition of the lungs I must, however, remark that improvement and *à fortiori*, recovery, have been usually observed during the first stage of phthisis only, when the constitution is not yet exhausted. In the greater number of consumptive subjects who repair to Orotava with the signs of softening, and more or less weakness and emaciation, the disease follows the same course as in Europe, and indeed seems to progress even more rapidly in lymphatic individuals, on whom the uniform tepidity of our climate operates in a weakening and relaxing manner.

In an outburst of natural gratitude Mr. de Beleastel has viewed the climate of Orotava exclusively with regard to its influence on pulmonary consumption, but other morbid conditions are also favourably modified by a residence in that locality. I may mention, for instance, chronic bronchial catarrh, vesical catarrh, obstinate dysentery, etc. Measles here are never followed by the sequelæ so much dreaded in France, and the cough invariably ceases at the same time with desquamation.

Chronic catarrh of the bladder, uncomplicated by any deep change in the mucous membrane, is generally cured at Orotava. I may adduce in illustration the case of a French artist, who recently applied to me for the treatment of vesical catarrh of several years' standing. The irritability of the bladder was such that the patient was obliged to pass water every hour throughout the night. The tenesmus has now almost entirely yielded, and the patient passes the entire night undisturbed. This result is entirely due to the climate, the treatment prescribed by myself being in every respect similar to that which for years had been unavailing in France.

The constant uniformity of temperature, which varies at most six or eight degrees from early morning to the hottest hour of the day, is also extremely favourable to the cure of dysentery contracted in tropical latitudes, which is perpetuated in Europe by the sudden and frequent changes of the thermometer. I have witnessed here the recovery of many such affections, and I may adduce as an example the case of an artillery officer who became ill on the coast of Africa, and experienced no relief from this dysentery for two years in the coolest provinces of Spain and Portugal. That gentleman, greatly reduced in mind and body, repaired to the Canary Isles, and was restored to perfect health by a few months' sojourn at Orotava.

These few remarks will, I trust, suggest to your numerous readers important practical inferences. I may, perhaps, be permitted to add an observation which will naturally occur to every medical practitioner who is aware of the infinite and often unsuccessful efforts of the host of patients who set out without a guide in search of a kindly climate. It is surely not surprising that they should often meet with disappointment when in the midst of the progress of all kind which medical science so legitimately boasts of, climatology is so much neglected. Scarcely are the names of a few privileged localities known, and yet in the age of free trade and railway travelling, the careful study of climates, and of their respective effects on the system, is doubtless a question of much interest. If I am not greatly mistaken, the idea is one of sufficient importance to attract ere long the most earnest attention of governments and of scientific men.

PERES, M.D.
Orotava, Canary Isles.

SCIENTIFIC MISCELLANEA

ART. 6334. PRESENTATION OF THE SHOULDER, PASSAGE OF THE HAND AND CORD; AVULSION OF THE ARM. INDICTMENT FOR MALPRACTICE.—The *Journal de Medécine de la LoireInferieure*, one of the most interesting periodicals published in the departments, relates a case of malpractice, with comments from the pen of Dr. Aubinais, an eminent practitioner of the City of Nantes.

A woman residing in the suburbs was seized with labour-pains on the 4th of March, 1862; after a short time the liquor amnii escaped, and the midwife in attendance discovered in the vagina a coil of the cord, together with the left hand of the infant. Pulsation was distinctly perceptible in the former, and the hand performed spontaneous movements, which demonstrated that at that time, viz., eight o'clock, p.m., the child was still alive; the baptismal water was poured over the hand, and the midwife endeavoured in the first place to push up the shoulder; having failed in this attempt, she made an equally unsuccessful effort to turn the child. Mr. R**, an officiér de Santé, was then summoned, and reached the patient's house at nine o'clock. It is impossible to ascertain whether the fœtus at this hour was still living. Mr. R** attempted to turn, but did not succeed. The fatal idea then occurred to him of applying to the arm tractions of so violent a character, that the os humeri was fractured, and the arm torn away. Matters were in this unsatisfactory position, when Mr. R** retired after advising the patient's friends to send for a Doctor of Medicine.

The next morning at eight o'clock, Dr. Gélusseau and Dr. Aubinais, of Nantes, found the woman in the following condition: her strength was unimpaired; the labia were tumefied and bruised; a cold and flaccid loop of the cord of the size of

a grown person's hand extruded from the vulva, and presented no perceptible pulsation. The chest was so firmly impacted, and the shoulder so low, that the broken fragment of the humerus was distinctly felt with the finger between the labia.

The left arm, which had been torn away, was lying on a table.

At the same time the fibres of the uterus contracted strongly on the child, the presentation was forced firmly down, and it was impossible to push back the fœtus or any part of its body; a bath, belladonna, laudanum, or chloroform might doubtless have done good service, but none of these appliances were attainable, and the attempts to turn the child were promptly relinquished. The patient was allowed a short interval of rest, and the surgeons present were on the point of proceeding, with the assistance of Mr. Chenantais, to the laceration of the body of the fœtus, when Mr. Aubinais resolved on making a last effort to turn the child. On this occasion he was more successful; he had the good fortune to meet with the feet, and delivered the woman of a still-born child of average size.

The mother, it appears from the history of the case, did not suffer as much as might have been expected from the consequences of so laborious an ordeal. Contusion of the urethra and neck of the bladder was, however, produced, and also a certain amount of incontinence of urine which was still present twenty-five days after delivery, and showed itself under the influence of cough.

Mr. Aubinais lays much stress on the great importance in similar cases of having recourse to turning without loss of time. "A more experienced obstetrician than Mr. R**," says he, "although an hour had elapsed since the membranes had burst, when that gentleman saw the patient, would promptly have effected delivery; but it is utterly inconceivable that Mr. R** should have entertained the least hope of bringing the case to a successful issue by violent traction of the arm. The head occupied the right iliac fossa, and had no tendency to descend, and it was equally impossible by this manœuvre to draw down the seat of the fœtus. Spontaneous evolution was impracticable; turning was the only resource, and Mr. R——'s fault was in not calling in more efficient assistance."

An action has been brought against the Officier de Santé R——. However, as it was not proved that the child was alive when the arm was torn away, the indictment for manslaughter was set aside, and as the other counts merely referred to the effects of the malpractice on the mother, and its consequences on the urinary functions, Mr. R—— was condemned to six days' imprisonment only, 1*l.* damages, and the costs of the trial.

ART. 6335.—TREATMENT OF SPRAINS.—Dr. F. Rizet, Surgeon of the 2nd Regiment of Engineers, has recently published a pamphlet (*a*) on the efficacy of shampooing in the treatment of sprains. "Finding myself," says the author, "in a position particularly favourable to the frequent observations of sprains, in every degree, I determined on testing the value of a method, which in the hands of quacks, has effected results attested by highly respectable authorities. My intention is not, of course, to defend the ignorant charlatans who have practised shampooing, but I cannot refrain from acknowledging my surprise at finding that this plan has been rejected by all the authors who have written on the subject of sprains, as utterly unworthy of attention, and serviceable in mild rheumatic pains at most. I publish the results I have myself obtained by this system, as a protest against this partial view, and in order to bear witness to the powerful action of the method."

Mr. Rizet, in the first place, presents a brief historical sketch of the practice of shampooing, and awards to Ribes and Bonnet, of Lyons, the credit of the first rational application of the procedure. He alludes to the publication of Messrs. Lebatard, Gerard, Quesnoy, and Mery, and after relating the cases which have come under his personal observation, concludes, 1. That the efficacy of shampooing is proportioned to the promptness with which it is resorted to after the occurrence of the sprain. 2. That it effects a cure in single and in complicated cases, provided no fracture is present.

(*a*) Printed by Courtry, Arras.

The author's cases are classed under two heads, viz., 1, recent, and 2, chronic sprains. Among the former, we find six cases of sprain of the ankle, the most common of all varieties. The following are the particulars of the first:—

"A sergeant of the 2nd Regiment of Engineers, fell on the 15th of January, in the staircase of the barracks. The left foot was everted, its inner edge supporting the entire weight of the body. The pain was excessive, and was followed by a degree of tumefaction so considerable as to efface the prominences of the malleoli: the ecchymosis extended over the back and inner side of the foot, which it was utterly impossible to put to the ground, and the patient fainted twice or three times in succession. On the evening of the accident, the foot was shampooed for half-an-hour, with much relief, and it was then possible to rest it on the floor. The swelling was much decreased by the operation, and the malleoli became apparent. Had we acceded to the patients' wishes, he would at once have left the infirmary, but we deemed it prudent to prevent his doing so. On the 2nd of January, shampooing was twice repeated for a quarter of an hour on each occasion; the applications of cold water which had been resorted to from the beginning were also persevered in. The ensuing night passed away without accident, and on the 3rd the shampooing was again performed, and movements were imparted to the joint, without causing any pain. Nothing but slight tumefaction now remained, and on the 8th the patient was discharged. I have frequently seen him since, and he assures me that the joint has perfectly recovered its functions, and that no pain or stiffness remains in the ankle."

The second case refers to a private in the same regiment, who fell on the staircase on the 18th of June; the right foot was violently twisted outwards, and in that position sustained the superincumbent weight of the body. Mr. Rizet, who saw the patient one hour after the occurrence of the accident, found the articulation very painful, and its movements extremely difficult. The skin was œdematous, red and hot, and the effusion was enormous, especially at the superior insertion of the *extensor brevis digitorum*. The reduction was very painful. In the course of the day the parts were shampooed three times, and the pressure of the palm of the hand on the tumefied tissues was increased on each occasion. On the 19th the swelling and pains ceased, and the patient was enabled to walk; on the 21st he returned to his duty.

The method is therefore unquestionably beneficial in recent sprains, but it may also effect a cure in chronic cases, an assertion which Mr. Rizet illustrated by three instances, two of which refer to sprains of the hand, and one to a sprain of the astrogalo-scaphoid articulation. The latter was caused by a stumble, and had lasted between six and seven weeks. Dr. Petitgand, a colleague of Mr. Rizet, shampooed the foot for three-quarters of an hour, an operation which was repeated for two days, and during an equal space of time. On the evening of the third day, the patient who had previously had the greatest difficulty in standing, walked without inconvenience and without any return of the swelling.

In this instance, the foot, in the interval of the manipulations, was supported with a tight roller, and Mr. Rizet thinks himself justified in asserting that methodical pressure, which is beneficial after shampooing in chronic sprains, is not only useless, but injurious in cases of recent occurrence.

Shampooing removes suffering more promptly than any other mode of treatment, although the first application of the fingers and palm of the hand to the injured part causes a sensation of pain which lasts from five minutes to half-an-hour. This should not, however, deter the operator; the pain thus induced differs in character from that resulting from the injury, which endures from two to five days, and is aggravated by all the movements imparted to the joint. The swelling is also efficaciously reduced by friction, a fact of which the surgeon becomes promptly sensible, and by restoring the extravasated fluids to the circulation, the procedure obviates the formation of obstinate induration of the fibrous tissues.

The average duration of the treatment is shorter than that of the method recommended by Dr. Baudens; cold water applications, ice and evaporating lotions do not effect their purpose under a fortnight, and Burggraeve's immovable bandage applied immediately after the accident, must be left

undisturbed for ten days at least before any beneficial effects can be expected. The average duration of treatment by shampooing was four days and a-half in the cases published by Mr. Quesnoy, surgeon-in-chief of the military hospital of Versailles, three days and a-half in Mr. Lebatard's cases, and in Mr. Rizet's practice, three days for the entire number of patients, and four days and two thirds for sprains of the ankle and knee joint only.

The following are Mr. Rizet's instructions for the efficient performance of shampooing :—

The surgeon may begin by the gentle and cautious application of the thumbs over the swelled parts, and then rub the surface with the palm of his hands, from below upwards. This second stage of the process is what Mr. Girard more specially calls shampooing. The fingers should be drawn along the natural depressions and grooves of the region. The hand of the operator should previously be lubricated with some liniment, in order to cause less pain and equalise the friction. Some slight movements may then be imparted to the joint, for the purpose of restoring its action and enabling the surgeon to judge of the immediate results attained. Of course these movements should be communicated with prudence, and never be carried so far as to induce pain.

Art. 6336. Efficacy of Gelatinous Baths in a Case of Inveterate Lichen Complicated by Reflex Spasmodic Muscular Contraction.—*The Annales de la Société Médico Chirurgicale de Liège* relates an interesting case of lichen which gave rise to singular reflex symptoms. The patient, a lady aged forty seven, under the care of Dr. Goffart, had for upwards of twenty years been afflicted with an obstinate eruption of lichen on the inferior extremities.

Up to the last year, the disease merely consisted in a few patches on the legs, and occasioned inconvenient irritation only in the spring and fall of the year, when recrudescence invariably took place. For the last twelve months however, the patches gradually increased in extent, the papulæ spread to the lumbar region, and at present the lower half of the trunk is the seat of the eruption. On the legs the affection presents the most characteristic symptoms ; the skin is thickened, dry and corrugated ; its surface is deeply furrowed, and covered with irregular squamæ. In addition, circumscribed lichenoid patches, or isolated papules, interspersed with small black crusts and sanguineous trails produced by scratching, are observable in other parts, and all over the thighs and back.

Simultaneously with the aggravation of the cutaneous disease, the legs became at intervals stiff and weak, a condition which *always accompanied* increased severity of the eruption, or of the itching produced by it. From March last the patient lost the power of walking, the thighs and legs contracted, even passive extension became impossible, and although the pain caused by the lichen was sufficient to draw tears from the sufferer, the muscular contraction in no wise resulted from an instinctive desire of placing the limbs in a less distressing attitude.

Mr. Goffart had no reason to suspect the presence of disease of the nervous system, and taking into consideration the evident connection existing between the muscular contraction and the cutaneous irritation, pursued a line of treatment calculated to appease the affection of the skin, which he deemed the cause of the nervous disturbance. He prescribed therefore, in addition to appropriate diet, bicarbonate of soda, and embrocations on the legs, with a liniment containing belladonna. These remedies having failed in producing more than temporary alleviation, arsenic was exhibited with benefit as to the eruption on the back. But the condition of the legs was unchanged, and no amelioration yet appeared in their contracted state. Gelatinous baths were then resorted to, with the greatest success. After the third bath the patient was able to extend her limbs, and walk, the contractions having yielded together with the irritation of the skin. This improvement was observed in the middle of June ; the baths were persevered in to the end of July, when the surface of the skin became softer, and more moist ; the spasmodic contraction has not since returned.

Art. 6337. Treatment of Enlarged Cervical Glands.—Cervical adenitis is seldom primary, but as Mr. Velpeau remarks annually at his lectures, is generally induced by some local excoriation or irritation of the scalp, by dentition or the decay of teeth, &c. Yet although the impetiginous eruption may have been cured, although the hollow tooth which has caused the enlargement of the lymphatics, has been extracted, the hypertrophy of the gland not unfrequently persists, and in some instances, moreover, the tumour cannot be traced to any injury of the adjacent parts. Discutients are then resorted to, but the skin is often impervious, and does not admit of the penetration of the medicinal agent, and the only effect resulting from the applications prescribed, is frequently erythema of the integument. The Vienna practitioners would seem to have discovered the means of overcoming these difficulties, and of introducing drugs into the circulating system of the affected parts by a safer channel, and in a manner more consonant with anatomical data. Thus, according to the *Gazette Médicale de Lombardie*, Dr. Schonfeld effected a cure in several cases of enlarged cervical glands, by prescribing iodized powders or ointments to be applied to the mucous lining of the nostrils, mouth or pharynx, whence chiefly originate the lymphatics which terminate in the glands of the neck.

The Editor of the *Gazette Medicale de Lyon*, commenting on this statement, remarks that the practice of treating bubo by mercurial frictions on the foreskin and the sides of the penis is extremely old, "so old," says Mr. Diday, "that it is now-a-days almost entirely forgotten."

Art. 6338. Concentrated Tar-water, or Elatine.—In catarrhal affections the balsamic substances procured from the waste of fir timber, have always been considered as extremely efficacious, and at the close of the sixteenth century their popularity attained its full height. Although since that period these medicinal agents have lost a portion of their repute, they still preserve a strong hold on popular favour.

Indeed, daily experience confirms the utility of this class of medicines, which is loudly proclaimed in all standard works on therapeutics. It must, however, be acknowledged that they are not as generally employed as they deserve to be, on account of their nauseous flavour, and the necessity of swallowing an enormous quantity of a repugnant beverage in order to convey into the system even a few particles of the active ingredient. When Bishop Berkeley, whose work we shall allude to on another occasion, and his contemporary Prior, proclaimed the virtues of tar, and almost represented it as a universal panacea, they expressed a hope that at some future day it might be possible to exhibit the remedy in some palateable shape. That hope is now realised, and we hasten to acquaint our readers with the existence of a new preparation, which henceforth will be used as a substitute for tar-water.

Concentrated tar-water or *Elatine* (from the Greek ἐλάτη, fir.), possesses all the virtues, and none of the disadvantages of the active ingredient. The colour is that of Madeira wine, its taste and flavour are pleasant ; elatine has all the perfume of the fir-grove, and the aromatic pungency of tar as it escapes from coniferous woods.

It is needless to expatiate on the uses of this substance, which are the same as those of tar. It is taken at meals, mixed with wine, and between meals, pure or diluted with honey and water, milk or tea. As a hemostatic it should be exhibited every two hours, in two ounce doses, until the cessation of the hæmorrhage.

Art. 6339. Hysteria. Valerianate of Atropia.—Mr. Morpain relates in *La France Médicale*, the case of a young woman, aged twenty-three, in whom Mr. Michéa prescribed the valeriante of atropia with much success, for the cure of hysterical paroxysms.

The neurosis was in this instance aggravated by the effects of blood-letting ; the fits returned every five days, three and four times in the twenty-four hours, and assafœtida, cinchona and sesquioxide of iron had in vain been exhibited.

From the 8th to the 15th of January 1861, the patient took daily the sixtieth part of a grain of Valerianate of atropia. The treatment was discontinued on the 16th, and two fits occurred on the 18th ; from the 22nd to the 29th the medicine was

resumed, at a dose twice more considerable than at first, and was left off on the 30th, on account of the presence of dilatation of the pupils, and some slight diplopia. The remedial agent was again administered for ten weeks, separated by intervals of eight days, but only at the dose of 1-60th grain for each day, and up to the 20th of April, 1862, upwards of twelve months after the cessation of the treatment, no fresh attacks had taken place.

The Medical Circular.

LECTURES
ON THE USE OF THE OPHTHALMOSCOPE;

DELIVERED AT THE

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

By JABEZ HOGG, Esq.,
Assistant-Surgeon to the Hospital, &c., &c.

(Continued from page 416.)

General Principles upon which we proceed to Distinguish the Seat of Morbid Changes in the Internal Eye.

In a highly interesting communication in the same journal (Band IV, Abtheilung II, Seite I), Dr. H. Müller has directed attention to the normal, as well as to several diseased, states of the optic papilla.

"His account of the entrance of the optic nerve into the eye, and the diagram which he gives in illustration, accord remarkably with the thirteenth figure in Mr. Bowman's 'Lectures,' and the corresponding explanation. From the statement and figures of these two observers, especially those of Dr. Müller, it may be gathered that the lamina cribrosa is normally somewhat concave towards the interior of the eye; that the fibres of the optic nerve, suddenly losing their white substance and dark outline, enter the eye on a level with the chorio-capillaris; that at this point the whole nerve, from the change which its fibres have just undergone, is considerably and rather suddenly reduced in thickness; that the fibres, bending more or less abruptly outwards, and spreading around, become clothed by the exterior or radially disposed layers of the retina; that the edge of the opening through which the nerve passes into the eye, as well as the fibres themselves as they traverse that edge, form a slight elevation or approach to a papilla, leaving in the situation where the trunks of the central vessels of the retina generally make their appearance, a small foveola.

"Dr. Müller points out the difficulties which attend the anatomical examination of this depression, arising from the softness of the part, and its liability to change on being touched; and shows how these difficulties may best be obviated. He directs attention to the varieties which exist in different individuals; varieties in the depth of the depression, from 0·2 to 0·5 millimetre; varieties in its form and position, for it is not always symmetrical, and does not always correspond to the middle of the nerve, but is sometimes considerably nearer to the macula lutea, or has one portion of its edge more raised than the rest; varieties in the disposition of the vessels, for while the large trunks generally emerge from the middle of the foveola, one or more sometimes seek a passage for themselves close to the edge of the chorio-capillaris, so as to make their appearance by the side of the nerve; facts, all of which should be carefully borne in mind by ophthalmoscopists.

"In regard to abnormal prominence of the papilla, Dr. Müller shows that this is likely to arise from an atrophied state of the exterior layers of the retina, a thickened condition of the primitive nervous fibres, as well as infiltration of the nerves by blood, inflammatory exudation, or new formations. He relates a case in which a concretion in the site of the lamina cribosa caused a protuberance of the papilla. The very earliest stage of encephaloid tumour should show an abnormal prominence of the papilla.

"On the other hand, intra-ocular pressure, and atrophy of the nerve, existing either singly or in combination, are the causes of abnormal excavation of the papilla.

'Morbid excavation of the papilla varies in depth, reaching, in extreme cases, to a millimetre beyond the level of the choroid. In such cases, the sides of the excavation are nearly perpendicular, of an even concave, and its edge, of course, impendent, so as partially or even completely, to hide from view the course of the vessels as they pass from the bottom of the excavation and over its edge to the retina. In slight cases, the sides of the excavation are convex, and its form that of a funnel. The lamina cribrosa, under such circumstances, keeps its place; but in more advanced stages, it is pushed back, and the excavation is much extended laterally. Such extreme cases of expansion are not the result of uncombined atrophy of the nerve, but must arise from the supporting resistance of the parts being weakened by previous inflammation, whence they come to yield more readily to intra-ocular pressure."

To make out the pulsation in the vessels requires a good deal of practice and considerably increased magnifying powers. Von Trigt first noticed their pulsation; and Coccius showed that it might be artificially produced by pressure on the eyeball. It is a fair inference, therefore, that a visible pulse without external cause is a symptom, and sometimes we should say a very useful one, of excessive intraocular pressure. A venous pulse would indicate still further obstruction, inasmuch as this extraordinary phenomenon might fairly be ascribed to mechanical effect communicated to the vein by the labouring artery in immediate approximity to it.

It should also be kept in mind that the colour of even the normal papillæ varies very considerably, being in some persons of a more pinkish hue, than in others, where it resembles a grey cerebral substance. In several diseases, its vascularity is much increased, and small vessels, not perceptible on its usual pale ground, now come into view.

With respect to opacities referable to the media of the eye observed in the ophthalmoscope, the following general remarks will be found strictly applicable, and of very considerable diagnostic importance. "When we perceive opaque bodies situated in the media by means of light coming from the fundus oculi, they will appear black, whatever their real colour may be: thus, opacities in the lens, though they may appear grey, or even white, under ordinary circumstances, and contrasted with a black pupil, appear like black spots or streaks upon the illuminated fundus. We may, no doubt, see light reflected from the fundus oculi and light reflected from opaque bodies at the same time, and contrast will then determine, in a great measure, the appearances presented by the latter. Supposing an opacity in the lens to have a power of reflecting light falling almost perpendicularly upon it, equal to that of the fundus oculi, the former would appear dark, in comparison with the latter, if the illuminated area of the fundus were smaller than the area of the pupil; because the fundus would, in that case, be better illuminated than the opacity, and the observer would in general see each with nearly its proper brilliancy, provided the pupil of the observed eye were somewhat larger than his own." (*a*)

Any opacity in the crystalline lens, or other of the refractive media, with diminished power in the optic nerve, manifests itself with varying intensity. Sometimes there is a diffused, greyish opacity with thickening of the capsule: or it may exhibit well-defined dark masses distributed throughout it; and in others, fine delicate bands of fibrous material appear, adherent to the pupillary margin of the iris. In such cases, the bright yellowish red, or deep rose tint, of the choroid is lost; and its colour, if seen at all will be a hazy brown; but as the disease progresses, it becomes at length quite indistinct.

If the transparency of the refractive media is only slightly impaired, the light reflected from the mirror will seem to move behind the nebulous opacity; for if the pupil be fully dilated, and the light thrown in obliquely or laterally, with a biconvex lens, we can look as it were behind the opacity: and it will appear larger the nearer it is to the front of the eye. If, on the contrary, a concave lens is used, the object appears smaller the more it lies in front, and more magnified as its situation approaches the fundus. With the lateral movement of the eye, the shadow of the nebula describes a succession of angles of parallax with the optical axis. Those immediately in this line only, appear to be fixed; but in all other situations they seem to move, as described, to the right or left of the line. Dark floating bodies, not unfrequently present in the vitreous body, may be easily distinguished, from the angular precession of their light shadows.

It is different with a more diffused opacity in the vitreous humour, which may be confounded with opacity in the retina, or with a myopic condition of the eye, where an image of the light falls before the retina and produces a shadow. In the former case, however, the retina appears more or less distinct, or the opacity in the vitreous humour more or less decided as recourse is had to the double test of a convex or concave lens, alternately employed in the examination. If the retina be really the seat of the opacity, the optic nerve entrance appears as if covered with a cloud or veil, and the central vessels as if seen through this cloud. A greater number and a more congested condition of the capillaries will be plainly distinguishable, especially over and around the papilla. The tortuous course of these vessels, and of the vena vorticosa of the choroid, assist in determining the character and situation of these pathological changes.

Finally to recapitulate:—In all examinations of the internal eye, the natural florid red reflection from the fundus may be affected by the transparency of the media, the constitutional colour of the retina, and the quantity of choroidal pigment. The bright red of the choroid is always modified by this latter circumstance; the less pigment, of course, the lighter and more vivid is its colour;

(*a*) Rainy.

on the contrary, a great amount imparts a yellowish or brownish red tinge. I must also remark here, that the pigmental colour of the iris is no guide to that of the choroid; for a brown iris is frequently associated with a fundus of a deeper and more intense red than when it is blue. Age, too, makes considerable difference, as young and delicate constitutions have the fundus oculi of a much brighter and lighter hue than is found in older and more robust persons. It is also remarkable that the perfection of vision does not always accord with the apparent condition of the retina, as seen with the ophthalmoscope; for sometimes, when it appears somewhat opaque and cloudy, the vision is in a perfectly normal state. In such cases, no pathological change is to be inferred; as it evidently depends upon constitutional peculiarity, amounting, it may be, to a physiological phenomenon. On the other hand, we often see a considerable amount of disease occurring with tolerable good vision, or which is often much improved without any great apparent internal change; and the inference is, that the disturbance in vision depends upon pathological influences, or results, hidden as yet from knowledge, or only to be discovered by a microscopical minuteness of examination; to do which properly, we require an ophthalmoscope most carefully arranged, and with increased magnifying power.

(To be continued.)

CARBOLIC ACID: ITS MEDICAL AND SURGICAL USE.

By Benjamin Godfrey, M.D., F.R.A.S., &c.

Carbolic acid is a remedy little known at the present time. Its action is speedy and marvellous. Its composition is C^{12} H^{6} O H O, and it is closely allied to Kreosote and the Alcohols. It is one of the most powerful and perfect disinfectants known. In its crude state, it is a black oily compound, resembling treacle in consistence and colour. It is slightly soluble in water, but completely in alcohol. It is miscible with oil. When mixed with water it polarises light. It deodorises all effluvia, and retards decomposition in every form. A small portion placed in a sewer renders the emanations innocuous. Many disinfecting compounds owe their efficacy to its existence. The Liquor-Carbo-Detergens, manufactured by Francis and Co., 11 Old Fish street, owes its power to the presence of this material. This solution is one of the best forms for external administration. Skin diseases, such as scabies, acne, eczema, and others, yield under its continued application. There is another form sold by Wilkinson, 270 Regent street, called McDougell's Patent Disinfecting Powder, which has a large portion of carbolic acid, united with lime, and is very useful for the purposes of a sick room. A small portion laid upon a sheet of writing paper and blown into a sick chamber, will at once purify and deodorize the apartment. For experiment, I turned on the gas from a burner, and filled the room with coal gas, and then blew a small quantity of the powder into the apartment, and in a few seconds all odour was gone.

The most perfect form for internal administration is the pure carbolic acid. This is like glycerine in colour and consistence, and tasting somewhat like unripe fruit. It is soluble in water in the proportion of one drachm to ten ounces, and the dose is from half a minim to two drops.

Its disinfecting and deodorizing powers are wonderful. In post-mortems all odour is removed. Mixed with sewerage material, at once it does its work. A few drops added to stinking urine or fœtid evacuations, removes all smell. As a lotion to fœtid wounds, or gangrenous sores, it is highly useful, not only removing the unpleasant smell, but stimulating the capillaries to a healthy action, healing the morbid tissue. If a small quantity be put with urine fresh voided, it will keep it for many months, and undergo no change whatever. If a few drops be put into a solution of sulphate of iron, it will prevent it from oxidation. In fact, carbolic acid has a specific action upon all organic or inorganic matter, and preserves it from putrefaction or decay.

Its Surgical properties are many. Half a drachm of pure carbolic acid, mixed with half a pint of water, furnishes a capital lotion for surgical purposes. To sloughing sores, it has only to be tried, and the result will speak for itself. As a lotion to the mouth in abscess, stomatitis, and apthæ, it is highly useful. In diphtheria and ulcerated throat, it is a boon; removing the unpleasant taste and odour, and cleansing the mucous surfaces. I have used it in cancer with very great advantage. Ten drops mixed with one ounce of zinc ointment, and applied night and morning, takes away all smell. Another common ailment, which sometimes baffles our skill, yields immediately to it—I mean sweating feet. A lotion composed of two scruples of carbolic acid, and one scruple of essence of lavender, mixed with half a pint of water, and wash the feet night and morning, will remove this unpleasant condition. The same applied to the arm-pits will take away the odour of stale perspiration. It cures scabies speedily, and is preferable to sulphur ointment, because it does not irritate the skin. I have applied the Liq. Carbo. Detergens pure to the body, and in two applications the insect is destroyed. One case I saw lately, which proved its value.

A maid-servant had eczema upon the arms. At night the itching was intolerable. On examination, several pustules of scabies were visible. She told me she had been under medical care for eight months. She had applied sulphur ointment and various lotions for the same. She had been taking medicine nearly the whole time, and the disease got worse. I applied zinc ointment with carbolic acid, and in a few weeks she came to me quite well.

Carbolic acid destroys pediculi of all kinds in one application. A small portion poured into the hand, and then well rubbed into the hair, and after a quarter of an hour washed out again with soap and water, will kill every insect.

Its Medical use is of no less value. In all cases of stomach irritation it is of service, but especially if that derangement be produced by miasm or sewerage. The sickness of pregnancy yields to its virtue when other remedies have failed. I will mention but one case out of a great many, that will show its action.

I was called to see a patient, who was five months advanced in pregnancy. She had constant sickness, which nothing alleviated. Whether in the recumbent or upright position, she vomited. I tried nearly all the remedies of the Pharmacopœia, but in vain. Even opium would not remain upon the stomach. She at last became so reduced, that, if it could not be stopped, I must have induced premature labour to cure this frightful symptom. She was obliged to keep her bed the whole time. At last I tried the following:—Carbolic acid, three minims, water eight ounces—a sixth part every four hours. Only four doses were taken, and from that moment the sickness ceased. The first dose was with difficulty kept down, the second relieved the nausea, and by the time she had taken four doses she asked for food.

It is of service in the flatulence of old age, depending upon imperfect digestion. I have not yet had an opportunity of trying its action upon Asiatic cholera, but I have reason to hope that it may be of great value. In diarrhœa, resulting from bad drainage, it is of service, and certainly relieves the irritation of the bowels.

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REVIEW OF THE PERIODICALS.

The 'British Medical Journal.' Dr. Handfield Jones contributes some practical observations on *Diseases of the Skin.* He regards *lupus* as a local disease depending upon some dynamic alterations in the nutrition of that tissue; but what that is, deponent saith not. As to treatment, Dr. Jones says:—

"We may strive with more or less success to stay the ravages of lupus exedens by cod-liver oil, iodide of iron, and alterative doses of calomel and opium, with the local application of biniodide of mercury, or arsenic and calomel pastes, or strong chloride of zinc solution (℥j. to spirit. ℥j.); but the morbid tendency is generally too strong to allow us to obtain more than very incomplete and temporary success. In one case, Mr. W. Cook seems to have achieved a cure by lemon-juice; but we much fear that a second patient would hardly be so fortunate. He seems to have regarded specially the scorbutic diathesis of his patient, and justly; but, in the great multitude of cases, there is none such discoverable. Mr. Hunt is confident as to the curability of the disease by arsenic persisted in for months or years. It is necessary to ascertain the maximum dose which the patient can take without injury, and to persevere with it steadily.

"In superficial or hypertrophic lupus, repeated application of iodine paint appears to me the most beneficial means. It provokes considerable discharge, whereby the engorged vessels are unloaded, and a healthy stimulus is imparted to the diseased tissue. This effect is not at all peculiar to lupus. I have seen the same good results in various instances where there was great engorgement and swelling of the skin; as, for instance, in carbunculoid furuncles. Dr. Churchill speaks highly of the good effects of iodine painting in inflammation and hypertrophy of the cervix uteri. The application should not be made too frequently; one painting a week is mostly sufficient. The acid nitrate of mercury is also efficacious, but more painful. Bichloride of mercury (gr. x. to ℥j.), or chloride of zinc solution (gr. v-x. to ℥j.), as recommended by Veiel, may be used if the iodine seems to lose its power. Internally, it is worth while to give arsenic and cod-liver oil; but I do not think these or any other remedies are as effectual in controlling the disease as external applications.

"The following case is worth recording:—

"J. N., aged thirty-six, labourer, was admitted June 9th, 1860. He has suffered with his disease fourteen years. It commenced in one hand, and a surgeon amputated part of a finger on account of it. His face and both hands are now affected, the face all over. The disease is well-marked lupus, without the eroding tendency.

The face is much swollen, very red, with tubercular formations here and there; the nostrils and ocular apertures are contracted; and the lips thickened and stiffened; the disease encroaches a little on the mucous surface. His aspect is nothing less than hideous. The backs of the hands are covered in large patches by extremely thick scabs, which adhere to extraordinary papilloid prolongations of the cutis with remarkable firmness. He is unable to work by reason of his disease; in other respects, his health is fair. He was ordered a drachm of cod-liver oil three times a day, and one-twentieth of a grain of arsenious acid and half an ounce of water three times a day.

℞ Iodinii, ℥j.; potassii iodidi, ℥j.; masticheæ, ℈ij.; tincturæ iodinii, ℥ij. M. Partibus affectis illinatur.

"He attended very irregularly, as he lived at a great distance; but his wife reported, on August 6th, that his face was getting quite clear, and that he had gone to work. Considerable improvement was certainly effected."

Some observations are then made on *acne*, which are followed by narratives of cases of less common diseases; we extract some of these:

"*Case* 1.—E. J., aged eighteen, female, was admitted January 7th, suffering with amenorrhœa of some months duration, swelling of the legs and feet, and debility. She was treated with ammoniated tincture of iron and aloes and myrrh pill, and improved decidedly; but on February 8th, she complained that her feet perspired very much indeed, and smelt very bad. I regarded this as a cutaneous flux (the bad smell being the result of the secretion not being removed, and decomposing), and not as an eliminant effort. I prescribed, therefore, quinine and nux vomica to tone the vessels, and a strong lead lotion to act as an astringent to the relaxed skin of the feet. This plan agreed very well, and was continued for a month, when (March 8th) she showed me a spot of eczematoid character on the outer part of the right foot. For this she took three minims of liquor pottassæ arsenitis three times a day, and used some ointment of zinc with nitric oxide of mercury containing her quinine. By April 5th, she was quite well. M. Gaffard has found the same kind of proceeding successful. (See 'Edinburgh Medical Journal,' Jan., 1860)

"The above case is certainly suggestive, to say the least of the possibility of the theory of eliminant actions being not invariably applicable. It may also be remarked that, in any really eliminative effort, it is highly probable that the excretion would take place at least usually by way of the natural channels, and not by the clumsy contrivance of an eruption. Nature does not bungle her work in such a way we may be sure. Thus, if eczema were an eliminant action, may we not fairly argue that the *materies morbi* would be expelled by the sweat-glands, instead of breaking up and stripping off the epidermis to exude it from the papillary surface of the corium?

"This was a well-marked instance of sycosis, evidently not of parasitic origin. M. Chaussit states that fungi are only accidentally present when they are met with.

"*Case* 3.—R. G., aged three, female, was admitted January, 15th. She had been ill fourteen days. She has a very marked eruption of vesicular character on the chin and lower lip, a spot also on each eyebrow. The eruption is extending towards the cheek; its base is inflamed and excoriated. Three out of six children have some eruption. The crusts contain multitudes of refractive corpuscles, much like sporules of favus, but yet also like small abortive nuclei. They do not form rows or bud out. Bichloride of mercury does not alter them notably. She was ordered to apply an ointment containing one ounce of ointment of iodide of sulphur and fifteen grains of sulphur; and to take three times a day two drachms of a mixture containing six grains of iodide of potassium and a scruple of carbonate of soda in three ounces of compound infusion of gentian.

"Feb. 2nd. She was much better. The medicine was continued; and she was ordered to take a drachm of cod-liver oil twice daily.

"Feb. 16th. She was very much better; the eruption was nearly gone. The oil and ointment were continued; and half a drachm of wine of iron was ordered to be taken three times a day.

"From the probably contagious character of this disorder, its general appearance, and the corpuscles found in the scabs, as well as from the results of treatment, I incline to consider it as an example of porrigo Startinii. On the whole, I do not regard the corpuscles found in the exudation as sporules; but they had certainly a good deal of resemblance to them, such as I have not observed in other exudation as sporules. Mr. Hutchinson on two occasions only out of many has found fungi in the secrusts.

"*Case* 4.—E. M., aged eight, male, was admitted February 12th. He had on the upper lip, towards the left side, a largish lobulated tumour, which, on being pressed, jumped out of the skin in which it lay. It appeared nine months ago; the others, to be mentioned presently, very recently. One of them is near the chin on the left side, and three others are situated just below the inner part of the left eyebrow. These last look like minute whity or translucent pinhead spots, elevated, with a small depression at the apex of each. There is a similar one at the back of the neck. On minute examination of the tumour which had started out of its bed, it was observed to be distinctly lobulated, with small blood-vessels ramifying over the groups of ultimate vesicles. These were rather larger than those of the pancreas, and had a distinct homogeneous and strong limitary membrane. Next to the homogenous membrane is a layer of greyish semitranslucent aspect, enclosing a cavity filled with more opaque material. The former layer consists of epithelial cells containing granulous matter in their interior, the outer ones being ranged so as to present a vertical striation somewhat like columnar epithelium. The more opaque substance consists of highly refracting cells, about four to six 5,000ths of an inch in diameter, having a well-marked envelope and oily-looking and granulous contents. These are manifestly formed inside the epithelial cells; they can be seen sometimes in their interior, and many empty husks of the latter are scattered about. It is quite evident that the fatty cells are true cells, and not mere masses of fattily degenerated matter. How they are produced is not very apparent—whether from the nuclei, which are not often visible; or as a separate development. His health is not good; he is drooping. Appetite poor. He often complains of pain in the head.

"March 30th.—It is reported that a baby has two similar tumours; and fresh ones continue to form on the boy.

"April 13th.—The baby's tumours are very distinct: and there is a very suspicious one on the mother's breast, close to the nipple.

"June 4th.—Two children now have the same tumours, and the mother has several about the left nipple.

"June 15th.—The mother and three children came to the hospital to-day, all with the same tumours; one largish one is on the mother's left temple. They appear to be growing rather fast, and several of them show some surrounding inflammation.

"July 20th.—The tumours have now disappeared from all the affected persons, except from the mother's breast. The original patient has lately passed through an attack of measles; the other children have escaped. A lotion of bichloride of mercury was employed at first, and appeared to have the effect of shrivelling up some of the tumours, and causing them to become detached. Subsequently, it appeared to be inoperative, and I used the acid nitrate of mercury; but I am not sure that it was applied more than once.

"On referring to the papers of Drs. Henderson and Paterson on 'Molluscum Contagiosum,' in the 'Edinburgh Medical and Surgical Journal' for 1841 (vol. vi), I cannot but think that the case above recorded belongs to the same class. In particular, the drawing given by Dr. Paterson of the bust of a child affected with the tumours conveys exactly the idea I should wish to give of the appearances in my cases. Mr. E. Wilson is strongly opposed to the idea of there being anything contagious in this affection, and seems to refer it to the same class as the common comedones. It must be allowed, however, that its cell-growth is very unlike that of the latter; and that its general appearance and tendency to affect children are also distinctive. For my own part, I will not affirm that it *is* a contagious disorder, as there is not absolute proof; but I certainly think there is much reason to *suspect* that it is so. The affection is certainly a very rare one; the above is the only instance I have met with in many thousands of patients. I think I can be sure that mere squalor or uncleanliness was not the cause of the peculiar disorder in my patients; nor does it appear to have been so in Dr. Paterson's."

Mr. Haynes Walton communicates an article on *External Squint*. We quote his remarks on the mode of operating:

"The operations for squint in general may be classed into those executed with the knife, and those with the blunt hook and scissors. The first have been executed in three methods, and with instruments of dissimilar fashion; I think that all of them are objectionable. The second embraces two plans: that of cutting through the conjunctiva, over where the muscle is to be divided; and the so-called subconjunctival proceeding. I advocate the former of the second class, with modifications of my own, and I use sutures, because I find it the most sure; the easiest in execution; the least detrimental; the most generally applicable; and, as I fully believe, that which gives the best results, and leaves the least trace of performance.

"First, as regards the operation for internal squint, I hold it to be preferable to sever the muscle close to its attachment, and therefore internal to the 'ocular tunic,' because it is attended with the least disturbance to the surrounding parts, and it secures the new attachment of the muscle to the eyeball, not far back from the natural one. I advise you to make yourself acquainted with the anatomy of the 'ocular tunic.' Its discovery is among the latest of anatomical novelties: as yet it has not found a place in works

on anatomy. I have given a full description of it, with an illustration, in my work 'On the Surgical Diseases of the Eye.'

"The eyelids are best retracted with the spring tunic-retractor. Should the eye not be sufficiently straight for commencing, I draw it to the required position with a pair of forceps applied to the outside. Taking up a fold of the conjunctiva horizontally, I cut it through vertically opposite the lower edge of the muscle, which generally corresponds to the inferior edge of the pupil, to about a couple of lines, and then incise the subconjunctival tissue to an equal extent. The latter is sometimes divided along with the conjunctiva, but it may be thick and very dense, and need special attention; and it can never be certain that the division is effected, except the sclerotica be exposed. I now introduce the hook, secure the muscle, make it prominent, and, if the upper part be covered by the conjunctiva, as in all probability it will be, I push this off with the forceps, while I make the hook-point more prominent, and, keeping the muscle very tense, divide its tendinous expansion between the hook and the eyeball with the blunt-pointed scissors. I would rather advise a beginner to incise the conjunctiva more freely, as he will thereby take up the muscle the more readily, and there can be no particular objection against the extended incision. At any rate, scarcely more need be cut through than actually covers the muscle. The hook should always be passed a second time to ascertain whether the operation has been completed. Besides muscular tissue, portions of condensed areolar tissue might escape division in the first instance.

"It is a very common error to attempt to secure the muscle before cutting through the subconjunctival tissue. When the tissue is thin and natural, the hook may be readily pushed through it; not so when it is thickened, as is often the case in squint of some standing, or when there has been inflammation of the conjunctiva; indeed, when so changed, I have seen it mistaken for muscle, and treated as such. I conclude by applying one or two sutures, using such a needle as that depicted in the chapter on instruments; but one carefully adapted generally suffices. This is very readily done by raising the corneal portion of the membrane with the forceps, transfixing it close to the margin, and dealing with the other edge in the same manner. I am particular about the exact position of the suture, lest there be any tension of conjunctiva; and because, when so placed, the thread is thrown off in three or four days, which is better than having to remove it. Not the least irritation ensues, and the patient is rarely ever aware that he has a stitch in his eye.

"In the subconjunctival operation, the conjunctive is divided horizontally at the lower part of the eyeball, and the hook and scissors are employed beneath the membrane. A larger aperture is required than I find necessary for the other. My objections to it are, in the first place, as regards the uncertainty of thoroughly dividing the muscle where the eye is sunken; when there is fixed inversion of the eyeball; when the muscle is shortened; in the small eyes of children and infants; when the conjunctiva is thickened and thrown into folds, and especially when the subtissue is likewise altered. Then, as regards the peculiar consequences, the parts are very much disturbed, the conjunctiva is freely separated, and blood is extravasated.

"It is a common practice to make a counter puncture to attempt to let the blood out; but, in fact, little can be removed in this manner, because of the coagulation. I have seen very extensive chemosis and ecchymosis thus produced, even in the hands of the best operators. I have read of the effusion being so considerable that the eyelids closed with difficulty. The uncertainty of dividing any condensed tissue about the muscle that should be severed, or of any posterior adhesions, must be self-evident, and need not be dwelt on.

"The use of the suture must set at rest all the objections about dividing the conjunctiva in a line with the carruncle, as rapid primary adhesion is thereby produced. It is the rare, the very rare exception not to have this. I cannot, therefore, conceive a more efficient and perfect manner of operating. The little ecchymosis, the slight redness, and the rapid removal of all trace of the operation, point to this. There is no fungous growth from the edges of the wound, a likely occurrence whenever the conjunctiva does not heal at once, and no irritation, which is common in the progress of granulation.

"Failure of the operation is often due to bad operating. The operator should, therefore, be careful to divide the muscle entirely; to be certain of which, he should always ascertain, by the reapplication of the hook, that no muscular fibres have escaped; and, after the efficient performance of this part of the operation, should the eye still be adducted, he must seek for adhesions, and separate any that may be found.

"There is no difference in the details between the operations for internal and external squint, beyond that, the attachment of the external rectus muscle being a little more posterior than the internal, the conjunctiva should be divided a little further from the cornea. The hook should be passed just below the muscle, and close to its attachment to the sclerotica; or the inferior oblique muscle is liable to be taken up. The operator must be prepared to find the conjunctiva and the subjacent tissue looser and thicker on this side of the eye; and then the tendon of the muscle does not admit of being so definitely raised and exposed as in the internal operation, in consequence of being broader; it appears more like fascia than tendon. The operation may, therefore, be said to be the less easy of the two; and there can be no doubt that it is far more likely to be ineffectually performed. I always apply sutures, for, although less important here, still they are very serviceable.

"I understand that some of the warmest advocates for the subconjunctival operation do not apply it to external squint. I have not seen it adopted.

"Of course, all that has been said respecting care in dividing the internal muscle and seeking for adhesions, must be understood with reference to external squint."

'The Medical Times and Gazette.' Mr. GULLIVER'S Lectures are continued; and Dr. WHITEHEAD resumes his articles on the *Causes of Early Mortality*. We extract the present one:

"STILL-BIRTHS AND ABORTIONS.

"One circumstance relating to births remains to be noticed: that, namely, which has reference to the immature—including untimely events at all stages of the process, and the still-born. Although forming a considerable item in the number of conceptions, and certainly of sufficient importance in a scientific view, existing records do not furnish satisfactory information on both these subjects. On the Continent, however, this branch of inquiry, so far at least as regards the death-rate at birth of those arrived at the stage of viable development, has received considerable attention.

"STILL-BIRTHS

"On examining the records of still-born children, one is struck with the fact of the high numerical preponderance of males over females, as compared with the corresponding relations of those born alive. From the statistics of the kingdom of Hanover, it appears that, of 21,844 still-births, 12,645 were males, and 9,199 females; being at the rate of 137 males to 100 females. The relative proportions are found to be very similar for several other States whence particulars on the subject are furnished—as for Belgium, 136·8; Bavaria, 134·6; Saxony, 137·3 to 100 respectively, and for France still higher.

"In the French registration, these events have, since the year 1841, formed a class apart, not being included in the tables of either births or deaths generally. This is a judicious arrangement, and might with advantage be universally adopted. Under this head are inscribed all children dead at birth, whether at the full period of gestation or premature; the latter term comprising all that had attained to the seventh, eighth, or ninth month, at either of which dates the various organs of the fœtal body are considered to be sufficiently developed to secure a vigorous integrity in after-life, of those born alive at these respective stages of prematurity. But abortions—that is to say, births which occur earlier than the end of the sixth month—the earliest acknowledged period of viability, from another and distinct class, not thus far included in any registration system.

"In France, in the year 1842, the number of still-born children amounted to 30,366, of whom the proportions of the sexes stood at 144·9 males to 100 females. These relations vary in different localities; being influenced, apparently, by conditions associated with the density or segregation of populations, by moral agencies, and the nature of industrial pursuits, and doubtless, also by the availableness and efficiency of medical skill in its application to parturition, as well as the nursing supervision and hygienic appliances on these trying occasions.

"For the town populations collectively, the disparity of the sexes at birth is considerably less than for the rural districts, and lower still for Paris and the department in which it is situated—being lowest where the population is most dense, and gradually increasing towards the suburbs of St. Denis and Sceaux.

"The following statement exhibits the proportions of males and females, dead at birth, of the three classes above specified in France, for two years in succession:—

	To 100 females.	
	1853. Males.	1854. Males.
Department of the Seine	125·85	126·90
Town populations	136·83	137·03
Rural populations	158·90	152·37
Mean total for France	148·47	145·03

"The comparatively low estimate of male still-births, as represented in the first and second items, in both columns, must be accounted for chiefly by the abundance of medical resources available in towns, and especially so in the metropolitan circuit, as compared in this respect with rural districts.

(Continued at page 441.)

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 17, 1862.

HALL *v.* SEMPLE.

This case is one of the most remarkable in medico-legal annals. It has occupied a Court of Law five days; it has exercised the ingenuity of several learned counsel to sift the voluminous evidence brought forward on both sides, and it has ended in a verdict against the defendant with damages to the large amount of 150*l.*! Yet after all, it involves only two questions. Did Dr. Semple exercise due care in making his inquiries previous to signing the certificate, or again, did he sign it maliciously and with bad faith?

We do not profess any knowledge of law, and cannot presume, therefore, to give an opinion upon the discretion of the Judge, who placed before the Jury as the main issue upon which their verdict should be given,—the charge of "negligence" or want of "reasonable care" in making the necessary preliminary inquiries. It might be possible that Dr. Semple thought that he was acting "in pursuance of the Act," yet that he did that which was not "authorised" by the Act, in omitting to take that "ordinary care" in the formation of his opinion, which might be expected from a duly qualified Medical practitioner armed with extraordinary powers.

Such is a general statement of Judge Crompton's view of the law; and should it be confirmed by another court, it will make the Lunacy Act much more stringent in its operation upon Medical practitioners than it has hitherto been considered. It has been conceived that supposing the certificate be *truthful*, the Medical practitioner is absolved from further responsibility; but this would appear to be incorrect; the Medical practitioner may have given his certificate truthfully *in foro conscientiæ*; yet the question will remain open, in a case where there is doubt as to the *fact* of lunacy, whether the Medical practitioner exercised "due care" in his inquiries. We need not say that this is a vague and wide question, and places a Medical certifier in a very dangerous relation to the law.

To revert to the two allegations at issue in this case, we may say that with regard to the latter, that of acting with "bad faith" and "malice," it had no foundation, and could not be sustained for a moment.

Dr. Semple is a physician of good repute, and occupies a respectable position, both professional and social. These constitute *primâ facie* presumptions against the suspicion. There is not a tittle of evidence that could reasonably support it. There is no act of his that will bear the interpretation of duplicity of motive, or the assumption that he was prepared to immure a sane man in a lunatic asylum for the mere sake of lucre. We, therefore, dismiss this part of the charge at once.

Was he then guilty of remissness of duty in failing to make the necessary inquiries before he undertook the grave responsibility of signing a certificate of lunacy? This part of the charge is, we think, clearly proved. We regret that after a careful perusal of the evidence we are unable to form any other conclusion; and we can scarcely doubt that Dr. Semple himself must now be of that opinion.

The man was not mad. He might have been hasty in temper, bitter or sullen, towards his wife, "ill-using" her, or "swearing" at her, perhaps even "striking" her, though there is no positive evidence of this, but had he done all these things they would not constitute evidence of insanity. The allegation that he charged his wife with forming improper connections with other men—which is chiefly founded upon some impressions of Mr. Guy—whilst she was in truth a virtuous woman, was a misconception of an indignant observation made by Hall to the effect that various men were coming after his wife, not that she was running after them; and the explanation of this remark was that she had pawned his goods, and run him into debt, and that these men were dunning her for money. There was no other evidence of delusion but this, and it is obvious that the delusion was Dr. Semple's and not Mr. Hall's.

When the plaintiff was taken to the Asylum Mr. Elliott, the proprietor, discovered at once that he was not insane: Mr. Stone, the medical superintendent, was of the same opinion, but he was unwilling to come to a definite conclusion in the face of the certificates; and when the Commissioners visited the Asylum, it appeared that the second certificate given by Mr. Guy was informal; upon this ground, therefore, the alleged lunatic was discharged.

There never was a more improper case of illegal confinement. It was wrong both as to fact and form, and we hardly know which deserves most censure, Dr. Semple or Mr. Guy.

Dr. Semple was highly indiscreet in neglecting to make adequate inquiry before filling up and signing his certificate. Mrs. Hall waits upon him to consult him about a bruise of the breast; she then takes the opportunity of asking him to see her husband who, she says, is insane, garnishing her allegation doubtless, with a long recital of his misdeeds and delusions; Dr. Semple calls at the shop; Mr. Hall divining his motive is abrupt in his manner, and Dr. Semple quickly leaves his presence, neither feeling his pulse, looking at his tongue, nor asking him any questions that could possibly probe the state of his mind.

Dr. Semple admits that he could not come to a satisfactory conclusion as to the state of Mr. Hall's mind from this interview; his personal observation eliciting only the facts that the man had "restless eyes," and a nervous agitated manner.

He then sets about his inquiries, and, notwithstanding that Mr. Hall had informed him that Dr. Griffith had been the medical attendant of the family for many years, he does not think it necessary to call upon that gentleman to fortify himself with his opinion, but has other interviews with the wife, questions her as to the purity of her honour, and, of course, receives emphatic assurances of her fidelity; and he resolves to take for granted everything that she alleges against her husband. He then visits Mr. Guy, who has no doubt of the plaintiff's insanity; but strangely enough this gentleman had signed a certificate fourteen years before which had never been enforced—a fact that seems to have made no impression on the mind of Dr. Semple, so possessed was he with his unfortunate misconceptions. Thereupon Dr. Semple filled up his certificate.

We could scarcely believe that any intelligent and respectable physician would exhibit so much laxity in discharging so solemn a duty. There was really *no examination* in a medical sense, of the alleged lunatic, and almost the only information by which Dr. Semple was guided in the course he took was the *ex parte* evidence of the wife, and the unsatisfactory recollections of Mr. Guy! The omission to call on Dr. Griffith was inexcusable, and the further neglect to make inquiries among the patient's relatives does not admit of palliation in the face of the fact that Dr. Semple himself had not *personally* obtained satisfactory evidence as to the plaintiff's

unsoundness of mind. We do not wish to encourage a lax mode of investigation in matters of this grave nature; but we can suppose that when a medical practitioner is well acquainted with a patient, and has had ample opportunities of ascertaining his mental state, it may not be necessary to make a formal inquiry among all the sons and daughters, brothers and sisters, cousins and neighbours, for the purpose of collecting a variety of facts which can add little or nothing in confirmation of his own observation. In such a case it may be simply necessary to comply with the requisitions of the law.

But in a case like this where there was literally no adequate opportunity given or taken to ascertain the facts, the omission to obtain evidence from the various members of the family, and from other sources sufficient for the purpose, led Dr. Semple into the commission of an act which every man who has regard to the honour and usefulness of his Profession must reprehend.

Dr. Semple is informed that Hall is about to be liberated; and now his mind begins to grow vividly conscious of his indiscretion. One false step leads to another, and he writes to the proprietor of the Asylum, begging that Hall may be detained until he has had time to communicate with the Commissioners of Lunacy. This interference was most unwise. The last thing that Dr. Semple should have done was to attempt to contravene the judicial act of the Commissioners, and to detain a man in seclusion whom they had declared to be illegally confined. His opinion had been declared in his certificate; in giving that certificate he had, it might be assumed, discharged his duty; the Commissioners were now discharging theirs, and had he been a prudent man he would have left the responsibility where it stood. Dr. Semple's interest in the case in behalf of the wife did not rest here, for he subsequently wrote a certificate in which he declared his belief that she was an injured woman. The certificate may be evidence of the earnestness with which he took up her cause; whilst we admit this, it is also clear to us that he had allowed his mind to be warped from the correct and independent course, and that he had become a partisan in a family squabble. The dignity of his position and the honour of his profession would have been better served had he remained content with the simple performance of his Medical duty.

On the whole, this case is a lamentable one, and is likely to impair the confidence of the public in the Profession. A serious duty devolves upon us in giving Certificates of Lunacy; and if the public should suspect that our integrity, vigilance, or conscientious discharge of duty could not be relied on, they would speedily deprive us of a function which, carefully and honestly exercised, is both a boon to the patient and his friends. Rather, however, than that suspicions should rest upon our honour, we should be glad to be eased of this responsibility.

Meanwhile we cannot, as a profession, apologise for such negligence as that of which Dr. Semple has been manifestly guilty. However high or low in professional estimation a man may be, it is our bounden duty, first and last, to look to the honour and interest of the Profession, and to reprehend any conduct that places either in peril.

We regret that Dr. Semple has made these observations necessary. We might have said more than we have, but we owe it to the Profession not to say less.

SUMMARY OF THE WEEK.

THE LEAMINGTON INQUEST: ETIQUETTE.

An inquest has been held at Leamington on the body of a poor woman named Bull, who was delivered of twins at four o'clock a.m., on the 11th of November. This was her ninth confinement; she had been subject to catalepsy for many years, and had otherwise evinced symptoms of disease of brain. About a week after her confinement pains in the head set in, followed by hemiplegia and death on the fourteenth day after her delivery. The inquest was held in consequence of rumours relating to the conduct of various medical practitioners who had been requested to render assistance during the labour.

The woman, it appears, had been attended by a midwife, who, after the delivery of one child, finding something was wrong and hæmorrhage continuing, sent for Dr. Philbrick, to decide what was the matter. That gentleman arrived promptly at seven o'clock a.m., about three hours after the birth of the first child. He examined the woman, and found, as he states, that a second child was *in utero*, and presenting *feet* "foremost." After remaining about half an hour he left, saying that he would come again should his assistance be required. He did not consider that there was any danger at that time. At half-past eleven he was sent for again, but he then excused himself on the ground that he had an important engagement in the country, and recommended the attendance of some other surgeon. Applications were then made to four different practitioners—one of whom declined evasively unless he were paid his fee; another was tardy in answering the bell, and the messenger then went to Mr. Fenn Clark. But meanwhile Mr. Horniblow arrived, who, finding that there was a second child, "at once begun," according to his own statement, "to censure the midwife for allowing the case to go on *so long* without calling in a medical man;" then, on learning that Dr. Philbrick had been in attendance, he left with the injunction to "rout him out and make him attend to it." He added, however, that if Dr. Philbrick should require his assistance he would be happy to come. To an inquiry of one of the jurors, he replied that had he been called in the *first instance*, he should certainly not have considered it proper to have left the deceased.

Eleven hours after the birth of the first child at 3 p.m., Mr. Fenn Clark arrived. He found the patient much exhausted, the *hands* of the fœtus, as he states, presenting; he, therefore, turned the child and delivered. There was an adherent placenta attended with considerable flooding, and he remained with the poor woman four hours after her delivery. Cerebral symptoms subsequently set in, and she died, as already recorded. The Jury censured Dr Philbrick for his want of attention, and highly eulogised Mr. Fenn Clark.

Comments are hardly necessary to point the moral of such a case as this. We do not say that the woman's death was caused by any want of attention on anybody's part; for she had been long a sufferer from cerebral disease; but we do say that it is a lamentable instance of the evil caused by a rigid adhesion to that cold-hearted, stupid, fetish, called "Medical etiquette." We have seen so much wrong done under a mistaken sense of our duty as Medical men—members of the common human brotherhood—that for some time past we have turned away with feelings, not at all akin to respect, from this hackneyed and corrupted phrase "Medical etiquette." Dr. Philbrick told the husband "as he had employed a midwife, I did not further interfere, unless I was desired!" Etiquette!

Mr. Horniblow would have done his duty if he had been called in *the first instance!* Etiquette! Mr. Fenn Clark sensibly and kindly trod etiquette in the dirt before the spectacle of a woman's mortal suffering, did his duty manfully, and in the spirit, too, of a "Christian Gentleman," gave her all the time and attention which her peril required.

Our brethren would do well to relax the rules of etiquette —whatever they are conceived to be (for there are none written)—that prevent their performing their duty, under any circumstances, to their fellow-creatures in extreme bodily suffering. There are some men professing to be leaders of professional opinion, and arrogating to themselves a high sense of honour, and so forth, who delight in setting up mischievous barriers to the exercise of our art, except under circumstances that it is impossible in practice at all times to realise, and who only succeed in lowering the character of the Profession in the eyes of the world. Many men of kind and benevolent natures find their natural instincts so perverted by those dangerous counsellors, that they neglect to perform a clear duty under the most exigent circumstances, lest they should violate the canons of that insensate old Dagon, "Medical Etiquette." A man of honour can at any time relieve suffering, and yet scrupulously refrain from supplanting a Medical brother. He is not governed by etiquette.

HOLLOWAY'S OINTMENT.

This wonder-working ointment has been at length made to reveal its composition for the purposes of the Court of Common Pleas. The secret is out, and proves as a matter of course to be hardly worth the knowing. Professor Holloway being anxious to introduce his pills and ointment into France, engaged a Dr. Sillen to obtain a license for the sale upon the condition of paying him a thousand pounds for the service. It was necessary for this purpose that the ointment should be analysed, when it appeared to be composed of lard, butter, turpentine, white and yellow wax! Recondite combination!

The brevet was obtained, but Holloway refused for various reasons to pay the money; hence the action. A verdict was entered for the plaintiff, with leave to the defendant to move the Court, so that we may yet have further revelations.

OPEN HOSPITALS.

Our contemporary, the 'British Medical Journal,' expatiated last week on a subject of great interest to medical practitioners not connected with hospitals—viz., the exclusion from the provincial hospitals of all medical practitioners who are not office-holders. We have ourselves touched upon this subject on various occasions, and had some time since determined to advert to it editorially, but the pressure of other topics compelled us to suspend our remarks for a season. We are glad, therefore, that our contemporary has devoted a few columns to the subject. All hospitals in this country should be open to medical visitors without fear of challenge. A medical visitor even to a London hospital feels as if he were treading on forbidden ground, and is doubtful of the courtesy with which he may be received. He is not sure that if he were to become an habitual visitor, he might not be asked for his ticket of perpetual attendance (for what other purpose is the Perpetual Ticket taken if not to confer the *right* of perpetual attendance?), and if not possessing it, that he might not be politely told that he was an intruder.

Matters are worse in the country than they are in London. The following observations are much to the purpose:

"But if there be no valid objections to thus throwing open the doors of provincial hospitals as they are thrown open in London and other large cities, let us see in a few words, what are the great gains accruing to the public at large, and to medical science, from what we deem an act of liberality and justice. In the first place, we thereby fulfill one of the objects of our hospitals above referred to: we render them more completely schools of medicine, and diffuse more widely that kind of knowledge which can be gained, and only gaind, in a hospital. A young man who has just taken his diploma, as we all know but too well, has only commenced his real medical education. Freed from the necessary impediments of his scholastic life, he has now time and leisure to gather up his variously acquired information, and apply it to its grand practical end, the cure of diseases. And at this moment, settled in a country town with all the wish and energy and leisure requisite for the purpose, he finds that the natural field for the cultivation of his professional knowledge at this period of his life, the neighbouring hospital, is closed against him. How is it likely, we may ask, that under such circumstances, a man should ever attain that knowledge of his art, which would render him fitted to occupy efficiently the important post of physician or surgeon to a hospital? How can the governors of hospitals expect to find at their hand such a man, when they thus effectually prevent him making use of those means which if rightly used, would well prepare him for assuming the post? How, as a rule, do the governors of London Hospitals find out their medical officers? Assuredly by a very opposite proceeding. They raise up their future men under their eyes; they note those who are eager to improve themselves by a study of disease in their hospital; they encourage such men to enter their wards; and when the day comes—when a vacancy occurs—they thus at once know where the right man for their place is to be found. How different is the case we are considering! The exclusive custom in this way becomes an act of the greatest injury to the welfare of our public hospitals; it impedes the progress and spread of medical science; and is also unjust to the members of our profession who reside around them.

"And what valid reason, as we have asked, can be given for the exclusion? We fancy that whoever reflects upon the fact will be rather astonished that such an anomalous custom could prevail, than attempt to find arguments in favour of its maintenance. We should be glad to hear objections in this sense, if objections can be raised. Perhaps we may be told by exclusive-minded sentimental governors, that the daily influx of a few medical men at the hour of visit might disturb the nerves and digestion of the patients; but the answer to them is this, that the daily visits of a large body of medical practitioners and students in London hospitals is found to be rather liked than otherwise by the patients. And, in the second place, incidental benefits, of no mean consideration, are also found to result from this kind of assistance at the medical visits. Medical men, like the rest of mankind, are naturally inclined to take things easy; and, like the rest of mankind, perform their duties none the worse for the application of a healthy stimulus. Thus, for example, their hospital visits must be punctual—a matter of no small importance, by the way, to the patient, and to the general economy of the hospital—if they know that medical visitors are awaiting their arrival. And, again, prescribing for their patients and operating under the eyes of men capable of judging of their proceedings, physicians and surgeons assuredly perform their duties with more zest and interest, with more pleasure to themselves, and, therefore, more to their patient's advantage. Under such circumstances, indeed, no physician or surgeon could perform his work otherwise than efficiently.

"The fact that some provincial hospitals do admit properly qualified medical men to their wards is, we believe, a very exceptional one; and it only tends to prove the propriety of the general adoption of the practice.

"At all events, it is certain that the physicians and surgeons of our hospitals have it in their power to bring about the alteration spoken of, and, as we venture to think, thereby bestow a great boon on the profession, and indirectly on the public."

FEVER IN THE CITY OF LONDON.

Whilst the country is agitated by the fear of zymotic diseases, breaking out in the manufacturing districts in consequence of the distress the inhabitants are suffering from loss of employment, it is instructive to learn from Dr. Letheby's report what has been the actual state of the City of London in this respect. We find then that there has been a large increase of mortality from fever, and a corresponding increase of fever cases under the treatment of the Union Officers during the year. The mortality during the four quarters ending Michaelmas last has been respectively 39·44·53·38, making an aggregate of 174 deaths from fever alone. As respects cases treated by the Union Medical Officers the statement stands thus: In the corresponding quarter of last year the number

was but 46; in the present quarter it has been 263! In the spring quarter it was 223, in the winter quarter 129, and in the autumn quarter of last year, 141, making an aggregate of 756 cases under treatment *by only one section* of the medical attendants of the community. Measles also have risen from 2 deaths in the summer quarter of last year to 42 in last quarter! The population of the city is about 129,000.

What is the cause of this remarkable increase of sickness and mortality! We request our readers to ponder over these facts. If such a death-roll could be presented of a Lancashire town, what subscriptions would not be poured into the hands of its almoners? Charity should be no respecter of persons, but give freely where it is most needed.

REVIEW OF THE PERIODICALS.

(Continued from page 437.)

"As regards children born *in* and *out* of wedlock, it is found that the proportion of still-births is considerably greater for the latter than the former, as is shown in the following statement for 1853, which is a fair representation of such occurrences generally.

	Of 100 Births.			
	Born alive.		Still-born.	
	Legitimate.	Illegitimate.	Legitimate.	Illegitimate.
Department of the Seine	72·81	27·19	70·54	29·46
Town population . .	87·88	12·12	84·28	15·72
Rural population . .	95·91	4·09	92·81	7·10
	92·71	7·29	88·24	11·76

"Comparing the sum of live-births with the still-born, the following results for eight years in succession, including the whole of France, are obtained:—

	Total births.	Still-born.	No. of still-born to 100 births.
1851	1,011,572	31,665	3·13
1852	1,002,981	37,901	3·78
1853	975,631	38,640	3·96
1854	963,239	39,778	4·13
1855	940,349	38,013	4·04
1856	992,002	40,786	4·11
1857	982,614	41,905	4·26
1858	1,013,095	43,702	4·31

"Hence, it appears that the rate of congenital mortality in France has been steadily, though slowly on the increase, from 1851 to 1858, the per-centage of still-births for the first of these years being 3·13, while for the last-named it stood at 4·31. It is not difficult to assign a reason for the high preponderance of these events among the illegitimate as compared with the more fortunately circumstanced; but why the general rate of birth mortality should have thus gradually augmented at a time when unwonted efforts are being made, with a view to ameliorate human suffering and preserve life, is less clearly intelligible. It is true, the increase noted for 1858 is confined to the illegitimate; but this result seems to be only compensatory of fluctuations, on the other side, during several of the preceding years.

"'In 1858, the per-centage of still births among the legitimate was 4·05; but of those born out of wedlock, 7·47.

"'In 1857, these relations stood respectively at 4·02, and at 7·15; the increase of still-births is, there, confined, on this occasion, to the illegitimate.

"'Still-births being sensibly more numerous among the illicit conceptions, it naturally follows that there should be found a greater proportion of them among densely-crowded communities. And such is what acually occurs in the department of the Seine, and the town population generally, as compared with that of the rural districts, as represented in the following statement:—

	Illegitimate still births.
"'In the department of the Seine .	6·61 per cent.
In the town population . . .	5·29 ,,
In the rural population . . .	3·75 ,,

"'It remains to be added, that the rate of birth mortality is considerably higher among plural conceptions than those which are single. Thus, the general rate of still-births, which was shown to stand at 4·31 per cent. in 1858, amounted in the same year, to 14·31 for twin cases, and to 35·02 for triplets.'

"It was stated that the total number of births, the still-born included, amounted, in 1858, to 1,013,075.

"These births were the product of 1,002,078 accouchements, namely, 993,039 single, 9,781 twin, and 158 triple births.

"'Of the 9,781 accouchements which produced twins, in 3,339 cases both children were males; in 3,061 both were females; and in 3,391 a male and female each.

"'Of the 158 triple accouchements, 53 of them produced each 3 males; 23, each 3 females; 39, each 1 male and 2 females; 43, each 1 female and 2 males.

"'In births of this category the sexual relations stand in the proportion of 106·91 males to 100 females; while, for the whole French population, the relations are 106·56 to 100.'

"ABORTIONS.

"It is difficult to approach a subject of this nature with any reasonable prospect of arriving at a satisfactory knowledge of the actual prevalence of abortive gestation, since no sustained systematic record of such events, so far as I know, has hitherto been made in any country. Nor is it very probable that an inquiry, so fraught with embarrassing circumstances as this is, will be sufficiently elucidated for some time to come.

"With a view to obtain information hereupon, I interrogated in succession 2,000 women admitted for treatment at the Hospital St. Mary, Manchester. Most of these applicants were, at the time of inquiry, in the latter months of pregnancy, a few of them so for the first, and probably as many for the last time. Their mean age was 30·34 years; the average number of their pregnancies, including, in each case, that which was not yet completed, 5·74; and the average number of their abortions, exclusive of premature births, ·52 for each.

"More recently, the histories of 3,000 women, inscribed, along with their children, on the books of the Clinical Hospital, afford the following results:—Mean age, 30·5; average of pregnancies, 5·14; average of abortions, ·54. Of this number, 1,349 were under the age of 30 years,—their mean age being 25·23; the average of their pregnancies, 3·0; and that of their abortions, ·24. The mean age of the remaining 1,651, all of whom were above 30 years old, but still bearing children, was 35·70; average of pregnancies, 6·9; and that of abortions, ·73.

"It is not presumed that the results of so limited an inquiry can be reliably employed to represent the law which regulates such occurrences generally; yet, seeing the regularity with which these events, ranged in equally subdivided groups in ordinate succession, have happened, it is not improbable, at least, that the issue of further investigation would not widely vary from them.

"The investigations from which the preceding estimates are quoted, were registered and grouped in the following order:—

	Age.	Average of Pregnancies.	Average of Abortions.
1st 1000	30·03 years	5·19	·52
2nd 1000	30·67 ,,	5·46	·52
3rd 1000	30·20 ,,	5·11	·56
4th 1000	30·70 ,,	5·24	·51
5th 1000	30·23 ,,	5·00	·56
Mean . .	30·36 ,,	5·20	·53

"From the preceding statement it will be seen that the age of about 30½ years may be assumed to represent the middle of the child-bearing period in this country, and that at this age the average rate of abortive deliveries is represented by ·53. Consequently, the latter half of the child-bearing term being, as already shown, somewhat more prolific of these untimely events than the first half, an average of about 1·25 of *ascertained* abortion may be assigned to each mother in the course of her career of maternity, an assumption which seems to be substantiated by the results of the next inquiry.

"The histories of 1,000 intelligent mothers, all of whom had attained to the age of forty years and upwards, and all under the author's personal notice—the majority having been so for several years—afford the following particulars:—The sum of their pregnancies, already completed, was 8,563, averaging 8·56 for each; of this number, 1,287 were ascertained abortions—pregnancy having terminated at various periods between the latter part of the third and the end of the sixth month—yielding an average of 1·28 for each. But, as some of them were still bearing children, and, consequently, still susceptible of an untimely issue, the above estimate may be considered to be below the real value. Deducing, however, from the figures as given, it follows, that to every 7·28 children born at viable age, there were at least 1·28 known abortions, being at the rate of 15 per cent., or 17·7 such accidents to every 100 of other births, whether at full term or premature, the still-born included. So that, besides the 689,881 registered births in England in 1859, there occurred in the same year, according to the above estimate, 120,729 pregnancies which ended abortively, from the end of the third to the end of the sixth month, exclusive of still-births and all earlier abortions."

Mr. Bulley contributes to the same Journal an account of a case of *Aneurism of the Cœliac Axis*, with reports of four other cases observed elsewhere. Mr. Tudor reports an *Operation for Artificial Pupil*, in a young woman twenty years of age, who had been blind from infancy, in consequence of a severe attack of purulent ophthalmia. She recovered a very fair use of her sight.

The 'Lancet.' Dr. Brinton gives an interesting lecture on *Hydated Cyst of the Liver*, and Dr. Henry Wm. Fuller a lecture on *Gout, Rheumatism, Rheumatic Gout, and Sciatica*. An article on *Hip-Joint Disease* is contributed by Mr. Redfern Davies. He contrasts the opinion and practice of Dr. Sayre, of New York, with that of Professor Syme, of Edinburgh. The latter surgeon says:—

"If the joint is *carious* the patient must die."

And the latter says:—

"From personal experience I do not hesitate to recommend most emphatically the excision of the hip-joint when affected with caries."

Mr. Davies then cites Dr. Sayre's arguments at some length, and he winds up by saying:—

"I have had the opportunity of seeing and examining three cases now under Dr. Sayre's care, where he had either performed excision or punctured by a trocar the hip-joint. In all the condition of the patient was most favourable; no inflammatory symptoms, sleeping well, appetite and spirits good, and increasing in weight.

"Dr. Sayre does not seem to regard opening a joint by a *free* incision in the perilous light that we look upon it. He compares it to a wound made by a hatchet, which is a large and gaping one, and which he says always heals up well. Now, a small puncture, as from a penknife, is ordinarily followed by much inflammation and disastrous consequences.

"The admission of air is universally admitted to be a very dangerous proceeding to a *healthy joint*; but in the case of a *diseased* one, for the purpose of allowing the escape of its contents when they cannot be absorbed, it is only forestalling what nature will do herself. And by attention to the position of the limb, so as to assist the escape of pus, &c. by gravitation, some of its effects will be prevented."

Dr. Graily Hewitt contributes the following article on *Ergot of Rye in Menorrhagia*.

"The great therapeutic value of ergot of rye in the treatment of cases of severe menorrhagia has scarcely received that amount of recognition which is its due. In very many cases of profuse menstruation which come before us a treatment conducted on general principles is for the most part successful: we improve the hygienic condition of the patient, and make such alterations in her habits or mode of life as appear to be necessary. In other cases, where the profuse menstruation is dependent on or associated with actual disease of the uterus, presence of polypi, &c., the indications for treatment are of a different character. In some instances, however, the patient before us is the subject of a profuse loss of blood, the sole discoverable alteration of the uterus present being a lax, uncontracted, atonic condition of the organ; and a gentle but continuous oozing of blood is taking place, for the arrest of which we require a therapeutic agent quick and certain in its action, and which is capable of inducing the uterine tissue to contract. Such an agent we have in the ergot of rye. After making trial of its effects in several cases of the kind above alluded to, and having compared the results with those obtained after the use of other remedies, and especially of digitalis, I have come to the conclusion that the ergot is far preferable, and that in pure, uncomplicated cases of menorrhagia it is the best remedy in our possession.

"The following case exemplifies, as fully as one case taken by itself can do, the good effects of the remedy in question:—

"Mrs. M'G——, aged forty-three, a rather stout woman, of good conformation, came under my care (acting for Dr. Tyler Smith) as an out-patient of St. Mary's Hospital in October last. She stated that she was the mother of thirteen children, the youngest of whom was born a year and a-half ago. Menstruation was quite regular up to six weeks ago. The discharge then came on as usual, and lasted for three days. During the night she was called up by a knocking at the door, and imprudently walked over the cold steps to the door, and back to her bed. The discharge was thereby suddenly arrested for a few hours, and then there occurred a very severe flooding. Ever since that time she has continued to lose blood every day, and during every hour of the day, the quantity lost being more or less great at different times. No effect has been produced by the treatment to which she has been subjected, and she is now excessively pallid and anæmic, and so weak that she is hardly able to walk. She complains also of a giddiness in the head, singing in the ears, and imperfect vision. On examination, I found blood oozing slowly from the uterus; the os rather soft and wide open, and the whole organ evidently in a very relaxed atonic condition. She was ordered to remain in bed; to apply cold to the hypogastric region; to take a little brandy-and-water and beef-tea occasionally; to drink lemonade, and to take night and morning one teaspoonful of ergot of rye in powder, mixed with a little boiling water. Three days later she sent to the hospital to say that she was much better; that the hæmorrhage had been arrested after the first dose of the medicine, and she was desirous of knowing whether she was to continue it, as every dose 'made her so sick.' The patient had lost so much blood that it was evident further loss might be attended with danger to life, and it was hardly anticipated that so immediate an arrest of the bleeding, which had been going on for six weeks, would have been procured.

"The action of the ergot in determining the cessation of the hæmorrhage in these cases is probably dependent on the contraction of the uterine tissue to which its administration gives rise; it is, in fact, analogous to the action of ergot when given to arouse uterine action in cases of inertia of the uterus, hæmorrhage after labour, &c. The condition of the uterus in a long-standing case of menorrhagia such as that above related is one almost completely identical with that of the uterus after an abortion; the walls are thick and full of blood, and the hæmorrhage continues simply because there is an absence of any tendency to contract. That contraction is produced by the ergot. There does not appear to be any evidence that, apart from its contraction-inducing power, the ergot has any special hæmostatic effect such as has been attributed to it. Some authors have objected to the above theory of the action of ergot in these cases, that in the unimpregnated uterus no contraction, properly speaking, can be said to take place. To this it is sufficient to reply, that if the presence of pains, sharp, short, and like miniature representations of the pains of labour, can be said to be a proof of the occurrence of uterine contractions, then we have proofs in sufficient number. One part of the action of ergot in these particular cases is to give rise to such pains—uterine colic, as they are appropriately termed by continental writers.

"The fact that each dose of the ergot gave rise to vomiting in the case above related is worthy of notice. In a subsequent paper I propose to consider particularly the nature of the action of ergot in producing contraction of the uterus in purely obstetric cases, and shall then have occasion to refer specially to this element in the action of ergot—namely, the vomiting and nausea which frequently attend its administration."

Two cases of *Encephalon Monsters* are also reported by James Hadaway, L.R.C.P. Edin.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 25, 1862.

Dr. Babington, President, in the Chair.

Mr. William Smith related a case of

POISONING BY OIL OF WORMWOOD (ARTEMESIA ABSINTHIUM)

The party taking the poison was a male adult. The quantity taken was probably about half-an-ounce. He was seen within a few minutes of its being taken. The symptoms produced were those of a narcotico-acrid poison, affecting the brain, spinal system, and stomach. He was insensible, convulsed, the jaw clenched, and foaming at the mouth; tendency to vomit was also present. The man recovered under the use of emetics, combined with stimulants and demulcents. All remembrance of taking the poison, or the cause of so doing, was completely wanting on recovery.

The President had never heard that wormwood was poisonous. He thought it had gone undeservedly out of use. It was used by the ancients.

Dr. Webster said that a great deal of absinthe was used in France—to so great an extent, and with such deleterious results, that the Government had issued a commission to inquire into the subject. It was said frequently to produce insanity. He was sorry to see that it was now largely sold in England.

Dr. O'Connor said that it had been used in this country as a cordial many years. It was worse, he said, than gin and tobacco put together.

Dr. Wynn Williams said that it was one of the chief ingredients of "teetotal drink."

A paper, by Dr. Horace Dobell, was read, entitled—

A CONTRIBUTION TO THE NATURAL HISTORY OF HEREDITARY TRANSMISSION.

The author exhibited photographs of a peculiar malformation of the hands, and a genealogical table of five generations. The deformity had been transmitted through four generation. It had only affected certain members of each generation, males and females, elder and younger indiscriminately. The children of those who had

missed the deformity were also free from it in all cases. It was more marked when inherited from the father's side than when from the mother's. In the fourth generation a marriage occurred between first cousins, each of whom had the deformed hands; but their children, the fifth generation, had perfect hands.

The PRESIDENT said the drawings looked like those of hands affected with rheumatic gout. He said that in one family congenital absence of the levator palpebræ was hereditary.

Mr. FERGUSSON said that one of the points mentioned by the author was singularly at variance with what was generally received. In one instance, in which ten of the family, each having the deformity, intermarried, the children had perfect hands. It was contrary, too, to the experience of breeders of dogs, who could produce dogs with long or short legs by choosing two animals which had the respective peculiarities in a marked degree. He thought that the author's paper required some additional remarks, and that some doctrine ought to have been founded on his facts. As a Surgeon, his attention had often been directed to malformation, and he had also made inquiries into the cause. He had never obtained any satisfactory explanation from the parents. He thought that in defects of the upper lip and jaw the hereditary influence was very strong. He purposely avoided speaking of the effects of imagination, although a great deal might be said on that point.

Dr. EDMUNDS asked the author what was the character of both hands—if the deformity was symmetrical. The appearance of the hands was very like that of rheumatoid arthritis, as often seen in the lower ranks of life.

Mr. CHARLES HAWKINS said that, in some families, transmission of defects occurred by the female side only. He instanced a remarkable case of transmission of the defect called "colour blindness."

Mr. GEORGE COOPER related an instance of removal of a supernumerary toe and finger from a gentleman whose three children had the like deformity.

Dr. HODGKIN said the subject was very interesting, but very complicated. The value of the paper was, in giving, clearly, well-authenticated facts. To draw anything like a doctrine, we needed many such facts. Very many causes ought (Dr. Hodgkin said) to be taken into consideration. Deformities were not always errors of the nisus formativus, but of defects of development, as in hare-lip. Others were due to accidental injuries *in utero*. In a certain noble family, every member had a lock of hair of a lighter colour than the rest on the top of the head. In one case of which he had heard, a gentleman who doubted the fidelity of his wife, was convinced of her chastity by finding that his child inherited from him a deformity of the hand.

Dr. WYNN WILLIAMS said that he had found that cleft of the lip and palate was attributed by nurses to the child having had its thumb in its mouth *in utero*. Dr. Williams referred to a case in which pressure had caused an enlargement of an opening in the palate. The patient had a hole in his palate, which prevented his speaking plainly. A cork was fitted in, but it was found that a larger cork was every now and then required. This case showed that mechanical pressure might cause deformity. He wished to ask Mr. Fergusson's opinion on these points.

Mr. FERGUSSON, in answer to Dr. Wynn Williams, said that for ten or fifteen years he had made repeated inquiries as to the cause of hare-lip and cleft-palate. He had not the smallest belief in the theory mentioned by Dr. Wynn Williams. The explanations given by mothers was most fanciful. In one of the worst cases he had seen, the mother ascribed the defect to a cat having leaped on her back during her pregnancy. He mentioned also another instance. He gave these particulars to show the extreme fully of such explanations. In one instance, a mother believed that her child's having an extra finger was due to her (the mother) having seen a boy's finger cut off. If any effect could be produced in that way it ought rather to have been just the reverse, viz., that the child should have had, instead of five, three fingers. He had put the question to one of the first histologists of the day, and the answer he received was, that hare lip was no doubt caused by the incisor teeth cutting the upper lip. Yet these teeth were not then developed. In reply to Mr. Charles Hawkins, Mr. Fergusson said that he had seen about four or five hundred cases of hare-lip, and had operated on three or four hundred. There was a tendency to hereditary transmission, but rarely was it fully developed. He had seen the defect propagated through five generations.

Mr. POLLOCK said that the arrest of development in the palate could not be due to pressure by the thumb, as the thumb was developed much later than the palate. In reference to pressure causing absorption of the palate, he agreed with Dr. Wynn Williams, and that it was, therefore, important not to plug holes in it with sponge or any other material.

Dr. GREENHOW said the author's paper was a very valuable contribution towards the subject of hereditary transmission. He said that in one case which came under his own observation, a lady gave birth to a child with a double thumb, and some time afterwards her cousin gave birth to a child with the same deformity. There was, however, no other instance of this in the family. Dr. Greenhow then related an instance in which club-foot had occurred several times in one family. He said that we all knew that certain diseases were transmitted hereditarily, and he had observed that phthisis was now and then transmitted by one sex only.

Dr. LEE said that a fœtus without a head had been brought into the museum of St. George's Hospital. There was a vertebral column, a spinal cord, but no brain, no liver, and no heart, and only a small portion of intestine. The kidneys, ureters, and bladder were perfectly formed. He had felt greatly at a loss to comprehend how the circulation had been carried on in the body of the fœtus. He had examined and determined this with certainty. He had recommended Dr. Dickinson to send an account of this fœtus to this Society or the Royal Society; but he presumed his engagements prevented him. The mother and father could not have been without heads, and he could not conceive that the imagination of the mother could have had anything to do with the malformation. Some years ago he was called to a case of difficult labour not far from the society. A head and arm were born, but the trunk could not be extracted, and the cause of this was not obvious. He passed up the crotchet, brought down the pelvis and lower extremities of the child, and the trunk, the other upper extremity and a second head and neck, were soon born. There was a trunk, two upper extremities and two lower extremities, and two perfect heads and necks. The fœtus had been preserved. He had reflected much on these and other malformations, but could not explain the cause. It was far better, he thought, to acknowledge this openly—to admit that the cause did not, in the present state of our knowledge, allow of any explanation, than to offer conjectures and groundless hypotheses as explanations. He believed he had seen almost every variety of malformation that the human fœtus was liable to: brain and skull wanting and spinal cord; all the malformations in the extremities ever described, all the malformations of the jaws, genital organs, ureters, urethra, intestinal canal, &c. He believed all these commenced at a very early period—perhaps they commenced with conception, and in the present state of our knowledge admit of no explanation.

Dr. O'CONNOR said that the paper and the discussion had disappointed the expectations he had formed when he read the heading of the paper. If diseases were transmitted, why should not the configuration of the body? The author had not stated the age of the patients. It seemed to him (Dr. O'Connor) that the deformity was that of chronic rheumatic arthritis, described by Professor Smith and Dr. Adams, of Dublin, well known to occur in certain blood diseases. The observations of the speakers were not on the subject; many things mentioned did not bear on it in any way. He (Dr. O'Connor) thought that, in the instances adduced by the author, the transmission was not one of deformity, but of a tendency to blood disease, which formed it.

Mr. WILLIAM ADAMS said that he had seen a large number of cases of deformities, but had not arrived at any general conclusion as to their origin. He had no hesitation in saying that there was frequently a tendency to transmission. In, perhaps, three-fourths of the cases of club-foot, he could trace no hereditary tendency, and yet, perhaps, in a fourth, he could do so. In one family there was a tendency to malformation of the arm. The defect was transmitted by the father's side. The defect became worse and worse, and, at length, the hand was almost close to the shoulder-joint.

Dr. WEBSTER read some

SHORT NOTICES OF A CASE OF THE CÆSAREAN OPERATION, AND OF AN UNUSUAL TRANSPOSITION OF THE THORACIC AND ABDOMINAL VISCERA, SEEN AT THE CLINICAL HOSPITAL OF MOSCOW.

During an excursion in Russia last autumn, chiefly to visit its public institutions, the author learned that the Cæsarean operation had been recently performed in the Clinical Hospital attached to the University of Moscow. In this case the mother did not survive, but her child lived, and, when seen by Dr. Webster in September, was upwards of two months old, and enjoying good health. An interesting preparation was then described, lately obtained while examining the body of a female aged twenty-two years, who died in the same hospital. The heart lay in the right thoracic region, the liver being in the left hypochondrium, with the stomach and spleen pushed towards the situation commonly occupied by the liver and its lobes. Dr. Webster next alluded to four analogous transpositions of important organs, both abdominal and thoracic, which now exist in different anatomical collections in London—namely at the Museum of the College of Surgeons, Guy's Hospital, University College, and St. Thomas's Hospital. The fact, that examples of this description were limited to the few above specified, the author considered as proving the great rarity of similar abnormal malpositions of viscera in the human frame, at least throughout the immense metropolitan population, ever since Medical Schools were established in the capital; for had such specimens been often found on dissection, they would have been preserved. Dr. Webster referred to several medical writers, both British and Continental, who narrate instances of the same kind as that he had lately met with at Moscow. Among the foreign authors on this subject, Méry, Bartholin, Riolan, and Hoffman, especially deserved notice. Dr. Lampron and Dr. Baillie

were also named, both these English physicians having published cases in the 'Philosophical Transactions.' Reference was likewise made to a paper by Dr. Bryan in the 'Transactions' of the Dublin College of Physicians for 1824, which details an instance identical in its chief features to those previously quoted. Reviewing the different cases mentioned, the author, in conclusion, remarked that it might be fairly assumed, not only that persons so constituted might live for years, but that malpositions of viscera resembling those described in his communication would seldom affect materially the healthy performance of their respective natural functions.

Mr. PARTRIDGE said that a specimen of a similar transposition of the viscera was in King's College Museum.

Mr. SPENCER WELLS hoped that the attention of the Society would not be diverted by Dr. Webster's second communication from the interesting case of Cæsarian Section, recorded in the first. This successful case—another which Professor Pirie, of Aberdeen, had recently seen in the great hospital at Naples—and a third case, which had been so successful in London, in the practice of a gentleman then present (Dr. Edmunds), would, it was to be hoped, draw forth some practical observations as to the details of the operation. Probably some considerable share of the mortality might depend upon the manner in which each step of the operation was performed, and upon the after treatment; and it was quite probable that, by attention to circumstances which might appear trivial at first sight, the operation might become much more successful than it had been.

Dr. LEE said that, during the two years he was physician to Prince Woronzow, he had visited St. Petersburg and Moscow, and all the western and southern provinces of the Russian empire, and that he had not heard of the Cæsarian operation having ever been performed in Russia. He had seen inverted uterus, puerperal convulsions, puerperal peritonitis, and he had tapped a lady with an ovarian cyst, who lived for upwards of twenty years after without ever being tapped again. It was stated by Dr. Denman, on the authority of Bauher, that Eliza Lespacher had the operation performed upon her by her husband, who was a gelder of cattle at Siegenhausen, in the beginning of the sixteenth century. She had several children born after in the natural way. Guillemeau performed the Cæsarian section twice in the presence of Ambrose Paré and some of the most distinguished surgeons of Paris. Both the women died. Guillemeau stated that in 1609 he saw the operation performed on three other women in the most dexterous manner, and they all died. In consequence of these disastrous results, the operation was abandoned by Ambrose Paré, Guillemeau, and all the regular surgeons of Paris. Mouriceau affirmed that there were very few, if any, cases of difficult labour, in which an experienced accoucheur would fail to extract the child, dead or alive, without the Cæsarian section. Mauriceau thought the Cæsarian operation could not be performed on the living body without an excess of inhumanity, cruelty, and barbarity—"Que par un très grand excès d'humanité, de cruaté, et de barbarie." Soon after, or before, the death of Mauriceau, the Doctors of the Sorbonne decided that the Cæsarean operation ought to be performed whenever it was known that the child was living, and it was impossible by other means to extract it alive; "for they assert that it is a deadly sin (péché mortel) to perforate the head of a living child within the uterus." This doctrine had prevailed, he believed, ever since, in all the Catholic countries of Europe—France, Italy, Spain, and Germany. The recent operation in Russia had probably been performed by German or French surgeons. It was impossible to tell how often this horrible operation had been performed, as the statistical statements were unworthy of the slightest credit. It was notorious that many fatal cases had occurred, of which no report had ever been published. He believed the operation had never in any instance been required; that the 400 or 500 women who had undergone the operation had been deprived of life without any reason. He had seen as many cases of difficult labour from the highest degree of distortion as any individual then alive, and he had never seen a woman die undelivered from this cause. Dr. Denman had never seen the operation performed, and few of the eminent accoucheurs who followed him ever performed it or saw it performed. John Hunter had performed it once, but he knew nothing of midwifery. Dr. Collen had informed Dr. Lee that he had never required to perform the operation, and had never seen a woman with distortion die undelivered. In a note which he (Dr. Lee) had received two days ago from Dr. M'Clintock, that gentleman stated that he had never performed the operation. It had recently been proposed to abolish the operation of craniotomy, and substitute in its place the operation of turning and the long forceps. He (Dr. Lee), would now propose that the Cæsarian operation should be banished altogether from the practice of midwifery, and that the induction of premature labour should be substituted in its place.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, NOVEMBER 5, 1862.

Dr. TYLER SMITH, President, in the Chair.

The following gentlemen were elected Fellows of the Society:—Mr. S. J. Burke, New South Wales; Mr. L. T. Cumberbach, Cadogan place; Mr. T. Fender, Alnwick; Mr. Wm. Hall, Leeds; Dr. Charles Harris, Sussex; Dr. T. S. Hewitt, Windsor; Mr. W. A. Hubert, Bedfordshire; Mr. F. F. Jay, Norwich; Mr. George Lowe, Staffordshire; Mr. G. W. Mackenzie, Norfolk; Dr. Mackinlay, Paisley; Mr. R. B. Marriott, Norfolk; Mr. T. R. B. Parker, Dorset; Dr. Richards, Brighton; Mr. S. Richards, Bedford square; Dr. Sutherland, Croydon; Dr. Thane, Hart street; Dr. Tracy, Melbourne, Victoria; and Mr. C. G. Wheelhouse, Leeds.

The names of ten candidates for admission into the Society were read. These gentlemen will be balloted for at the meeting on December 3.

The Honorary Secretaries announced the donation of about 280 works on the Medical Sciences, from Dr. Charles Clay, of Manchester. A special vote of thanks to Dr. Clay was proposed by Mr. Marshall, seconded by Dr. Drage, and carried unanimously.

The following papers were then read:—"A Case of Sudden and Unconscious Delivery," by John Shortt, M.D., Zillah Surgeon, Chingleput. "A Case of Obstructed Labour from the presence of the Hymen," by S. Palmer, M.D. "A Case of Acephalo-Cyclopean Monstrosity," by Robert Hardey, Esq., M.R.C.S., of Hull.

A paper by Dr. ARCHIBALD HALL, was read on

A CASE OF PUERPERAL CONVULSIONS COMPLICATED WITH MANIA—APPARENT RECOVERY—SUDDEN DEATH.

In this case, the patient, in labour with her first child, had several severe attacks of convulsions, when the os uteri was very rigid, and scarcely dilated to the size of a shilling. She was freely bled twice, forty ounces of blood being taken away, though more was lost afterwards, owing to the patient's restlessness displacing the bandage. A blister was also applied to the nape of the neck, ice was used to the head after the hair had been shaved off, and small doses of calomel were given. Chloroform was also exhibited, and, as soon as the parts were sufficiently dilated, delivery of a dead child was effected with the forceps. After the labour there were only one or two attacks of convulsions; but the maniacal excitement continued for some time. The calomel was persevered with, and morphia, chloric ether, etc., administered. At the end of a week the patient appeared to be doing well, when almost suddenly, she sank into a state of collapse, and died.

A discussion followed the reading of this paper, in which Dr. BRAXTON HICKS, Dr. TANNER, and Dr. GRAILY HEWITT took part.

Dr. GRAILY HEWITT exhibited, for Mr. Francis Taylor, of Romsey,

A NIPPLE-SHIELD.

Mr. Taylor had forwarded the instrument in question for inspection by the Fellows of the Society, having seen, in the report of a recent meeting of the Society, that a nipple-shield had been shown by another gentleman, with which his (Mr. Taylor's) instrument was, he believed, identical. Mr. Taylor's invention was of glass, with a caoutchouc nipple; and had, it was stated, been long sold by Messrs. Barclay and Sons.

A paper, by Dr. J. BRAXTON HICKS, was read, on

FIVE CASES OF VAGINAL CLOSURE.

In this paper an account was given of five cases of vaginal closure, in two of which there was complete atresia of the vagina, while in the remaining three almost complete closure was present, the result of former labours. In one of these there was almost complete retention of menses; in the other two labour was actually present. *Case* 1.—There was congenital absence of vagina; external generative organs natural; recto-urethral membrane very thin; uterus distended to the size of the fist, and felt above the pubes. Excessive pain was experienced at each monthly period. As the recto-urethral septum was so thin that little probability existed of a successful operation for an artificial vagina, it was decided to puncture the uterus per rectum, which was satisfactorily accomplished (April 21, 1862) by a curved trocar and canula. About four ounces of dark treacly fluid escaped, with immediate relief. The canula was withdrawn. About the same quantity escaped next day. No bad symptom followed. For some time she had no pain, nor any menstrual evacuation; but about seven months afterwards, the pain having returned, it was found necessary to repeat the operation, which was done in the same manner, complete relief following. From that time she has continued to evacuate the menses per rectum without pain. *Case* 2.—A married woman with complete atresia of the vagina, the uterus and probably the Fallopian tube being distended. As the recto-urethral membrane was thick, an artificial vagina was formed close up to the uterus. When the completion of the operation was intended, the patient refused, and she left the Hospital without the final step having been effected. She, however, did not suffer any bad symptom. *Case* 3.—In this case, the vagina

at its middle third was so nearly occluded that it was only by great pain and effort that the menses appeared; the aperture was found at the menstrual period, and then only by a very small stream of menstrual fluid. A slight opening was made at this point by the pointed bistoury, and a catheter passed through the constriction, which allowed the flow of the pent-up secretion. A few days after, the opening was enlarged so as to admit the middle finger, by dividing the cicatrices in many directions. A week after this, the advantage gained was still further increased, and the passage readily admitted two fingers together. The vagina was kept open by large bougies, and continued of the same size when last seen. Intercourse, almost impossible before, was attended with only a little inconvenience, and she had become pregnant and miscarried at the last accounts received. *Case* 4.—This was one of complete occlusion of the middle-third of the vagina from former labour; the upper third being converted into a thick-walled sac containing four ounces of puriform fluid, and the lower third funnel-shaped. Pregnancy was advanced to the seventh month; labour pains had set in, with tenderness in the lower portion of the abdomen. Only a director could be passed part of the way through the constriction, which was enlarged by a guarded bistoury, so as to admit the finger, which was used as a guide. The cicatrices were divided in numerous places by lightly drawing the point of the bistoury over them, till the thick membrane of the upper part was reached. A fine aperture was found, which was enlarged also, and the cavity entered by the finger. On withdrawing the finger, the pus flowed away, and afterwards the membranes descended: after a time these were ruptured, the head being found to present. The vagina was still further dilated so as readily to admit two fingers, and the case left for Nature to complete. Pains fully set in in two days, and terminated successfully without further need of interference. The patient made a good recovery, and the vagina kept open afterwards. *Case* 5.—There was occlusion of the middle third of the vagina (admitting only the passage of a catheter) by old cicatrices from former labour. The patient had been in hard labour for many hours, and was becoming exhausted; the head was impacted at the brim. The cicatrices were divided by a bistoury, in numerous directions, till at last three fingers were admitted. The death of the child having been ascertained, the head was perforated, and, after some trouble, was drawn through the brim. The head passed easily the former constriction of the vagina. Hæmorrhage ensued a little time after the birth; but the hand had no difficulty in passing through the vagina in order to control it. She was about in six days, and has since had a dead child without trouble. In remarking upon these cases, the author said it was a point upon which information was required, to ascertain the period during which the canula should remain in the uterus in puncturing by the rectum. In regard to the mode of incising the cicatrices, he preferred the method he had adopted—namely, making numerous rather than a few deep divisions, inasmuch as in the latter case the necessary expansion must come from the healthy tissues at their base, whereby a rent into the surrounding organs is more likely than when numerous incisions are employed, not quite extending through the cicatrix.

Dr. Graily Hewitt wished to call the attention of the Society to an important point in the treatment of that class of cases in which there is retention of menstrual fluid within the uterus, whether from imperforate hymen, or congenital closure of the os uteri. It was the fact, that in a certain proportion of the cases in which the fluid had been evacuated from the uterus by puncture or otherwise, death had occurred a short time subsequently from escape of the menstrual fluid into the peritoneal cavity, causing severe and rapidly-fatal peritonitis. It was a remarkable fact that, whereas such escape of menstrual fluid into the peritoneal cavity hardly ever occurred when these cases were left alone, yet that this should happen after operation, and when an outlet by the natural way had been prepared; but the fact was undoubted. The probable explanation of this curious circumstance was, he believed, that uterine contractions are set up, consequent on the artificial opening into the uterus; that these contractions continue after the first evacuation of the fluid, and when, in all probability, the artificial opening had become occluded or insufficient; and that these contractions have the effect of expelling the remainder of the retained blood through the Fallopian tubes, and so into the peritoneum. In laying down rules, therefore, for the management of these cases, this source of danger should be anticipated, and, if possible, guarded against. Dr. Hicks had very properly guarded against the admission of air into the uterus during the operation by the procedures recommended, but the danger now alluded to was even greater. The best plan to be followed in order to avert this danger would, he believed, be to make a very small aperture in the obstructing tissue, whatever that might be, and to allow the retained menstrual fluid to escape very slowly and gradually, almost *guttatim*; in this way the excitation of strong and forcible contractions of the uterus would, he considered, be avoided.

After some further observations by Dr. Palfrey, Dr. Druitt, Dr. Tyler Smith, and Mr. Walter Chapman, Dr. Hicks replied, and the meeting adjourned.

IMPERFORATE ANUS; INTESTINE OPENING INTO THE BLADDER.

By W. HOOPER MASTERS, Esq., Thrapstone.

H. M., aged forty-one, a poor woman, mother of ten children, was attended by a midwife in her last confinement, and delivered of twins, both males, of uniform size and well developed at time of birth. The midwife had given them, early the following morning, a small teaspoonful of castor-oil, which had operated freely on one of them; but, observing no effect from it on the other, she was induced "to see if the passage was all right," but found no orifice. I was requested to see the child the same evening. On examination, I found the anal aperture wanting, and only a minute depression of about the size of a pin's head in that situation. Failing in the attempt to pass a small probe through it, I made with a probe-pointed bistoury an incision backwards towards the sacrum to the depth of about half an inch, but was unable to discover any portion of rectum. The following morning I prolonged the incision backwards, and increased its depth till I could pass my little finger through it; but was still unable to detect the gut. I examined the napkins for traces of meconium; and, whilst I was so engaged, the child passed urine which was very yellow and rather thick, having the appearance of being mixed with meconium, which led me to suspect communication between the intestine and bladder. The child only very sparingly took the breast, and was much wasted. It still continued to pass urine of a dark yellow colour, as before, till within four days of its death, when the smallest quantity of milk taken was returned, and with it frequently a dark yellow fluid, precisely similar to that passed *per urethram*.

Post-mortem Appearances.—The body was greatly emaciated. On tracing the course of the intestines, I found the sigmoid flexure of the colon to terminate in the fundus of the bladder. Upon opening the latter viscus, an aperture just admitting a small probe was perceptible leading into this part of the colon, which at once accounted for the dark coloured fluid appearing in the urine, evidently a portion of the fluid contents of the bowels being allowed to ooze through. The situation of the rectum was occupied by fibro-cellular tissue.

Remarks.—I think this case did not admit of further interference. The operation of making an artificial anus in the left iliac or lumbar regions (particularly as these operations are attended by great mortality in such young subjects) would have been fraught with great difficulty and uncertainty, owing to the position of the gut. Being strongly led to suspect that the intestines communicated with the bladder, I did not deem it justifiable. It is worthy of notice that this child lived nine days.—'British Medical Journal.'

FAT AS AN ANTIDOTE FOR POISONING BY STRYCHNIA.

It is well known that in poisoning by strychnia and its salts, recovery can scarcely be expected so soon as tetanus has made its appearance; that this may manifest itself in men within five minutes after the administration of half a-grain of a salt of strychnia; that it is generally present within twenty minutes; and that the fatal result generally follows in from a few minutes to two hours. In cases of such terrible rapidity, in which unfortunately there is generally no time for the employment of therapeutic means it would be in the highest degree important to possess an antidote procurable at all times and in all places, and possessing the not trifling advantages of being in itself perfectly inocuous. On this account, and encouraged by the favourable results of Blondlot's experiments on the use of fat in poisoning by arsenic, Dr. Rienderhoff made use of the same substance in the case of about thirty dogs and rabbits to which he administered strychnine. The rabbits were poisoned with a solution in water of acetate of strychnia, injected into the stomach; in the case of the dogs the strychnia was worked up with a drop of water into a bread pill. The results arrived at were the following:—1. The absorption of strychnia and its salts is impeded by the adminstration of fat (hog's lard), butter or oil. This effect is more striking in the case of fat than of butter, and least of all in the case of oil. The time so gained must be utilised for instituting a regular treatment. 2. The course of the symptoms, after the appearance of the first cramps, is rather shortened than lengthened by butter and oil; therefore lard has an advantage over butter, and this over oil. 3. The presence of fat, butter, or oil in the stomach also delays the operation of an emetic. The emetic must therefore be given in relatively large or in repeated doses, but the use of the stomach-pump is preferable when fat has been administered; under these circumstances, the fluid employed to wash out the stomach would naturally be oil.—'Edin. Med. Journ.'

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.—WESTMINSTER, DEC. 5.

(SITTINGS AT NISI PRIUS, BEFORE MR. JUSTICE CROMPTON AND A COMMON JURY.)

HALL V. SEMPLE.

(*Continued from page* 419)

Several witnesses were called in corroboration of the plaintiff, including his married daughter, Mr. Griffith, a surgeon, Mr. Poynter, a surgeon, Dr. Stone, Mr. Elliot, proprietor of the Asylum, and some neighbours.

For the defence, it was stated that the defendant had no motive for what he had done, and that he only acted as a medical man called in on the particular occasion. He did not undertake to prove that Mr. Hall was insane, but that what he had done he had done honestly; and that if that were established, he was not liable in the action. So far from the defendant inducing Mr. Guy to sign the second certificate it would be proved that the latter signed a similar certificate some years before. The defendant had carried on his profession for a quarter of a century in Torrington square, and knew nothing of these parties until about the 28th of July, when Mrs. Hall consulted him about an injury to her breast, which she said was the result of her husband's violence. She added that her husband was insane, and in his delusions he charged her with drunkenness and adultery. She declared there was not the slightest foundation for these charges. Believing Mrs. Hall's statement was true, he called upon Mr. Hall, and told him what he had come about, and his version of the interview between them differed very materially from the plaintiff's statement. Mrs. Hall informed him that her husband rushed in suddenly from the street, and gave her the blow on the breast from which she was suffering. She said it was one of a series of assaults committed upon her by him during a long course of years, which she attributed to the effect of a disordered mind. She said that her husband on one occasion nearly stabbed her with a carving knife. That he kicked her in the abdomen when she was pregnant, and that he once nearly strangled her in bed. She also spoke of a number of other minor assaults, and requested the defendant to call and see her husband, with a view of testing the state of his mind. He called on the plaintiff, and introduced himself as Dr. Semple, and stated that he had come to see his wife about her breast. After stating he would not pay any bills which she incurred, and that Dr. Griffiths was her medical man, he proceeded to state that they lived very unhappily together; that she was always drunk; that she was in the habit of going out day and night with other men; that she was wasting his property by pawning his goods, and that he had sold off three times in consequence of her misconduct. The plaintiff afterwards desired him to leave, and he withdrew. Mr. Hall was exceedingly excited, and his manner very rude. His eyes were restless, and his appearance was that of a man having irritability of the brain. Defendant wished to see the wife again before he formed his opinion on Mr. Hall's state. She called on him the same day, and told him that the restlessness was habitual to the plaintiff, that he slept badly all night, and that he was very irritable in temper. He asked her in the most sincere and solemn manner whether any of the statements in regard to herself she had represented her husband to make were true, and that he must take upon her solemn word whether she had or had not conducted herself improperly with other men, because, if the plaintiff's statements were true, she was clearly not entitled to any belief. She denied most positively that she had ever been guilty of such conduct, nor was she in the habit of drinking. She said she had been obliged to pawn her husband's goods to procure the necessaries of life, because he refused to allow her sufficient for herself and children. She said the business was a flourishing one; that it had never been sold off, but he had allowed the goods to be distrained upon for poor rates and servants'-wages. She said her husband would not allow her to sleep with him. She referred him to Mrs. Burge, of Tottenham court road, as to her general character for veracity and integrity. He made inquiries, which were satisfactory. She also referred to Mr. Guy, of Golden square, as her medical man, at that time; that Mr. Griffiths had attended her, but Mr. Guy knew more about her. He saw Mr. Guy the next day, who stated that he had attended the Halls for four or five years, generally for bruises and kicks inflicted on the wife by the husband. He considered him to be of unsound mind, and he signed a certificate about four years since to that effect. Mr. Guy said he knew the plaintiff had accused his wife of improprieties, and of her being intimate with him. Under all the circumstances defendant considered he was justified in signing a certificate of unsound mind, and he accordingly signed it at Mr. Guy's house, about mid-day on the 29th of July. Medical practitioners generally keep these forms of certificates. From the wife's telling him that her husband constantly slept with a drawn sword by his bedside, and declared that he would murder anyone who approached him, coupled with the other statements, he believed the plaintiff to be a person of unsound mind. He received from Mrs. Hall a fee of two guineas for all he did. There were additions to his certificate, of which he was cognisant. He never suggested anything about his removal, or to what asylum he should be taken to. With regard to the conversation in September, at the plaintiff's house, the defendant denied that he had told his wife to pawn the goods. He told her if she had committed adultery she should be turned out of doors. He told Mrs. Hall to take out a summons against the husband for the assault.

In cross-examination the defendant said he did not make any inquiries of Mr. Griffiths, although he had been told that he had attended Mrs. Hall for many years.

The plaintiff's wife and other witnesses were called in support of the defence, the import of which is substantially given in the evidence recited above. The inquiry having lasted four days, the Judge occupied the fifth day in summing up. He entered elaborately into the points of law involved in the case, especially as to the point of "culpable negligence," and left it to the Jury to decide, whether they thought the defendant was guilty on that ground. The Jury brought in a verdict of Guilty: damages 150*l*.

There was intense interest exhibited in the court during the whole of the trial, and many Medical practitioners were present.

Births, Marriages, and Deaths.

BIRTHS.

BARRETT.—On the 4th inst., at St. James's square, Bath, the wife of Thomas Barrett, M.D., of a son.

BIRKETT.—On the 9th inst., at Northumberland house, Stoke Newington, the wife of George Birkett, M.D., of a daughter.

ELIN.—On the 7th ult., at Hertford, the wife of George Elin, M.D., of a daughter.

FARR.—On the 3rd inst., at West square, Southwark, the wife of Geo. Frederick Farr, L.R.C.P.E., of a son.

HOLMAN.—On the 8th inst., at Reigate, the wife of C. Holman, M.D., of a daughter.

LONGMORE.—On the 6th inst., at The Vines, Rochester, the wife of Deputy Inspector-General Longmore, Army Medical Staff, of a daughter.

MACAULAY.—On the 5th inst., at Pelham street, Brompton, the wife of James Macaulay, M.D. Edin., of a daughter.

MORRIS.—On the 8th inst., at Guisborough, Cleveland, Yorkshire, the wife of G. S. Morris, M.D., of a son.

O'FLAHERTY.—On the 4th inst., at Baker street, Portman square, the wife of Thomas A. O'Flaherty, M.D., of a daughter.

WILLAN.—On the 5th inst., at Newton-on-Trent, Lincolnshire, the wife of R. M. Willan, Esq., M.R.C.S., of a daughter.

MARRIAGES.

BROWN—HEWLETT.—Nov. 1, at St. Peter's Church, Fort William, Calcutta, Dr. B. Brown, Professor of Chemistry, Medical College, Lahore, Punjaub, second son of Thomas Brown, Esq., M.R.C.S., of Finsbury circus, to Mary Caroline, third surviving daughter of C. J. Hewlett, Esq., of Bedford-place, Russell square, and late of Blackheath.

JENKINS—LUCKRAFT.—On the 3rd inst., at St. George's church, Stonehouse, Devon, Dr. J. Jenkins, Surgeon Royal Marines, Plymouth, to Sophie Pauline, eldest daughter of Rear-Admiral A. Luckraft.

MANACK—COMYNS.—On the 4th inst., at St. Andrew's church, Plymouth, Wm. Manack, Esq., M.R.C.S., of Liskeard, Cornwall, to Lydia, only daughter of the late Rev. J. Comyns, of Bishops-Teignton, Devon.

DEATHS.

GALEN.—On the 5th inst., at Claremont square, John Galen, M.D., of East Craibstone street, Aberdeen.

GREENWOOD.—On the 5th inst., at Huddersfield, William Greenwood, Esq., F.R.C.S., and Consulting Surgeon to the Huddersfield Infirmary, aged 61.

HARRISON.—On the 1st inst., at Cheltenham, John Gregson Harrison, M.D., late of Manchester, aged 56.

MEREDITH.—On the 2nd inst., at Cleveland place, Bath, Edward Taylor Meredith, Esq., M.R.C.S., aged 59.

NICHOLSON.—On the 30th ult., at Ossulton street, Somers town, Wm. Hunter, son of W. H. Nicholson, Esq., M.R.C.S., aged 1 year and 4 months.

PROFESSOR MAGNI has a new theory of glaucoma. Here is a *resumé* of his views:—The morbid process of glaucoma consists in an atrophy, primitive and progressive, of the ciliary nerves. For this affection science has as yet given us no direct remedy. Iridectomy is the best treatment of it which we have; but iridectomy merely influences the progress of the affection by removing those conditions which favour its rapid development. Although the effects of the operation are not permanent, we may consider them as lasting for a long time, on account of the slow progress of the atrophy of the ciliary nerves.—'British Medical Journal.'

THE NIGHTINGALE FUND.—The plan for training hospital nurses by means of this fund, which has for more than two years been successfully practised at St. Thomas's Hospital, has been recently adopted at King's College Hospital under the direction of the lady superintendent of St. John's House.

OBITUARY.

WILLIAM CROZIER, F.R.C.S.

We regret to announce the death of this gentlemen, which took place on board the Peninsular and Oriental steamer *Simla*, on the 19th ultimo. The deceased was the son of Mr. Crozier, of Oxford, where he received his preliminary education. He commenced the study of the Medical Profession at St. Bartholomew's Hospital, where he greatly distinguished himself as an industrious student; and on June 3, 1839, was admitted a member of the Royal College of Surgeons of England. The College had just established a studentship in Human and Comparative Anatomy, at a salary of 100*l.* per annum, tenable for three years, at the expiration of which time an appointment of Assistant-Surgeon in the old East India Company's service, or in the Army or Navy, was placed at the disposal of the College every third year for the students obtaining this situation, which was only by *concours*.

Mr Crozier competed for, and obtained this the first studentship of the College, at the expiration of which time he selected the then much-courted prize in the Hon. E.I.C. Service, and at once sailed for Bengal. It is not a little singular that all subsequent students accepted this service in preference to that of the Army and Navy; those unable to obtain it, as it was only given once in three years, settled down into private practice; but all of these gentlemen, whether in the public or private service, greatly distinguished themselves. Mr. Crozier was so fortunate as safely to pass through all the troubles and dangers of the Indian mutiny, when another of the College students, in possession of several lucrative civil and military appointments, Dr. Hansbraw, was most brutally murdered at Bareilly. In 1855, he visited England, and on returning to India was elected the Professor of Anatomy and Physiology at the Medical College, Calcutta. He was elected a Fellow of the Royal College of Surgeons only on the 13th of February last. The deceased, who was only 45 years of age, leaves a widow and children to mourn their loss.

MEDICAL NEWS.

Royal College of Physicians of London.—The following gentlemen passed the first part of the Professional Examination for the Licence of the College on the 5th inst:—William Lewington Barker, St. George's Hospital; Henry Brietzcke, H. M. Dockyard, Deptford; Anthony Charles Colbourne, St. George's Hospital; John Legge Currie, St. Bartholomew's Hospital; Fredrick Royston Fairbank, Manchester School of Medicine; Milner Montgomery Moor, Lock Hospital; John Henry Simpson, Charing-cross Hospital; Thomas Haywood Smith, Birmingham; William Spooner, University College; Samuel Woodman, St. Mary's Hospital.

Apothecaries' Hall.—The following gentlemen passed their examinations in the Science and Practice of Medicine, and received certificates to practise, on the 4th inst.:—Ralph Eddowes, King's College Hospital; Thomas Griffiths, Dayslwyn-fawn, Carmarthenshire; Edward Lever, Padiham; Edmund Spooner Machin, Erdington; Thomas Pickering Pick, Waterloo, Lancshire; John Ring, Lawn House, Wincanton; William Frederick Taylor, Liverpool.—On the 6th inst.—Henry Curtler, Droitwich.

The following gentlemen passed their first examination on the 4th inst.:—Thomas Wilson Corbin, St. Bartholomew's Hospital; Joseph Peeke Richards, King's College Hospital; Solomon Charles Smith, Sydenham College, Birmingham; John Sidney Turner, Guy's Hospital.

The Longridge Prize of 40*l.* for general proficiency in Medicine and Surgery at University College has been conferred on Mr. William Henry Griffin.

A Convalescent Hospital, intended as an auxiliary to the Newcastle-upon-Tyne Infirmary, has been inaugurated in the healthy vicinity of Marsden Rock, and some patients have already been transferred to it.

Lancashire Distress.—A sick kitchen has been opened in the Town-hall, Blackburn and is of considerable service. The infirmary now being completed, is about to be opened as a general sick kitchen, but funds are still wanted to complete the work.

Quadruple Birth.—The wife of a gentleman's coachman, named Garrett, was delivered on the 29th Nov., at Cranfield, near Newport Pagnel, of four girls, three living and one dead; two have since died; the fourth is thriving and likely to do well.

Military Sanitaria in Bombay.—Sir Hugh Rose is advocating the establishment of military sanitaria in Bombay, on the ground that by their means the effective strength of the army would be one-fourth or perhaps one-third greater than at present.

Explosion of Nitric Acid.—Last week, a waggon heavily laden with cases of acid was passing through the City, when a "puff" was heard, and a dense volume of smoke issued from one of the cases. There is little doubt that the explosion was spontaneous. Eight cases altogether were destroyed.

Official Plan for Military Hospitals.—The War Office, through the Inspector General of Fortifications, has recently prepared and despatched to commanding royal engineers at home and foreign stations, plans, sections, and detail drawings for regimental hospitals, one for 60 patients, the other for 120, requesting that the principles of construction therein shown should be adopted in all future designs for military hospitals.

Lunatic Pauper Killed by his Keeper.—An inquest has recently been held at the Brindle Workhouse, near Chorley, on the body of a lunatic named Peel, who died from the effects of kicks and blows inflicted on him by Birchall, his keeper. The jury returned a verdict of manslaughter against Birchall, who is committed for trial.

M. Nelaton Proposed as a Deputy.—The recent visit of M. Nélaton to Garibaldi has induced the workmen of Paris to propose to this eminent surgeon to allow himself to be nominated as a member of the Chamber of Deputies. He returned the following reply: "Gentlemen,—I feel much gratified at the step you have taken, but I must confess that it astonishes me as much as it does me honour. I do not well see how my knowledge of surgery can have made you imagine that I am qualified for the mission with which you wish to invest me, or how I should have suddenly become a political economist, a financier, and a legislator, because I have discovered the presence of a ball in the foot of a wounded man. If the object in view were to appoint me surgeon to the Chamber, that would be a different affair; but the business of a deputy is what I have never learnt in Hippocrates, and for which, to speak frankly, I have no taste. I am even convinced that the affairs of the country would not go on better, and that my patients, being neglected, would fare the worse. I must, therefore, while thanking you for what you have done, declare that you propose to me an honour which it is impossible for me to accept.

Dr. Joseph Bell.—The career of this distinguished physician presents an example of the eminence which is to be attained by the persevering pursuit of studies which at an early age attract the attention. From his earliest years he had a strong bias for the medical profession, which induced him to join the medical class at Anderson's University, where he gained first-class honours. He received a license from the Faculty of Physicians and Surgeons of Glasgow in 1837, and practised for some years successfully at Barrhead; but on the death of Dr. Harnay, of Glasgow, with whom he had always been a favourite pupil, he succeeded to his practice. He was subsequently appointed Lecturer on Botany in Anderson's University, and likewise became one of the physicians to the Glasgow Royal Infirmary. By his eloquence as a lecturer, and his unwearying zeal as a clinical teacher, he gained a high and deserved position. His death, which was sudden, was attributed to drinking water impregnated with lead, at his country house. This occasioned severe pain and constipation, of which he had repeated attacks. Relief was obtained by opiates, but he experienced a sudden and strange sensation, which he believed to be indicative of perforation of the bowels, and which shortly terminated fatally on the 30th ult. Dr. Bell was forty-seven years of age, and his decease is sincerely regretted, both by the alumni and the professors of the university to which he was attached.

Rape during Sleep.—An interesting and important case on this vexed question of Medical Jurisprudence is given in the last number of the 'Edinburgh Medical Journal,' where the act had been completed on a woman who had been married sixteen years, and had three children, without her knowledge until the moment the man was leaving her. It is due to the woman to state that, owing to great fatigue and want of sleep for some time previous, she had fallen into a more profound sleep than was natural. The culprit was tried, and received ten years' penal servitude.

Poisonous Turtle and Sardines.—At certain seasons the flesh of turtle on the south-western coast of Ceylon is avoided as poisonous, and some lamentable instances are recorded of deaths ascribed to its use. At Pantura, to the south of Colombo, twenty-eight persons who had partaken of turtle in October, 1840, were immediately seized with sickness, after which coma supervened, and eighteen died during the night. Those who survived said there was nothing unusual in the appearance of the flesh except that it was fatter than ordinary. Other similar fatal occurrences have been attributed to turtle curry; but as they have never been proved to proceed exclusively from that source, there is room for believing that poison may have been contained in some other ingredient. The sardine has the reputation of being poisonous at certain seasons, and accidents ascribed to eating it are recorded in all parts of the island. Whole families of fishermen who have partaken of it have died. Twelve persons in the jail of Chilaw were thus poisoned, about the year 1829; and the deaths of soldiers have been repeatedly ascribed to the same cause. It is difficult in such instances to say with certainty whether the fish were in fault; whether there was not a peculiar susceptibility in the condition of the recipients; or whether the mischief may not have been occasioned by the wilful administra-

tion of poison, or its accidental occurrence in the brass cooking vessels used by the natives. The popular belief was, however, deferred to by an order passed by the Governor in Council in February, 1824, which, after reciting that 'Whereas it appears, by information conveyed to the Government, that at three several periods at Trincomalee, death has been the consequence to several persons from eating the fish called *sardinia* during the months of January and December,' enacts that it shall not be lawful in that district to catch sardines during these months, under pain of fine and imprisonment. This order is still in force, but the fishing continues notwithstanding.—'Sir J. Emerson Tennent.'

HEALTH OF INDIA.—The "Bombay Gazette" of the 12th ult. reports that sickness is on the increase in Peshawur, and that cholera has made its appearance in Poonah; it has also broken out in her Majesty's 93rd Regiment, Sutherland Highlanders.

BEQUESTS.—The late James Walker Esq., president of the Institute of Civil Engineers, has left 500*l.* each to the London and Westminster Hospitals, and 50*l.* to the Western Dispensary.

THE MORTALITY OF CHILDREN IN INDIA, according to Dr. Moore, the most recent authority on the subject, is enormous. In Bengal it amounts to 84·2, in the Bombay Presidency 70·7, and in Madras 39·8 per 1,000 per annum; while in the most unhealthy of the manufacturing districts at home it reaches only 22.

APPOINTMENTS.—Senior Assistant-Surgeon W. C. Brown, Indian Service, M.D., has been promoted to be Surgeon, *vice* Surgeon-Major Lodwick, deceased.—William H. Brown has been provisionally appointed Consul in Torquay for the Republic of Liberia.—John Buckley, Acting Assistant-Surgeon R.N., has been appointed to the 'Meander.'—James Hunt Condon, M.R.C.S. Eng., Assistant-Surgeon, Indian service, in civil Medical charge of Hurdui, Oude, has been transferred to Baraitch, as a temporary arrangement.—C. O. Daniell, M.D., Assistant-Surgeon, Indian Service, in civil Medical charge of Dhurmasala, has been appointed temporarily to superintend the duties of the Kangra Dispensary, in addition to his other duties.—Edward Higgon Evans, M.R.C.S. Eng., L.S.A. Lond., Surgeon R.N., April 16, 1862, has been appointed to the 'Shearwater.'—Robert Fergusson, M.D., Assistant-Surgeon, R.N., June 25, 1856, has been appointed to the 'Victory' for Haslar Hospital.—Thomas Godrich, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer to the Union Workhouse, Dulverton, Somersetshire, *vice* John Barrett Collyns, M.R.C.S. Eng., L.S.A. Lond., resigned.—Hetman Charles Harris, F.R.C.S. Eng., L.S.A. Lond., has been elected Surgeon-Accoucheur to the City of London Lying-in Hospital, City road, *vice* Henry James, F.R.C.S. Eng., L.S.A. Lond., resigned.—Henry Harkan, Surgeon R.N., May 23, 1861, has been appointed to the 'Pylades.'—Mark Anthony Harte, L.K.Q.C.P. Irel., L.R.C.S. Irel., Acting Assistant-Surgeon R.N.. October 8, 1861, has been confirmed in the 'Satellite.'—John Horrocks, M,D. Univ, St. And., Acting Assistant-Surgeon R.N., has been appointed to the 'Pylades.'—John Lambert, Acting Assistant-Snrgeon R.N., has been appointed to the Megœra.—Owen J. Llewellyn, M.D., Surgeon R.N., May 23, 1861, has been appointed to the Pylades.—George H. B. MacLeod. M.D. Uuiv. Glasg., F.R.C.S. Edin., F.F.P.S. Glasg., has been appointed one of the District Medical Inspectors of Glasgow, in succession to Dr. Bell.—Charles Hayes Marriott, M.B. Univ. Lond., F.R.C.S. Eng., L.S.A. Lond., has succeeded the late Robert Henton Wood, F.R.C.S. Eng., L.S.A. Lond., as Consulting-Surgeon to the Ladies Maternity Charity, Leicester.—Frederick George William Mullar, M.D. Univ Edin., and L.M., L.R.C.S. Edin., L.S.A. Lond., Medical Officer to the Kilburn Dispensary. has been elected Medical Officer and Public Vaccinator for the Willesden District of the Hendon Union, *vice* Matthew Ledger, M.R.C.S. Eng., M. and L.S.A. Lond., deceased.—William Orange, M.R.C.S. Eng., and L.M., L.S.A. Lond, Assistant Medical Officer to the Surrey County Lunatic Asylum, Tooting, has been appointed Deputy Superintendent and Surgeon to the Broadmoor Criminal Lunatic Asylum.—Alfred S. Pratt, Assistant-Surgeon R.N., January 23, 1855, has been appointed to the Victory, for Haslar Hospital.—William Sharpey, M.D. Univ. Edin., F.R.C.S. Edin., Professor of Anatomy and Physiology at University College, has been elected Dean of the Faculty of Medicine.—Samuel Shortridge, M.D. Jena, L.R.C.S. Edin., has been elected Surgeon to the second District of Greenock, *vice* Barclay Henry, M.D. Univ. Glasg., elected to the Parishes of Luss and Arrochar, Dumbartonshire.—Thomas Henry Taylor, M.R.C.S. Eng., L.S.A. Lond., Assistant-Surgeon R.N., May 5, 1854, has been appointed to the St Vincent for the 'Sealark.'—Edward Thomas Tibbits, M.B. Univ. Lond., M.R.C.S. Eng. L.S.A. Lond. has been appointed House-Surgeon to the Coventry and Warwickshire Hospital, *vice* William Robert Horniblow, M.D. Univ. Edin., M.R.C.S. Eng., L.S.A. Lond., resigned.—Robert Pakenham Walsh, L.K.Q.C.P. Irel., L.R.C.S. Irel. and L.M., has been appointed Surgeon to the County Gaol, Enniskillen, Co. Fermanagh, *vice* William Chambers Ovenden, M.D. Uuiv. Glasg., L.R.C.S. Irel. and L.M., deceased.—Alexander Yule, M.D. and M.C. Univ. Aberd., Acting Assistant-Surgeon R.N., has been appointed to the Shearwater

APPOINTMENTS FOR THE WEEK.

Wednesday, December 17.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Society for the Encouragement of Arts, Manufacture and Commerce, 8 p.m.—Mr. Robert Hunt, "On the Mines and Minerals of the United Kingdom; Hunterian Society, 8 p.m.—Mr. Maunder, "Cases of Strangulated Hernia, and a Case of Hysteria, simulating Hip-joint Disease."

Thursday, December 18.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.--Formation of New Urethra, Tapping for Ovarian Dropsy, Fibrous Tumour of the Uterus; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal College of Physicians of London, 4½ p.m.—Dr. C. B. Radcliffe, "On Certain Disorders of the Brain and Nervous System, with special reference to the Changes in Opinion and Practice which result from recent Researches in Physiology and Pathology."

Friday, December 19.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 20.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Metropolitan Association of Medical Officers of Health, 7½ p.m.

Monday, December 22.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m.

Tuesday, December 23.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.; Ethnological Society, 8 p.m.; Royal Medical and Chirurgical Society of London, 8½ p.m.

NOTICES TO CORRESPONDENTS.

A PHYSIOLOGIST.—It is probable that the colouration of the bones of birds is caused by their food. This phenomenon occurs more frequently, we believe, in birds than other animals, several red skeletons having been noticed. M. Hirsch has presented to the French Academy of Sciences the skeleton of a fowl that is quite black. M. Flourens once observed a similar instance.

M.D.—We do not approve of gratuitous Medical service. It is idle to put it on the ground of charity. Practitioners resort to it generally as a mode of getting a practice. It is better to admit the fact honestly than to set up a pretence of benevolence, that in nineteen cases in twenty does not exist.

H. S.—1st. You will be in time.—2nd. No.

CHIRURGUS (Dover).—Certainly.

MR. EDWARD L.—If is a respectable firm.

MR. WALKER.—Copies forwarded.

DR. E. C.—The publisher will attend to your request.

ALPHA.—The best external application that we know for lupus, is the chloride of zinc paste. The scab should not be hastily disturbed. It may be removed by a poultice, when a cicatrix will be found underneath; and the lividity and tumefaction will have been reduced.

A SUBSCRIBER.—There are no better books than those of the University Professors. Lawrence's Surgery is not suited to the student. It does not contain all the surgical diseases, and is old—very.

DR. PHILLIPS.—Yes.

MR. WOOD.—Note received, with the enclosures. It shall not be overlooked.

MR. ROGERS.—1st. No.—2nd. No.

DR. GODFREY.—Received and inserted.

LECTOR informs us that we are in error in stating that it was 'Lloyd's News' that had started a subscription, "the real paper being 'Reynolds's News,' and Reynolds himself has advertised in large bills that he has subscribed 50*l.*" The correction is so far important that perhaps the proprietor of 'Lloyd's' might not like to be mistaken for the proprietor of 'Reynolds' in such a matter.

M.D. Lond.—Certainly.

OMEGA.—We do not think that you would be entitled to a return of the money under the circumstances. A compromise might be made.

L.R.C.P. Edin.—Letter received. An M.R.C.P. has the same right to the title of "Doctor" as an L.R.C.P. and no more. Whether there is such a right is the matter in dispute.

W. E. B.—1st. Yes.—2nd. Yes.

AN OLD SUBSCRIBER asks for information about "the measure indicated in 'Kolliker's Manual of Human Microscopic Anatomy,' by the marks (mostly three) used thus: $\frac{1}{1'''}$ $\frac{1}{1'''}$ $1'''$? And how they are derived.

A SUBSCRIBER.—In the early stage whooping-cough should be treated on ordinary principles; when the febrile stage has passed away, and the spasmodic stage has set in, we have found an alum mixture of the utmost benefit—say two scruples of alum, two fluid scruples of dilute sulphuric acid, and one fluid scruple of laudanum in six ounces of water; the dose to be proportioned to the age of the child. The "jacket poultice" as Dr. Chambers calls it is a most useful adjunct.

PHYSICIAN.—The right to the use of the title of "Doctor" is an open question. The law has not determined it; nor can we.

ALPHA.—Join the Obstetrical; the other is of no importance.

JOURNAL

OF

Practical Medicine and Surgery.

PRESCRIPTIONS AND FORMULAS.

ART. 6340. LEUCORRHŒA; INJECTIONS.—Dr. Solari, formerly an Interne of the Hospitals of Paris, has recently published a pamphlet (*a*) on the subject of Leucorrhœa; the following is a brief abstract of the advice offered by the author to women suffering from uterine disease:

Leucorrhœa may often be averted by proper care, and nutritious diet. It is all-important to prevent the cervix uteri from remaining in contact with morbid secretions, which irritate its surface, and not unfrequently brings on ulceration. Should simple hygienic measures prove insufficient, surgical interposition becomes necessary for the detection of the causes.

Discharges of this description may often be cured by tonics or by anodynes.

In mild cases injections of alum, of liq. plumbi acetatis diluted in a large quantity of water, or of sulphate of zinc, may be resorted to with benefit. The double sulphate of alumen and zinc, a new salt discovered by Mr. Homolle, is frequently advantageous, and in most cases relieves uncomplicated leucorrhœa.

The following are the average proportions of Mr. Solari's astringent injections:—

℞. Aluminæ et Potassæ Sulphatis, ʒj.
Aquæ, ʒvij.

℞. Zinci sulphatis, ʒss;
Aquæ, ʒvij.

℞. Liq. Plumbi acetatis, ʒij;
Aquæ, ʒx.

℞. Aluminæ Sulphatis, ʒij—ʒvj;
Aquæ, Oij.

℞. Aluminæ et Zinci Sulphatis, ʒj—ʒiv;
Aqæ, Oij.

In obstinate cases an injection consisting of fifteen or thirty grains of tannin in three ounces of glycerine, has often proved successful.

Sulphate of zinc combined with tannin, or dissolved in a fluid containing this substance, such as decoction of walnut-leaves, of gall-nuts, of the bark of the pomegranate tree, cinchona, or oak, may also be resorted to with benefit. The dose should be about eight grains to a pint.

The vegetable decoctions above mentioned are likewise most useful, especially when leucorrhœa depends on want of tone of the organs of generation.

In cases of this kind, Mr. Solari prescribes internally a table-spoonful of syrup of cinchona or of bark wine, to be taken half an hour before the two principal meals, and in addition, if digestion is torpid, fifteen grains of pepsine, together with iodide of iron, in syrup or sweat-meats, the preparations most readily tolerated by the stomach.

In obstinate cases, injections must be set aside, and the patient must submit to the introduction into the vagina of plugs impregnated with appropriate medicated agents.

ART. 6341. EXHIBITION OF PREPARATIONS OF TIN IN GONORRHŒA.—The price of tris-nitrate of bismuth having increased nearly a hundred-fold within the last few years, several practitioners have sought for a substitute in preparations of tin. Experiments have been instituted on the subject at the Hôtel-Dieu, by Professor Trousseau, but without success. Dr. Calvo states in the *Union Médicale*, that the oxychloride, phosphate, and tannate of tin are extremely efficacious in the early stage and at the decline of gonorrhœa, and also in gleet. The oxychloride especially, is not, according to the author, liable to produce troublesome irritation of the urethra, such as follows the protracted use of imperfectly washed tris-nitrate of bismuth. The following are Mr. Calvo's favourite prescriptions:

1. ℞ Aq. rosæ, ʒiijss.;
Stanni oxychloridi, ʒij.

2. ℞ Aq. rosæ, ʒiijss.;
Stanni phosphatis, ʒiss.

3. ℞ Aq. rosæ, ʒiiiss.;
Stanni tannatis, ʒss.

Three injections of either of these fluids should be daily performed.

ART. 6342. CHEAP BEER FOR THE USE OF WORKMEN.—The *Journal des Connaissances Médicales* reproduces from the columns of the *Moniteur des Sciences Utiles*, the receipt of a fermented beverage which, in the present state of the corn market, would barely cost three halfpence per gallon.

It is prepared as follows: place in a large vessel thirty pounds weight of rye, and add tepid water in sufficient quantity to keep it constantly moist; stir twice in twenty-four hours. Germination is thus induced, and as soon as the buds have acquired a length of five lines, the corn is casked in an eighteen gallon barrel, with half a pound of yeast. The next day, eight gallons of hot water are added, and the mixture is stirred with a cleft stick. The same quantity of hot water is poured in on the morrow, the cask is filled and bunged on the third day, and five days after the liquid is fit for drinking. This beer is light and refreshing, and should be drawn off in a fortnight in summer, and in three weeks in winter, as it would otherwise acquire a sharp and unpleasant flavour.

ART. 6343. PREPARATION OF BARK WINE.—The desideratum in bark wine, is not so much a more or less considerable amount of quinine, as the presence of an aggregate of tonic ingredients calculated to restore strength to debilitated constitutions. In this respect, the pale bark or grey cinchona is unquestionably preferable to the other varieties. Mr. Labat, an ingenious chemist who has devoted much attention to this subject, after considerable research, has attained results which are fully confirmed by clinical experience. Mr. Labat has, moreover, ascertained that old wines which have lost their colouring matter, and yet retain 16 or 18 per cent. of alcohol, are the most appropriate for the preparation. Malaga wine, for instance, is extremely suitable. It is not decomposed by the tannic acid of the bark, which is, on the contrary, dissolved in as large a proportion as possible. The alcohol, acids, and water of the wine are excellent solvents of the quinates of quina and cinchonia, of the quinate of lime, and the red-cinchonic acid, and what is more important, they take up the red-cinchonate of cinchonia, which is dissolved in very small proportions by common wines.

ART. 6344. EFFICACY OF CONIUM IN CHRONIC ARTHRITIS.—The *Bulletin de Thérapeutique* states that Dr. Laboulbene, physician of the hospitals of Paris, has prescribed the following preparations with much benefit, in several cases of scrofulous arthritis affecting a single joint, and attended with painful swelling of the adjacent parts:

Conium Pills.

℞ Pulv. conii., } a ʒj.
Extr. conii., }
M. F. s. a. 15 pills.

Conium Pomade.

℞ Extr conii, ʒij.;
Adipis, ʒj. M

Two, three, and four pills should be taken each day in succession. The ointment should be rubbed in night and morning.

Mr. Laboulbene conceives that conium decreases the turgidity and tenderness of the affected parts, and in five cases the duration of that habitually tedious form of scrofula was notably abridged.

(a) Delahaye, Paris.

Art. 6345.

LEARNED SOCIETIES.

Academy of Sciences.—The accuracy of the theory of Dupasquier on the utility of the presence of carbonate of lime in water has been questioned at the Academy of Sciences by Mr. Grimaud, of Caux. This theory, supported by Chossat's experiments on inanition, and by Mr. Boussingault's researches on nutrition, is based on the fact that these carbonates neutralise the acids contained in the stomach, stimulate the mucous membrane, and are invariably prescribed with benefit in cases of acidity and gastric disturbance. It is further borne out by the circumstance that nutrition, in certain animals, cannot be performed in a satisfactory manner unless a small amount of carbonate of lime has been added to the food.

According to Mr. Grimaud, this theory is erroneous. Its general application is, moreover, fraught with danger, and the presence of carbonate of lime in drinkable water is not useful, but injurious.

Mr. Grimaud grounds his assertions on one solitary case, borrowed from the thesis presented by Mr. Guérard on the occasion of the competition for the chair of hygiene, in 1852. "So long," says Mr. Guérard, "as the quantity of lime contained in the water does not exceed five parts in ten thousand, it may be considered as favourable to the healthy accomplishment of the digestive functions. Some persons, however, cannot without inconvenience drink habitually water containing even a small amount of this salt. I am acquainted with a gentleman, who, during a residence of several years in the city of Dieppe, invariably suffered from diarrhœa and gastric disturbance whenever he drank the calcareous water supplied by the fountains of the town, unless it had previously been boiled." This fact may, of course, be possibly referrible to an entirely personal predisposition; but it is, in Mr. Giraud's opinion, quite sufficient to justify the competent authorities in the adoption of certain premature measures with regard to the distribution and use of calcareous waters.

Academy of Medicine.—Mr. Devergie, in the name of a commission, consisting of Messrs. Bouillaud, Poggiale, and himself, reported on a memoir presented by Messrs. Despinoy and Garreau, of Lille, on the composition and properties of extracts of cod-liver.

A careful examination of the chemical researches of the authors has led the reporter to the conclusion that the curative effects of cod-liver oil are not due to the chlorine, iodine, bromine, or sulphur, it may contain. Thus, Messrs. Despinoy and Garreau have prepared a watery extract containing a considerable amount of these elements, and yet its efficacy was inferior to that of the oil from which they had been derived, a practical result deserving of attention. As to the therapeutic value of Messrs. Despinoy and Garreau's new compounds, their effects would be less powerful than those of the oil, although analogous in nature; and as they are dispensed in the shape of pills, they may be exhibited with benefit to patients who cannot conquer their distaste for cod-liver oil.

— Mr. Gallard read a paper on poisoning by strychnia viewed with regard to therapeutics and forensic medicine. The author opines that the quantity required to destroy life varies between one-sixth of a grain and one grain. Severe symptoms may be induced by one-sixth or one-third of a grain, but the smallest dose hitherto known to have been fatal is half a grain. If the stomach contains food, a large amount may possibly prove innocuous.

A much more considerable quantity may be swallowed with impunity, if divided and exhibited at sufficiently distant intervals.

The symptoms generally commence a short time after the poison has been taken, their progress is rapid, and death follows in a few hours. When a recovery takes place, it is in most instances complete in the course of one or two days.

The leading pathognomonic is the tetanic convulsion which is spontaneously and repeatedly produced, and is aggravated or brought on by the slightest contact, or even by noise. Previously to the occurrence of the spasms the patients, however, are able to move and to walk.

In the section of the paper devoted to therapeutics, Mr. Gallard does not confine himself to the human subject; he has also instituted numerous experiments on animals, with a view to the discovery of an efficacious antidote to strychnia. Successive researches on the power of curare, atropia, conia, chloroform, and aconitina, have led him to the conclusion that the latter is the only substance which seems to counteract the effects of strychnia (*a*).

— Mr. Baldou read a long paper on the application of hydropathy to the treatment of insanity. This difficult question has been referred for investigation to a commission, of which Messrs. Falret and Girard de Cailleux are members. We shall therefore have an opportunity of reverting to the subject, and for the present we merely reproduce the following concluding remarks of the author:

"I have never used the douche or bath as a means of intimidation. This principle of treatment should, in my opinion, be less frequently resorted to than certain authors have recommended, but I by no means reject it altogether.

"I make the same reservations with regard to the douche, which I replace by the wet head-piece.

"The powerfully sedative effects of the wet sheet will, in most instances, be a useful substitute for venesection, regarded by most writers on the subject of insanity as dangerous; this procedure combined with tepid baths lasting from two to four minutes, will always be found preferable to protracted immersion in warm water."

— Mr. Bonjean (of Chambéry) has forwarded the following letter to the President of the Academy:

"Chambéry, October 18th, 1862.

"Mr. President,—

"I beg to communicate some new facts, in illustration of the utility of ergotine for the cure of the diarrhœa which affects troops during a campaign.

"Ergotine had already been employed with much success in 1853, in Geneva, for the removal of the dysentery consequent on typhoid fever; the favourable results obtained in this affection were communicated by Messrs. Rilliet and Lombard, physicians of the Civil Hospitals, to the Medical Society of Geneva, from which I received the information.

"The following year De Fontayrac, of Eymet (Dordogne), published in the *Journal des Sciences Médicales pratiques de Montpellier*, Vol. VI, p. 293, and Vol. VII, pp. 242 and 350, 1854, and January 28, 1857, a series of interesting cases of chronic dysentery, in which a cure was effected by the exhibition of this remedy. Ergotine was administered in a half a drachm dose in a four ounce mixture, to be taken in tablespoonfuls in the course of the day, and the author compares the power and promptness of action of the drug in chronic diarrhœa and dysentery, to that of quina in intermittent fever.

'If my readers,' says he, page 349, 'will recollect that before having recourse to Mr. Bonjean's ergotine, I had in every instance employed anodynes, astringents, and narcotics, and in most cases in vain, the comparative superiority of ergotine will become as evident to others as it is to myself.'

"The *Gazette Médicale* of Paris, August 4, 1852, reports a very remarkable case of cure in a woman suffering from chronic dysentery, which had resisted every measure of treatment, and was looked upon by the medical attendant as beyond the resources of art.

"In 1855 Dr. S. Massola, of Chambéry, first-class military

(*a*) Professor Kurzak opines that tannin exhibited in time is the most effective antidote of strychnia; and we find in an article on the subject, published by the *Journal de Chimie Médicale*, that the dose of tannin must be at least 25 or 30 times greater than that of the poison. The tannin may be at once obtained from powdered oak-galls, an infusion of which may afterwards be administered. When the quantity of strychnia taken has been small, black tea, or coffee, which is somewhat less efficacious, may be prescribed with advantage. Oak-bark, acorns, horse-chesnuts, or willow-bark, tormentilla or bistort roots, also contain a large amount of tannin, and may be used as substitutes for oak-galls.—The Editor.

surgeon in the expeditionary force in the Crimea, also employed ergotine with great benefit for the relief of the chronic diarrhœa consequent on the cholera, the weakened but not exhausted poisonous principle of which still lurked at Balaclava. Fifteen hundred of the two thousand patients lying in the depot and temporary hospitals in July and August, 1855, were affected with the epidemic diarrhœa, and all the remedies at the disposal of the physicians were fruitlessly exhibited before ergotine was administered. Dr. Massola presented a memoir to the Academy on the subject on the 5th of August, 1856.

"These various facts have recently received further confirmation in Spain, the Government of that country having acceded to my request, and instituted experiments for the purpose of testing the efficacy of ergotine. I have received from H. E. the Spanish Ambassador in Paris the following official communication, dated October 12th:

"'The Inspector-General of Hospitals of the Army of Africa having given orders for the use of Mr. Bonjean's ergotine, in the hospitals of Ceuta and Tetuan, Surgeon Don Mariano Andrea has forwarded a report, whence it appears that ergotine has been found a useful remedy in passive diarrhœa; also in those forms of intestinal disturbance commonly observed among encamped troops, and usually premonitory of epidemic cholera.'"

"I submit, Mr. President, that it might perhaps be advisable to convey these facts to the knowledge of the Minister of War, and to suggest the propriety of instituting a similar inquiry in Algeria, in Mexico, etc., where our soldiers are liable to be affected with epidemics of this description, for which ergotine would appear to be a more efficacious remedy than the other modes of treatment in present use.

"Whatever be your decision, I congratulate myself on having, by persevering research, succeeded in supplying therapeutics with an agent of so decidedly useful a character, and on having given publicity, in the general interest, to its mode of preparation.

"Trusting that the Academy will receive this communication with its customary kindness, I remain, etc.,

"J. Bonjean."

— Amongst the memoirs forwarded to the Academy, we must also notice a paper by Mr. de Piétra Santa on solitary imprisonment.

Mr. de Piétra Santa advocates the preservation of cellular confinement, viz., bodily separation, impossibility of promiscuous intercourse, and of bad advice, combined with attempts at moral improvement, but he objects to the absolute isolation of criminals whatever be the system adopted, whether it be the French, Auburn's, or the Philadelphia system, as injurious to, and ultimately destructive of the mental faculties of man, who is the image of the Creator.

Society of Surgery. — Mr. Guyon exhibited before the Society a patient in whom he effected a cure of onychia by a new procedure.

The author's method consists in liberating and unfolding the exuberant flesh, and reapplying it after removing a portion of the soft parts of the toe. For this purpose two transverse incisions are performed at each extremity of the swelling, which is then everted so as to expose the ulceration at the margin of the nail; a deep longitudinal division joins the two former, so as to give rise to a square flap, the basis of which is at the edge of the nail, the superior surface being formed by the ulcerated integument. The surgeon then removes beneath the flap a portion of the soft textures of the toe, leaving a vacant space in which the flap is inserted and secured with three sutures.

Cold water dressings are applied to the wound. On the third day the sutures are removed, the ulceration heals, the nail is found to be entirely freed from the exuberant flesh, and the toe resumes its natural aspect, a linear scar being the only trace left of the operation.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

(Continued from page 76.)

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (a)

On the Prognosis of Phthisis when treated by the Hypophosphites.

Examination of the results of treatment of seventy-nine cases of dispensary patients, observed from December, 1857, to December, 1858, as the basis of a new and rational prognosis of phthisis.—The prognosis of phthisis not submitted to the specific treatment.—Fatal in the great majority of cases.—The prognosis of phthisis submitted to the specific treatment, always favourable under certain determinate conditions.—Examination and proofs of these conditions—Prognosis with regard to degree.—Prognosis with regard to type.—Prognosis with regard to constitutional predisposition.—Prognosis of complications.—Conclusions.

Since July, 1857, when I read my first paper on the treatment of consumption before the Academy of Medicine, I have treated or seen more than eight hundred patients, including in this number such cases only as I have been able to watch sufficiently long to verify the *therapeutical* effects of the treatment by the hypophosphites. As may be supposed, *the curative* results have varied with the special pathological conditions of each individual case; but I can assert, without fear of contradiction, from *prolonged* and *impartial* experience, that among this great number of cases I have not met with *one* in which death, when it has taken place, ought not to be attributed to the organic disease which already existed before the treatment; consequently, not a single case in which the hypophosphites, when used according to the rules to be hereafter specified, did not act as specifics of the tubercular diathesis. The observations to which the following papers refer might, therefore, have been increased to almost any extent, but I have preferred, for several reasons, to confine my remarks to the cases observed at the dispensary which I have opened in the Rue Larrey, No. 8, since December, 1857. Nearly all the cases to which I am about to refer, and which will be found fully reported in my forthcoming work, were seen by the Medical men and students who attended my clinic, to the number of more than sixty, in the summer of 1858. Most of the patients were, during the treatment, in the least favourable hygienic and social conditions, so much so, as in some instances to counteract the results of the treatment. The patients living at home, no change was made, either in their regimen, mode of life, or occupations, so that if ever such a pretension is to be admitted in medicine, we may in these instances safely claim the curative results to have been due to the treatment alone.

In order to give a full idea of the results obtained, and so that I may not be accused of giving only successful cases, I shall comprise in my summary all those which were seen in my public clinic during one year (from Dec., 1857, to Dec., 1858. (b) These results may now be considered definitive, as nearly four years have elapsed since they were established.

The total number of patients who applied for relief during the period above-mentioned was 154. Of that number, 60 did not follow the treatment—*i.e.*, they only came once or twice. To fix a limit somewhere, I have included in this number of 60, whose cases are not to be taken into account, all those patients the duration of whose treatment did not exceed *one* month.

Of the remaining 94 patients, 5 were affected with chronic diseases of the respiratory organs of a non-tuberculous character.

In ten cases the tuberculous nature of the complaint was doubtful, or, at least, might have seemed so to some persons; and although in this number are comprised several patients who were evidently in the first stage of phthisis, I have classed them with the

(a) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

(b) I shall, perhaps, be more fortunate than I was with the first edition of my work on 'Consumption,' which contained thirty-four cases; nine followed by recovery, and fourteen by death, the latter stated with much greater minuteness than the former—all of which did not prevent the 'Athenæum' from settling the question in half-a-dozen lines, by saying that little attention could be paid to an author who reported *only* his *successful* cases.—*Ex uno disce omnes.*

doubtful cases not reported, because of the difficulty of establishing the correctness of the diagnosis beyond controversy, otherwise than by the progress of the disease, which, in these instances, could not be observed, as no softening took place. Of the remaining seventy-nine patients, the diagnosis offered all the character of certainty required in such cases. Two of them were in the first stage on first examination, but afterwards presented signs of softening; fifty in the second; and twenty-seven in the third.(a).

I divide the effects produced by the treatment as follows:—

1. Complete recovery, with disappearance of physical signs. This result was observed in seventeen cases—one in the first stage, and sixteen in the second.

2. Recovery with persistence of physical signs in ten cases: six in the second, and four in the third stage.

3. Continued improvement without a definitive result, on account of cessation of treatment in fifteen cases: one in the first, twelve in the second, and two in the third stage.

4. Cases in which there was not continued improvement, fifteen: seven in the second, and eight in the third stage. Some of these have since died, most of them after having left off the treatment for a considerable time; but the information obtained with regard to the majority is incomplete.

5. Death during treatment, sixteen cases: eight in the second, and eight in the third stage.

6. Patients who, after showing continued improvement so as to lead to the hope of a speedy, or at least an ultimate cure, afterwards died of secondary complications, six cases: two in the second, and four in the third stage.

Strictly speaking, I ought to claim these last cases as favourable to my treatment, or at least as not militating against it, but to shorten and simplify the discussion, I have waived this right, and counted them as negative results.

To sum up, forty-two patients presented a steady improvement during the whole time of their treatment; thirty-seven showed no improvement, or the improvement at first shown did not continue.

The question now occurs to what is this difference of results to be attributed? I reply unhesitatingly, that it was owing to the different extent of the pulmonary lesion already existing when the treatment was commenced; and I shall now proceed to establish this very important point by a discussion of the results observed in the seventy-nine cases to which I refer. I hope, in fact, by this means, to establish several important conclusions:—

1st. To show that the negative results observed in the use of the hypophosphites depend neither on a variability in their action *as a specific*, nor on chance (*i. e.*, on obscure or unknown causes), but on the pre-existence of certain determinate pathological conditions which it is usually possible to ascertain before beginning the treatment.

2ndly. From this I shall attempt to deduce certain principles of a definite prognosis of phthisis when submitted to treatment by the hypophosphites, which principles, future and more extensive experience will, I am confident, confirm in their main bearings.

3rdly. I claim to have found in the agreement of the apparently contradictory results thus obtained, positive proof of the specific action of the preparations of oxidizable phosphorus in phthisis, and of the pathological theory of tuberculosis which I have deduced from it.

Before, however, entering on this question, it is necessary to meet two objections which offer themselves at the threshold of every clinical controversy. The first of these is that the cases reported were not cases of phthisis at all, but only supposed to be so, owing to errors of diagnosis. To this I answer:

1. No objection of the kind was ever raised by any one of the different persons, many of them able auscultators, who have seen or see the patients at my dispensary.

2. To assert that, in the present state of medical science, cases of phthisis in the second and third stages cannot, in the great majority of instances, be diagnosticated beyond chance of error by one who has been in the daily practice of auscultation for upwards of twenty years is simply shirking the argument and placing it beyond the pale of *scientific* discussion.

3. Many of the twenty-four cases of phthisis in the third stage reported in this journal still present the physical signs of a cavity, while at the same time nearly all of them are in perfect health.

Lastly, this supposition of an error in diagnosis will on examination be found altogether inconsistent with certain remarkable coincidences in the results about to be noticed, such as the constant efficacy of the remedy in nearly all cases (nine out of ten) where the disease in the second stage affected only one lung; the cure of all the children treated at the dispensary with one exception (seven in eight); and lastly, the much greater proportion of recoveries in cases of hereditary predisposition than in those where such predisposition was wanting. Such results evidently cannot be explained away either by fortuitous coincidences or by errors of diagnosis. This first objection I therefore look upon as *fairly* and finally disposed of, and I trust I shall hear no more of it.

The second objection is of more moment, and requires somewhat fuller discussion. It is that the favourable results obtained by the use of the hypophosphites are neither extraordinary nor new in science; that they are nothing more than is obtainable either by the spontaneous efforts of nature, or by means already known previous to the introduction of the hypophosphites. This is only what happens on the appearance of any new truth: it is first denied, and when it can no longer be so, every effort is made to lessen and obscure it. Since, however, the discovery of auscultation has enabled us to ascertain the precise seat and nature of the diseases of the lungs, and thus distinguish between tubercular and inflammatory diseases of these organs, no point in pathology rests upon a broader basis of ascertained facts, nor upon a more general consent of pathologists, than that of the almost complete incurability of phthisis. This will be seen from the following quotations:

I.

"We must confess that art does not possess any certain means of curing consumption. We cannot be mistaken as to the incurability of any malady when we see almost every known medicine tried against it. When remedies the most dissimilar and the most directly opposed to one another are employed; when every day new means are proposed, and old ones again dragged forth from the oblivion into which they had justly fallen; when, in short, we meet with nothing fixed but the use of palliatives and of means for fulfilling purely symptomatic indications."—LAENNEC, "Traité de l'Auscultation Médiate," 3rd edition, 1831, t. ii. p. 172.)

II.

"The mere words 'confirmed phthisis' clearly express the prognosis. Art has made so little progress in the treatment of this disease that the prognosis of practitioners of different ages is exactly the same as that of physicians of our own day."—(JOSEPH FRANK, "Pathologie Médicale," t. iv., p. 293; edition of the Encyclopédie des Sciences Médicales.)

III.

"Phthisis which has reached the second stage is generally regarded as incurable, much more so when it is in the third stage."—(MAYGRIER, "Dictionnaire des Sciences Médicales," 1820, t. xlii., p. 103.)

IV.

"Until the researches of Laennec, phthisis had been regarded as necessarily ending in death; this celebrated observer showed the possibility of cicatrisation of tubercular cavities. Bayle, who was not aware of this fact, thought that in the few cases where individuals recover after having presented all the rational signs of phthisis, they had only suffered from chronic bronchitis. But in several such cases the existence of cavities has been proved by auscultation. . . . Still, though a cavity may be cicatrized, it is not necessarily followed by recovery. This, on the contrary, is very rare, and can only take place when there are no other tubercles in the lung than those which occupied the place of the cicatrized cavity. But even in this last case there is only a suspension of the symptoms, and the cure is but momentary, because *the fatal predisposition which first produced the tubercular matter nearly always, after a certain time, produces it again.* Nothing, however, has yet been adduced to prove that the tubercles themselves can be absorbed and disappear, so that if there be any chance of recovery in phthisis, it is only when it has reached the last stage of the lesion which constitutes it. But this chance is very small, *and the prognosis is almost invariably fatal.*"—(ANDRAL, "Cours de Pathologie interne, recucilli et rédigé par Amédée Latour," 1836, t. i., p. 509.)

V.

"Phthisis nearly always ends in death after a period varying from a few weeks to several years."—LOUIS, "Recherches sur la Phthisie," 1843, 2nd edition, p. 509.)

VI.

"The termination of well-marked phthisis is always fatal. The end comes sooner or later, in a few weeks or a few months, according to a multitude of circumstances, such as the constitution, the complications, the more or less judicious care bestowed on the patients, the facility or difficulty of the expectoration. . . . . Phthisis is fatal in the immense majority of cases. We may relieve the patients afflicted with it and prolong their lives; we cannot cure them. Whether tubercles be few and scattered or not, whether they be crude or softened, the case goes on to a fatal termination. The reason of this fact is plain; *the same predisposition which originated the first tubercles determines fresh deposits of tubercular matter.*" —(PIORRY, "Pathologie iatrique," 1843, t. iv., p. 552.)

VII.

"Phthisis when extensive cannot be cured by any remedies at ur disposal, but it would be wrong to conclude that we cannot re- o eve the patients by judicious treatment, local as well as general,

(a) As writers are not agreed with regard to the stages in the course of phthisis, I will here briefly state on what signs I base the division followed in these papers. The first, or crude, stage is marked by alteration in the percussion sound of the chest, and by a modification of the respiratory murmur without the production of abnormal ronchi.

The second stage of softening is characterised by the alteration of the normal respiratory murmur, which is accompanied or replaced by abnormal sounds.

The third stage, or that of excavation, offers the morbid bruits and the modification of the voice and cough, which are special signs of a cavity.

hygienic as well as medicinal. In a great number of cases I have been able to subdue the febrile action, the cough, the dyspnœa (at least while the patient is at rest); in a word, I have been able to reduce the symptoms to their simplest form; but this improvement has been only temporary."—(BOUILLAUD, "Nosographie Médicale," 1846, t. ii. p. 603.

VIII.

"It is useless to dwell upon the fatal character of phthisis. It carries off nearly all those who are affected with it. Still we have proved that it might be checked or even cured in some few *quite exceptional* cases."—(GRISOLLE, "Traité de Pathologie interne," 6th edition, 1855, t. ii. p. 505.)

IX.

"*The tubercular disease when established is beyond our power.* The inflammation which is incidental to it we may hope to alleviate or to remove. . . . The poor are necessarily much exposed to those causes which tend to complicate the tubercular disease. The tubercular disease may as yet be slight and limited, but the superadded mischief, the bronchial and vesicular effusion may be immense, and this being submitted, often for the first time, to treatment upon their admission into an hospital, is for a while removed."—(WATSON, "Lectures on Physic," vol. ii., p. 209.)

X.

"Death is the termination of almost all cases of confirmed phthisis."—(WUNDERLICH, "Handbuch der Pathologie und Therapie," 2e Auffl. Stuttgart, 1856, Bdiii. 2e Abth. S. 424.)

XI.

"Phthisis ends nearly always in death, and it is now generally admitted that the cases of recovery are so few, that the prognosis is almost always fatal."—(MONNERET et FLEURY, "Compendium de Médicine Pratique," t. vi., 1845, p. 531.)

XII.

"Is tuberculosis curable? This question, which has formed the subject of many treatises, has been answered in the affirmative by a good many pathologists: but it must be confessed that recovery is altogether an exception."—(BARTHEZ et RILLIET, "Traité Clinique et Pratique des Maladies des Enfant, 28 edition, 1854, t. iii., p. 383.)

From the preceding quotations it appears that the fatal character of consumption is one of the best established and most melancholy truths in pathology.

The few writers, such as Copeland and Graves, who are not altogether of this opinion, go no farther than to assert that the prognosis of any one particular case is not necessarily fatal at the outset, but they do not support their opinion by any clinical proof nor by any series of cases.

There are, however, usually two opposite tendencies to be found among practitioners, with regard to the prognosis of phthisis. According to one set, the disease is absolutely and necessarily fatal, and the result will be exactly the same, whether the patient be subjected or not to medical treatment. Another set are always hopeful, and although the individual instances of recovery, the most fortunate of them may have observed are to be counted up by units, they still suppose that any given individual patient is to be the happy drawer of the extraordinary prize they attempt to secure for him. A little scrutiny into facts will show the very frail basis upon which such expectations as these really rest. They depend upon two series of results, one referring to the pathology, and the other to the diagnosis, of the complaint.

The curability of consumption rests upon the fact that in individuals having died of other complaints, *post-mortem* examinations occasionally show that the patient had once suffered from tuberculosis, which had been arrested, or had even ended in recovery. This was first shown many years ago by the researches of Laennec, subsequently confirmed by those of Boudet (*a*), Ragée (*b*), Valleix (*c*), Rilliet and Barthez, and latterly by those of Hughes Bennet.

The other reason for *hoping* for the cure of consumption first arose from the advances made in the diagnosis of the early stages of the disease. While pathologists were demonstrating the *possibility* of phthisis sometimes ending in recovery, Jackson, of Boston, and Fournet, were studying with particular care the earliest stethoscopic signs of the disease. Thus, from the twofold circumstance that phthisis did occasionally stop short of death, and might by a practised auscultator be detected at its earliest outbreak in the lungs, it was hoped that, if taken at the very first outset it might be found more amenable to treatment than when medical aid is called for at a later period. Twenty years experience have shown that this expectation is not justified by facts. The majority of practitioners who hope for the recovery of any given case in its earliest stage are in reality only men who are behind their time.

(*a*) Boudet, "Archives Générales de Médecine," 1843, 4e série, t. i. p. 236.

(*b*) Ragée, "Essai sur la curabilité de la phthisie pulmonaire (Archives Générales de Médecine, 3e serie, 1839, t. v. p. 473.)

(*c*) Valleix, "Considerations sur les lesions anatomiques et sur la curabilité de la phthisie (Archives Générales de Medecine, 3e serie, 1841, t. x., p. 293.)

(To be continued.)

REVIEW OF THE PERIODICALS.

The 'Dublin Quarterly Journal of Medical Science.' Dr. JOHN DENHAM contributes an article on the *Recent Epidemic of Puerperal Fever in Dublin.* Dr. Denham is master of the Dublin Lying-in Hospital, where this outbreak of fever occurred. It was of the asthenic type, and evidenced a "clear relationship" with "erysipelas and scarlatina." Depletion by bleeding and purgatives, however useful it may have been in previous cases, was found injurious in the present epidemic. With respect to its contagious character, and the general characteristics of the attack, Dr. Denham remarks:

"I beg not to be understood as wishing it to be inferred from what I have said, that a disease is not contagious merely because it prevails epidemically; the two may and do meet in the same malady, and must not, therefore, be regarded as incompatible properties; and I am free to admit, that those properties may often be found to combine in the very disease of which we are now speaking. What I complain of is, that those writers who advocate the infectious nature of puerperal fevers, in their anxiety to establish their position, have entirely overlooked the epidemic element, and have heaped unmerited reproach on medical men who have had the misfortune to live within the epidemic circle, and upon institutions that have been the recipients of patients who have imbibed the epidemic poison perhaps for days before they entered within its walls.

"In the month of November last there were 72 patients delivered in the hospitals; 16 were attacked with puerperal fever, and one with scarlatina; she recovered. Of the 16 puerperal cases 9 died; in five of them the fever was of a low typhoid form, proving fatal on the fourth or fifth day after delivery. In three of them the symptoms presented were those of uterine phlebitis and pyemia—proving fatal—one on the seventh, one on the eighth, and one on the ninth day. The remaining fatal case was attacked with pain (abdominal) and rigors on the second day after delivery; on the night of the fifth day she had two marked fits of convulsions, with vomiting of black fluid; she never became conscious after the first fit, but lay in a state of stupor until the ninth day, when she gradually sank and died.

"One of the six non-fatal cases was attacked with pain and swelling of the left knee, which extended to the whole leg, causing much pain and constitutional disturbance. Another had, superadded to the phlebitic symptoms, erysipelas of her left elbow, ending in abscess; she became maniacal on the seventeenth day, and was removed by her friends on the twenty-first, contrary to our wishes.

"In December there were 103 deliveries—and of these 14 were attacked with puerperal fever, and three with scarlatina. Nine of the puerperal cases proved fatal—death taking place in all, with one exception, from the fourth to the sixth day. In the exceptional case, the urgent symptoms so far subsided as to enable the patient to be removed to the recovery ward. There she was attacked with phlegmatia dolens, inflammation of the knee joint, and sloughing over the sacrum and on both hips. She was released by death from her intense and prolonged sufferings on the thirty-sixth day after delivery, every texture in the body giving evidence of blood-poisoning to a fearful extent. The patients attacked with scarlatina all died. One of the five cases not fatal, suffered from a severe attack of bronchitis, for which she was attended by Dr. Croker, our consulting physician; another had an abscess over one scapula.

"The new year, which to most people is a time of rejoicing, proved a season of deep sorrow and anxiety. From the 1st of January till the 11th, when the hospital was closed, we had 37 patients delivered. Of these, four were attacked with scarlatina, and 16 with puerperal. All the scarlatina patients died—two on the third day after the attack, and two on the fourth. Ten of the puerperal cases proved fatal; one of them died in 24 hours; another, in which there was morbid adhesion of the placenta, died on the third day, with symptoms of uterine phlebitis; in another pleuritis was superadded to the phlebitic inflammation, and proved fatal on the seventh day. Two others were attacked with erysipelas and died—one on the twelfth, and the other on the sixteenth day.

"Of the six cases that recovered, one was attacked with erysipelas of the right arm, which ended in an abscess.

"The hospital was again opened early in the month of February, admitting, however, only a limited number of patients. Thirty deliveries took place; and of these six were attacked with puerperal fever; two of them died, and one was in hospital until lately—a case of considerable interest.

"She appeared a healthy, active girl, and had a safe and easy labour for a first child. She became maniacal, however, on the second day, having had a rigor a few hours before; symptoms of metritis and peritonitis, with frequent rigors, followed; she complained much of pain in the head; and on the tenth day inflammation of the right eye set in suddenly, with loss of vision; an erysi-

pelatous patch also appeared on the right elbow, which ended in a small abscess. Sloughing over the nates next appeared; but she ultimately recovered, with loss of vision in the right eye.

"In this case the head was shaved, and nauseating doses of tartar emetic were given in the first instance; when the pain set in over the uterus she was leeched, as the pulse was quick and strong. She was then put on hypo-sulphite of soda in scruple doses; but this we were obliged to discontinue, as it induced vomiting and purging, although given with small doses of liquor opii; bark, and carbonate of ammonia were then given, with a liberal allowance of wine and chicken broth. I should have mentioned that the chest was much engaged in this case also. For many week she remained in a most pitiable condition, but has now left quite well.

"From the brief and imperfect report now given it will be seen that out of 150 cases 50 were attacked with puerperal fever, and eight with scarlatina; 20 of the puerperal cases died, and seven of those attacked with scarlatina; of the latter, one lived till the fifteenth day; the case was one of great interest, but very unpromising from the commencement; eruption very abundant, but of a dark livid colour; pulse weak and rapid; sordes on the teeth; great prostration, with low muttering delirium; yet, contrary to our expectation, the fever subsided, the pulse fell, and desquamation extentively set in, giving us a strong hope of recovery, when, unfortunately, an overloading of the stomach with food, incautiously given by the nurse, brought on an attack of vomiting, under which she rapidly sank and died.

"Bark, with carb. ammonia, brandy in small quantities, and wine to the amount of 148 oz., formed the principal treatment in this case.

"The class of patients that came in at this time were ill fed, ill clothed, and often depressed, not only in body but in mind; some of them unmarried, and some of intemperate habits; very much the class of persons that fell victims to the cholera when it prevailed in this country. The cholera in India is much more frequent and fatal among our common soldiers than their officers; and so with puerperal in this country, be it infectious or epidemic; it is not only more general, but much more fatal among the poor and the outcast than among those who are well to do in their comfortable homes. As I have already mentioned, the present outbreak was characterized by the early and urgent appearance of the symptoms, and the little influence exerted upon them by treatment. The data given will show how short the time allowed us to attempt a cure, and how unpromising the material we had to work upon. Depletion could not be borne; and, when tried, did not seem to allay the symptoms. Stimulants and light nutritious food were what we relied most on, and apparently with most success. To some we gave minimted tincture of iron; to others, the hypo-sulphites; and others again we treated with camphor and Dover's powder. But the result appeared to be much the same in all. Our success, or rather the absence of it, was quite as great in the one form of treatment, so far as specifics were concerned, as the other; and the conclusion has been forced upon us that, as in cholera, so in puerperal, we have yet to seek for a certain remedy.

"One patient had a rigor 14 hours after delivery, and died on the fourth day. Another in 16 hours after—she died on the fourth day also. A third shivered 17 hours after delivery, and died on the fifth day. And a fourth in 20 hours after—she only survived 36 hours.

"The amount of stimulants necessary was well exemplified in the case of Mary Clive, who took 164 oz. of wine during the attack—she recovered."

Dr. Denham then gives some interesting quotations from various authors on the disputed questions relative to the causation of puerperal fever, and concludes as follows:

"If we admit that there is in all such diseases, whether epidemic or infectious, a latent period, and take into consideration the ordinary period of incubation in small pox, scarlatina, and such like diseases; and bear in mind, at the same time, the fact, that the symptoms of puerperal fever are often present even before labour comes on, or develop themselves in a few hours after delivery; I think we have forced upon us the conclusion that the poison has not been communicated by the fingers of the medical attendant or that of the pupil on duty, nor yet has it come from the walls of the hospital. In my opinion the poison is often taken into the system (however communicated) perhaps for days before labour sets in, and there lies dormant, being thus kept in this latent condition by some law of the system, the result of the pregnant condition.

"May we not, therefore, fairly infer that puerperal fever possesses quite as much, if not more, of the epidemic as of the infectious character, and that we have yet much to learn both as to the nature of the disease, and the best mode of treating it."

The 'Lancet.' Dr. FULLER'S Lectures on *Gout and Rheumatism* are continued. We extract what Dr. Fuller says of the alkaline treatment as collateral evidence to that given in a foregoing notice of an article by Dr. Basham:—

"The amount and character of the remedies prescribed, and the form in which they were administered, are other points deserving of attention. You will have observed that whenever I have to deal with a case of acute rheumatism, my aim is to induce alkalinity of the urine as speedily as possible. Experience has shown me that as soon as a full alkaline action has been induced, as indicated by alkalescence of the urine, the heart is safe, and no fear need be entertained of its suffering from the irritation of the rheumatic poison. In no single instance has a patient of mine been attacked with endocarditis or pericarditis after the urine has shown an alkaline reaction. But in a case of acute rheumatism in which febrile action runs high, and the urine is loaded with lithates, it is not an easy matter to induce alkalinity of the urine. Alkalies may be given in moderate quantities without producing the slightest apparent effect on the urine, without in any degree modifying the general symptoms of the disease, and without affording the slightest protection to the heart. In this instance, as in other cases, half measures are useless, or worse than useless; they fail to effect the object in view, and yet suffice to lull the patient and his medical attendant into a false and unwarrantable security. To be of any service, alkalies must be rapidly pressed to the fulfilment of the object for which their administration is had recourse to. They must be given in doses proportioned to the intensity of the mischief they have to remedy, and must be repeated as frequently as occasion may require. Ordinarily I find that two drachms of some alkaline carbonate or its salts, if repeated every three or four hours, will suffice to induce alkalinity of the urine within twenty-four hours, and this, therefore, as in the case of E. H——, is the dose with which I generally begin, taking care to add a few grains of citric acid, with a view to induce effervescence, and render the medicine less unpalatable. Sometimes, notwithstanding these full doses of alkali, the urine will remain acid for thirty-six or forty-eight hours; but this is only in very aggravated cases, and when the bowels are costive, and it must be regarded as an exception rather than as the rule.

"When once alkalinity of the urine has been induced, the dose of the alkali should be greatly diminished, and this may be accomplished either by reducing the quantity of the salt in each dose which is administered, or by giving the original medicine at longer intervals. Ordinarily I adopt the latter plan, inasmuch as it answers just as well as the former, and causes less annoyance to the patient. Thus in the case of E. H.——, the remedies, which were prescribed every four hours on the patient's admission into the hospital, were repeated every six hours on the 10th of March, and on the following day, as the urine still continued alkaline, were given only twice in twenty-four hours."

Dr. Fuller then points out the value of an early administration of bark. He claims the credit also of having been the first to point out the efficacy of the alkaline treatment. The truth would seem to be that, whether carbonates, citrates, or nitrates are administered the active principle is the base. We, however, extract some of his remarks on this point:—

"The preservative influence of alkalies over the heart was first pointed out in my work on Rheumatism; but at the time when the first edition of that work was published, I scarcely dared anticipate the marvellous success which extended observation has proved to attend their administration. I then stated that they exercised a sedative influence over the heart, and prevented the extension of inflammation to it; but the facts which I had then collected were not sufficiently numerous to enable me to affirm, as I now do, with perfect confidence, that, if duly administered, alkalies will entirely prevent the access of cardiac mischief. You are all aware that they have protected the heart from attack in every case which has come under my care in the wards during the period of your studentship; but you are not probably aware that the same immunity has been observed in the cases under my charge ever since I was appointed physician to the hospital. No patient of mine whose heart on admission was free from mischief has left the hospital with that organ damaged. Our resident medical officers and our successive medical registrars can all bear testimony to this fact, and its importance can scarcely be over-estimated. When one considers the vast amount of suffering entailed by rheumatic affections of the heart—when one looks around our wards and finds them filled with patients suffering from palpitation, asthma, and dropsy, resulting from disease of the central organ of the circulation—disease which originated, perhaps years ago, in an attack of acute rheumatism—I say, when one reflects on these facts, one cannot feel too grateful to Almighty God for having placed in our hands the means of preventing so much suffering, and of preserving thousands from a premature grave."

Are other alkalies so useful as potash? Dr. Fuller answers this question thus:—

"The administration of soda is not in accordance with the theory which attributes rheumatism to a deficiency of the salts of potash in the system; neither is it in harmony with the practice of those who admit the value of alkalies, but confine themselves to the administration of potash, as forming compounds excessively soluble, and

therefore capable of being easily eliminated from the system. But, in truth, I do not admit the theory referred to; neither do I consider that the sole object to be attained in the administration of alkalies is the neutralisation of acid, and the formation therewith of compounds capable of being easily eliminated from the system. The virtue of alkalies, I believe, depends upon the power, 1st, of acting as restorers of the alkaline condition of the system; 2nd, of assisting to maintain the solubility of the fibrin, and thereby preventing its deposition on the valvular apparatus of the heart; 3rd, of acting most powerfully as sedatives, and calming the action of the heart and arteries; 4th, of increasing the metamorphosis of tissue, of modifying the chemical changes going on in the blood, and of proving active provocatives of an increased secretion of urine, whereby the elimination of the materies morbi is assisted. And if this be so, there is no difficulty in perceiving that, *à priori*, soda is just as likely as potash to effect the object we have in view. That it proves so practically you have seen, in the beneficial influence which it exerted in the severe case now under consideration, and in many other cases which, for the sake of experiment, I have treated in this hospital with soda alone. But my impression, founded on practical observation no less than on theoretical considerations, is in favour of giving the mixed alkalies. We know that potash alone will cure the disease, and you have seen that soda alone will exert an equally curative power, and inasmuch as we believe that these agents operate not merely as antacids, but rather as modifiers of the chemical changes whereby the formation of the materies morbi is brought about, and as soda differs entirely from potash in its chemical properties, it is only reasonable to suppose that the one agent must exert an influence on the economy which could not be produced by the action of the other, however largely administered. If I am correct in this view, and it be admitted that potash and soda exert a modifying influence each in its own peculiar way, it follows, unless the influence exerted by the one salt interferes with that produced by the other, that the joint action of these agents must be more satisfactory in its results than the action of either of them taken separately.

"It may perhaps occur to you that, if potash and soda are each capable of effecting the cure of acute rheumatism, ammonia may possess a similar power, and may possibly exert an influence more potent than either the one or the other. I have tried the question fairly in several cases, and those of you who watched the case of S. R——, aged forty-eight, who was admitted into the Roseberry ward on the 18th of last October, will have formed your own conclusions on the subject. To satisfy some gentlemen as to the effect of ammonia, I gave this woman every three hours half a pint of liquid containing four ounces of the solution of acetate of ammonia, and an excess of one drachm of carbonate of ammonia. This she took regularly until the 26th, when, although the pulse had fallen from 120 to 90, the pains had not abated, and the urine continued acid. Potash was then administered, and within two days the urine was alkaline and the pains were much relieved. The truth appears to be that, although ammonia appears to behave as an alkali when in contact with an acid, and therefore neutralises any acid which is present in the stomach, is does not operate as an alkali in the system, for it not only fails to render the urine alkaline, but it fails also to exert the modifying influence over the chemical changes which is necessary to get rid of the disease. Administered alone, therefore, ammonia will not suffice to arrest an attack of acute rheumatism, but it exercises a power of maintaining the fibrin of the blood in solution beyond comparison greater than exerted by potash and soda, and, therefore, I never fail to give it in conjunction with the other alkalies, except when I prescribe each alkali separately for the purpose of experiment. Whether a more satisfactory result is obtained by the joint use of these several alkalies than by the use of each of them separately, it is very difficult to determine by numerical calculation, inasmuch as the inquiry demands the observation of each mode of treatment in a larger number of cases than falls to the lot of any one physician. Be that as it may, however, the more I see of this once formidable disease, the more convinced do I become that in the judicious employment of alkalies we have a complete and efficient antidote not only to the continuance of the articular symptoms, but to the occurrence of cardiac complications."

Mr. HILTON'S interesting lectures on *Pain* are continued. SIR JAMES RANALD MARTIN contributes a few observations on *Hepatic Diseases amongst Europeans in the East Indies*, and Dr. MORELL MACKENZIE an article on the *Application of Remedies with the Aid of the Laryngoscope*, which does not require special notice.

(The Review of the Periodicals is continued at page 458.)

ZYMOTIC DISEASES IN SCOTLAND.—The Registrar-General attributes the high proportion of deaths from zymotic diseases chiefly to the prevalance and fatality of measles in Aberdeen, of whooping-cough in Dundee, and of small-pox in Edinburgh. In Aberdeen, the deaths from measles were 34·6 per cent.

DRUNKENNESS AND ITS RESULTS.

In the last report of the Registrar-General we have some light thrown upon this subject. In it, among one hundred and twelve causes of mortality, we find "Alcoholism"—a term signifying, of course, the direct agency of inebriating drinks. The deaths are registered under two sections—namely, *delirium tremens* and *intemperance*. The victims we find to be of both sexes and of various ages. In the ten years ending with 1860, more than eight thousand deaths were registered as caused by alcoholism. But, to simplify the matter, let us take, with Mr. T. A. Smith (in the report before us, p. 75,) our illustration from the three years ending with 1860. In these three years the deaths were as follows :—

	1858.	1859.	1860.	Totals.
Delirium tremens ...	... 424	... 545	... 457	... 1426
Intemperance ...	... 288	... 345	... 318	... 951
Totals ...	... 712	... 890	... 775	... 2377

Now, though these numbers are sufficiently appalling, we fully agree with Mr. Smith in refusing to believe that they represent the full amount of mortality produced by the direct agency of alcohol. Nevertheless, such as they are, they assure us that for three years this kind of self-murder was committed at the rate of more than two persons a-day! To place this fact in a stronger point of view, let us, in following Mr. Smith, compare the mortality from alcoholism with the deaths from poison. The deaths registered as produced by the latter were—

	1858.	1859.	1860.	Totals.
By accident or negligence ...	282	.. 279	... 240	... 801
Suicide	119	... 112	... 156	... 387
	401	391	396	1,188

Thus the whole of the deaths by poison were 1,188; the deaths by alcoholism 2,377, or more than double the number registered from all the poisons.

Again, let us compare the deaths from alcoholism with those from murder and manslaughter :—

	1858.	1859.	1860.	Total.
Murder and manslaughter ...	344	... 338	... 377	... 1,059

Thus the deaths from alcoholism were more than twice as many as those from murder and manslaughter.

But we see the deleterious effects of overmuch drink in a still more forcible way if we add together the number of deaths from poisons, and those from murder and manslaughter :—

Deaths by poison in the three years	1,188
Deaths by murder and manslaughter	1,059
Together	2,247

The deaths from alcoholism were 2,377, or 130 more than all the deaths from all the poisons, all the murders, and all the manslaughters put together!—'Lancet.'

CASE OF INVERSION OF THE UTERUS.

"It seems to me that the publication of an error of diagnosis may sometimes be as instructive as the record of a successful detection of an instance of rare disease. If so, will you allow me to relate briefly the following case?

"Some time ago I attended a case of labour, in which nothing unusual occurred till after the expulsion of the placenta, which was immediately followed by profuse hæmorrhage, acute irregular uterine pains, and rapid sinking. The flooding soon ceased in a great measure; but as there was no returning heat or pulse, and the restlessness and anxiety increased, an examination revealed what I took to be a tumour, nearly as large as the closed hand, attached by a broad base to the fundus of the uterus. On this discovery, a neighbouring practitioner was immediately consulted, and he arrived at the same conclusion.

"We were puzzled to understand how a fine child could be born at the full time with such a tumour in the uterus; how the uterus itself should feel so small through the abdominal walls, and how the exhaustion and sinking should be so rapid and alarming.

"But we agreed that nothing could be done to the tumour then, and that all our efforts should be directed to rescuing the poor woman from the impending collapse. All was in vain; and she expired in five hours after delivery. A *post mortem* examination revealed the existence of a partial inversion of the uterus.

"Whether or not the inversion was reducible; or, if reduced, would the shock have been recovered from, is not to the purpose. I fully admit that we should have detected the state of the case, which has haunted me ever since; so that, like the ancient mariner, I am compelled to tell the story."—M.D. in 'British Medical Journal.'

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 24, 1862.

THE DANGER OF THE LAWS OF LUNACY.

The practical conclusion which most Medical Practitioners will draw from the unfortunate case, HALL *v.* SEMPLE, is this—that it is, in the utmost degree, dangerous to give a certificate of lunacy. Many, doubtless, will decline to give one under any contingencies. No man should put his character and pecuniary interests into obvious peril by the discharge of a routine duty.

The decisions of juries have made the law so strict in this matter, that it is difficult to say when a man may or can be mad enough to justify his seclusion. It will be in the recollection of our readers, that it was recently determined in a court of law, that no person who was insane from drink could be legally confined, *except by his own consent;* and we apprehend that, at the present moment, there is scarcely a practitioner to be found who would give a certificate of lunacy in such a case. When juries depart from the *fact* of insanity as the proper basis of their verdict to consider its cause, no Medical Practitioner is safe. There are hundreds of men who are absolutely insane under the influence of alcohol, who are possessed with delusions, fancying themselves Lord Chancellors, Bishops, or Kings, or that they have received some gross injury which it is their duty to avenge. We knew one gentleman, who, during his sober moods, was a sensible, quiet, and orderly man—always shy, indeed, but perfectly rational; yet he drank as often as he could, and kept drunk as long as he could; and during these days or weeks of inebriation he would read his Bible with great assiduity, fall down upon his knees in the streets and pray, apostrophise the stars, and frequently break off a fit of pious reverence with a burst of anger, during which he uttered horrible oaths and threats. He was then a dangerous lunatic. Others there are who, under the influence of alcohol, are furiously maniacal, who seem to rejoice in doing mischief, and who commit murder or suicide under an impulse they are unable to control. Others, again, are habitually saturated with the alcoholic poison, are gloomy, morose, malevolent, and in a chronic state of morbidity of mind. Such men often commit suicide. Then there is the febrile state of delirium tremens, caused by a débauch, or the forced suspension of the customary stimulant—a state that rises to its acme in the course of a few days, and declines readily under appropriate treatment. Men in this diseased state are occasionally the victims of horrible fears, and are apt to do mischief from an excess of terror. We have seen numerous examples of all these forms, and more than these, of insanity from drink; yet, in the present state of the law, it would be highly dangerous to seclude a person labouring under this species of lunacy in any of its forms, even though such temporary seclusion would be the most considerate and the tenderest act of charity that could be practised in his behalf.

As juries seem to be agreed that lunacy attributable to a specific cause in transient operation, shall not be considered lunacy at all, the duty of medical men, under the Lunacy Act, has become one of extreme difficulty and peril.

So long as a lunatic is detained among his friends, he may have no chance of recovering, may rapidly go from bad to worse, and become a confirmed lunatic: let him be sent to an asylum, and the novelty of his surroundings, and the moral supervision under which he is placed, effect an extraordinary transformation in him in a few days. Should the Commissioners visit the asylum in the course of a week or two, he may not exhibit a visible trace of insanity, and he may, consequently, be released. The benefit which he has received from his confinement may be the ruin of the benevolent surgeons whose certificates placed him in seclusion. His speedy recovery will be tortured by astute lawyers into evidence that he was never really insane. Then come a long bill of costs, heavy damages, and a blasted reputation.

The recent case of Dr. Semple, if allowed to stand, shows this—that whenever a doubt can be raised as to the *fact* of lunacy, an additional danger is incurred from the possibility of the Medical Practitioner who signed the certificate not having made a *sufficient* preliminary examination. What is the amount of inquiry which constitutes *sufficient care* must be determined by a jury; and should the 'Times,' or any other newspaper in want of "sensation" topics during the Parliamentary recess, give a dramatic report of the proceedings in court, little mercy will be shown towards the unhappy Doctor.

We do not believe, as a matter of fact, that Medical Practitioners do frequently sign certificates after a loose and unsatisfactory inquiry. This has been alleged by one of our contemporaries as an excuse for the undeniable want of care chargeable to Dr. Semple. The argument that we are all, one as bad as another, we strongly repudiate and denounce. Such an allegation on the medical character, made by one of our own organs, should be indignantly repelled. If it were true, the Lunacy Act would be a curse rather than a blessing, and we should be, as a body, the perpetrators of great public mischief. Although we deny the fact of that censurable laxity, yet we are at any time open to the charge of it, whenever a doubt can be plausibly raised, as to the existence of lunacy at the time the certificate was signed.

What medical man will henceforth care to sign a certificate under such a terrible responsibility? The general refusal of Medical Practitioners to sign certificates—which, we venture to date, from this sad trial of Hall v. Semple—will render nugatory the whole machinery of the Lunacy Law. There will be an early break-up of the system, however humane it may be in its design, and as we maintain, it really is in its provisions, unless better protection be given to medical Practitioners in a court of law.

The certificate should be taken only for *what it is worth*, and the responsibility of secluding a patient upon that certificate should rest elsewhere. A Medical practitioner states certain facts and opinions; and he ought not to be made responsible in law for that certificate. Perhaps it would be right that the certificates of Medical practitioners should be submitted to a magistrate before they were acted on, and that the endorsement of the magistrate—who might be required either to make a personal examination of the patient, or to compare the terms of the Medical certificates with the provisions of the Act—to the effect that the Medical certificates were conformable to law, should be the final authority for the removal of the patient.

The Profession should move in this matter at once, come to some definite opinions as to the alterations required in the Lunacy Acts, and memorialise Government upon the subject. Petitions to Parliament should be also presented, setting forth the false position in which Medical practitioners have been placed by recent decisions, and praying for an amendment of the law.

SUMMARY OF THE WEEK.

OVARIOTOMY.

This operation is in the ascendant. Another important debate has occurred on it at the Royal Medical and Chirurgical Society, without, however, any practical results. We give the debate in other columns.

ST. THOMAS'S HOSPITAL.

The commotion about the projected removal of this Hospital continues. Our contemporary, the 'Lancet,' gives an article upon it nearly every week, so that we have no doubt that somebody, besides the Southwark poor, is deeply interested. The Corporation of London, a body that is represented on the Board of Governors, has shown unusual zeal in their endeavours to prevent the transference of the Hospital to a distant site. So far, good. We have never advocated the entire removal of the Hospital. The Corporate representatives do not entertain, so far as we know, very definite ideas as to what they would like. We think that we could venture upon saying that our plan of a town hospital for emergencies, and a country hospital for chronic cases would suit the views of all parties, except the rabid advocates of extreme projects. It is quite certain that the Hospital cannot be re-established in the Borough as the 'Lancet' desires. It is reported that negotiations are in progress for the purchase from the Fishmongers' Company of a site about eight acres in extent, near the Elephant and Castle—the price, including expenses, to be forty-five thousand pounds. This proposition will be more mature in a short time.

ON THE ORIGIN OF WRITING.

A curious and instructive lecture has been delivered at the College of Physicians by Dr. George A. Starling, on the Physiology of Writing, the purport of which was that letters were originally numeral marks, or signs of numbers, and that these numeral marks were derived from the fingers of the human hand. He made a rectification of the Arabic numerals written in straight lines to show that each number was represented by so many straight lines, thus | L 4, 1 2 3, and so on. He showed that the cuneiform writing had the same origin. The subject was handled very ingeniously.

DR. RADCLIFFE'S LECTURES.

These lectures have been continued at the College of Physicians. They embody the lecturer's views in detail as regards the phenomena of epilepsy. He says that the full pulse of the epileptic convulsion is the natural condition of the circulation in a state of suffocation, which is, no doubt, true; but he adds that the general opinion is that the left ventricle and the arteries are comparatively empty in such circumstances, whilst the right ventricle and veins are gorged with the blood; the true explanation being that black blood readily finds its way into, but not out of, the arteries, and that, therefore, the veins are emptier and the arteries fuller than they are naturally, the blood being also black instead of red. He argues thence that there is a deficiency rather than an excess of functional activity—a conclusion in accordance with his general views of epilepsy. He follows out this principle in all the phenomena of this affection.

A VILLAGE UNDER GLASS.

There is a project on foot to cover over a large space, say eighteen acres, with a glass roof like the Sydenham Palace, to erect within this covered space several comfortable dwellings, and to lay out the area with walks, grass-plots, flower-beds, and all the attractions of garden scenery. All necessary hygienic appliances will be added; and then we shall have a British sanitarium that will eclipse Madeira, Torquay, and Undercliff. No doubt it would be a scene of enchantment; but we have serious doubts of its hygienic virtues. We know that we should not like to be bottled up like cucumbers and melons under a glass-case—ripening, ripening, always ripening, till we become quite rotten, and drop into the grave. Is it intended to have a cemetery in one corner? The Projectors do not declare their intentions upon this point. It might be made very beautiful, and might help to promote serious thoughts on the "vanity of human wishes" in the minds of sick people.

PHYSIC IN FRANCE.

The influence of medical practice in England is beginning to operate powerfully upon medical opinion in France. We see this influence in the operation of ovariotomy, which is now become popular in that country. So also as regards pneumonia. In England the nature and treatment of this affection in its various forms has been studied with assiduity by numerous eager investigators; we now see France following our lead, though as yet with slow steps.

The first Academy prize this year was one of 1,000 francs for the best Essay "On the natural progress of the different kinds of Pneumonia," &c., and 2nd, "the Relative Value of the Expectant Treatment of these Diseases. None of the essays sent in were deemed worthy of the prize, so that French physicians are yet to work up this subject at the bedside.

DR. FARRE.

This physician has been appointed in conjunction with Dr. Locock, Physician-Accoucheur to the Princess Alice. This is an appointment that will give satisfaction, since merit and experience rather than popularity have been considered.

HONOURS TO MEDICAL MEN.

Some time ago a statue to Dr. Jenner was erected in Trafalgar square, and very soon after, to the disgust of the profession, it was deposed from its place of pride, and made to do duty as the god of medicine over a stagnant ditch in Kensington Gardens. They manage these things better in France. We understand that statues in honour of MM. Barthez and Lapeyronie are to be placed at the end of the bridge that leads to the School of Medicine,—a suitable place for such a compliment.

MAIZENA.—The desirableness of having at command an easily digestible and palatable food for invalids is experienced by every practitioner. Some descriptions of food are light of digestion, but contain little nutriment, others are highly charged with flesh-forming materials, but oppress the delicate stomach, and are therefore unsuitable in numerous cases. Maizena is, according to our experience of it, as free as any food can be expected to be from the objections whilst it retains the advantages to which we have alluded. It is prepared from the white pearly species of Indian corn from which all the farina has been removed; the gluten and albumen, the nutritive elements alone remaining. Prepared according to the directions given, it forms a light, delicate, and most agreeable food, and may be made into custards, creams, omelettes, and other dainty dishes. We can recommend it frankly to our brethren as an invaluable resource in the sick chamber.

INCOME-TAX ASSOCIATION.—A petition has been prepared by this Association, dated from their Committee-room at the Guildhall Coffee-house, in support of Mr. Hubbard's motion in the House of Commons, for a re-adjustment of the tax as between permanent and precarious incomes, especially those derived from professions, trades, and salaries. It has received the support of the Presidents of the Royal Colleges of Physicians and Surgeons, and many of the most eminent members of the profession.

REVIEW OF BOOKS.

Lectures on Surgery. By WILLIAM LAWRENCE, F.R.S.

The Profession will be inclined to receive with respect the last utterances of such a man as William Lawrence on an art in the practice of which a long life has been spent. We desire to be indulgent; but we must endeavour to mingle indulgence with justice. Mr. Lawrence has obviously learned little for many years past, and he as obviously thinks there is nothing to learn. He found, as he believes, the science of surgery perfect, or nearly so, and he is content to leave it as he found it. He has no faith in modern men or modern principles, and he seems to have published this book as a protest against the doctrines which are now general. Should the world come round once more to his opinion, it will be said that this sagacious old man saw the follies of the generation of surgeons of his latter days, and died with a protest against them on his lips. Yet, this book is the result of habit, not sagacity, of the impossibility of a change of opinion after a man has turned a certain epoch of life.

We have already seen so many revolutions in physic, that we should not be at all surprised to find a reaction against the ultra views of modern practitioners. We must confess that we have not unlimited faith in them. We have, as our readers know, exerted ourselves to give an effectual knock on the head to the popular practice of stimulation; and we hold the opinion that a moderate depletion in the early stages of acute disease is by no means such an unphilosophical or fatal practice as some gentlemen who get their theories *ex cathedrâ* are wont to assert. Should opinion change somewhat in this respect, then Mr. Lawrence will, perhaps, be regarded like the seers of old, as a prophet in his generation. He is no prophet, notwithstanding.

This book is not a systematic treatise, but rather an exposition of general principles in connexion with typical forms or classes of disease. The introduction exhibits Mr. Lawrence's philosophical cast of mind in a favourable view. He is, like his master, Abernethy, a stout defender of the unity of medicine and surgery, and he lays powerful and prolonged stress upon this dogma. Here we see the teacher in his most elevated style and characteristic utterance. We accept the book with satisfaction on account of this chapter alone. Then the author treats of the classification of disease, then of inflammation, then of fever, then of suppuration, then of chronic abscess, then of ulceration, then of mortification, then of wounds, then of scalds and burns, then of delirium tremens, tetanus, then of scrofula, then of gout and rheumatism, then of syphilis, then of venereal diseases, then of cancer and malignant disease generally, with which the volume closes. There is nothing about dislocations, fractures, lithotomy, or operative surgery in its varied forms.

This is, then, a handbook of medical surgery, a development of the author's leading principle of the unity of medicine and surgery. As regards the disputed question relating to stimulation and blood- letting, Mr. Lawrence adheres to the old practice. He distinctly states that "the *antiphlogistic treatment* or plan" is "the treatment opposed to inflammation;" and as main constituents of that plan, he cites blood-letting, purgatives, and antimony. The gauntlet is here thrown down to all comers. He says—"In treating acute inflammation of an important organ, especially in a robust or plethoric person, you must bleed *largely*, so as to produce a decided influence on the circulation, in order to correct, through it, the local mischief." If this does not suffice, you must bleed again and again, should it "be indicated by the continuance or return of the circumstances which first required the depletion." This is enough upon this point. Mr. Lawrence is as thorough, and argues as vigorously in favour of blood-letting, as he might have done thirty years ago.

The style is terse and somewhat plain, occasionally loose, yet befitting the subject. We cannot say that we can recommend the book, because it contains nothing new that is true, and, perhaps, much that is old that is false; nevertheless, it is a monumental sort of book, and we should not like to be without it.

The Physicians', Surgeons', and General Practitioners' Visiting List, Diary, and Almanack, for 1863—17*th Year.*

This work has become the established *vade mecum* of the Profession in all matters relating to their daily business. A more useful book it is difficult to conceive. The Practitioner who has once taken it into use will find it impossible to do without it. Mr. Smith deserves hourly thanks for presenting us with so admirable a companion.

DRINKING FOUNTAIN AT LICHFIELD.—Dr. Rowley, one of the magistrates of the city, has placed a drinking fountain in the public gardens of the Lichfield museum and free library.

CHOLERA IN JAPAN.—It is reported by the latest advices that the cholera has carried off more than a quarter of a million of the inhabitants of Jeddo.

REVIEW OF THE PERIODICALS.

(Continued from page 455.)

The 'Medical Times and Gazette.' Dr. BASHAM contributes some clinical remarks to this journal on the *Treatment of Acute Rheumatism by Nitrate of Potash.* Dr. Basham claims to have first introduced this method of treatment in the year 1848, and he says:

"During the last twelve years, every case of acute rheumatism passing through my wards has been treated by the administration of large doses of nitrate of potash plentifully diluted, combined with the local application of a saline solution of the nitrate to the inflamed joints. The general average of the duration of the disease is, by this plan of treatment, considerably shortened, and rarely exceeds from three to four weeks."

After remarking on the quality of the blood in rheumatism, he says:

"Here are two important pathological facts,—the absolute excess of fibrin, and the absolute decrease of the salts. Now, although we are not certain that we can demonstrate the positive relation which the saline constituents bear to its fibrin, yet by analogy we can infer that some important connection exists between them. Thus, the fibrin of the blood will not separate or coagulate, as it is called, if blood be received into a vessel containing certain neutral or even alkaline salts. But the most important fact is that observed by Dr. Stevens, in the state of the blood in a person who, by mistake, had swallowed an ounce of nitre in solution, mistaking it for Glauber's salts. In those days it signified little what symptom a patient exhibited, or what accident he might suffer, the first act was to open a vein. This man, who had swallowed this large dose of nitre, was bled, and, to the astonishment of Dr. Stevens, the venous blood came from the vein almost as bright as arterial, and continued fluid, without exhibiting the usual characteristic of spontaneous coagulation.

"Now, let me apply this fact to the treatment of acute rheumatism by nitrate of potash. First, we know that in the middle of the last century large doses of nitrate of potash were successfully given in this disease. Secondly, we now know that nitrate of potash, circulating in the blood, prevents the separation or coagulation of the fibrin. And, lastly, in acute rheumatism we know that there is not only a large excess of fibrin in the blood, with a diminution of the salts, but we know, also, that there is a special tendency for this fibrin to escape from the circulatory fluid, and to form the exudative products which are thrown out in the inflamed tissues, and which constitutes such an element of danger when it is poured out on the pericardial or exocarpial surfaces, or forms deposits on the aortic or mitral valves. It is a fair and rational inference, then, that a salt which can prevent the coagulation or separation of the fibrin when present in the circulatory fluid in a person in comparative health, will operate in a similar manner where the blood is contaminated by excess of fibrin."

This passage contains the theory of the treatment of acute rheumatism, for be it observed it is not applicable to chronic or muscular or fibrous rheumatism. Dr. Basham guards the practitioner against employing the salt in cases simulating acute rheumatism, but really a different disease. He says:

"But the term 'rheumatism' is, unfortunately, of very wide and inexact application. It comprises many forms of very different morbid processes. Wandering pains in the limbs are called rheumatism; muscular pains are called rheumatism; aching pains from whatever cause, the sequel of malaria, of syphilis, of mercury, all are recognised by this common term. Certain inflammatory conditions affecting the joints, more particularly of females,—a true arthritis, sometimes called rheumatic arthritis,—are examples of the inexactness with which one common term continues to be applied to very different morbid conditions. And here is found the explanation of the apparent failure of nitrate of potash in the treatment of rheumatism. It has been tried and used in cases in which it is totally inapplicable. I have frequently had the remark made to me by practitioners, that they have used the nitrate and found no advantage in its action. Upon inquiry, it has always been proved that the cases were not acute rheumatic fever, but some form of rheumatism, the pathology of which differed materially from that of the acute disease now under consideration. I continue, however, to receive the testimony of many able and distinguished physicians, who have carefully employed the nitrate in appropriate cases, that its efficiency is equal to what Dr. Brocklesby claimed for it, and that the results to which I called the attention of the profession in 1848 have been confirmed; and that cases thus treated are, to a great extent, exempted from cardiac complication, and that, if attacked with heart symptoms, the inflammatory process

is mitigated and controlled; and also that the duration of the acute stage and the intensity of the inflammatory symptoms are diminished; and the convalescent period, which every one who recollects when acute rheumatism was treated by bleeding, calomel, antimony, and opium, knows to have been most tedious and protracted, at the present time is seen to be moderate and limited, the patients quickly recovering their vigour and bodily energy. One cause of this more favourable stage of convalescence arises from the diminished destruction of the blood corpuscles which occurs in cases of acute rheumatism treated by the nitrate of potash. That peculiar pallor and exsangueous look which was so characteristic of the convalescent stage of patients treated by bleeding and antimony, is rarely seen to the extent formerly witnessed. There is thus less reparative work to be done. Nutrition and stimulants in moderation more quickly restore the blood to a healthy and invigorating condition; and the healthier, even ruddy, aspect, which quickly follows such a treatment, is the best proof that these principles of therapeutics are both practically and theoretically sound. Let me, lastly, ask your attention to a few brief remarks on the indications for wine and stimulants in these cases of acute disease. I believe that no better or safer guide can be found than the state of the pulse, interpreted by the sounds of the heart. I say, 'interpreted by the sounds of the heart,' because the condition of the pulse must be judged relatively—not absolutely. The want of power, the feebleness, the compressibility of the pulse cannot be estimated correctly by the finger alone. A pulse, moreover, may feel full and soft to the sense of touch, and yet the vital energies are failing, and, if not supported, will succumb. But, if the stethoscope be employed to verify the suggestions of the pulse, there is little liability to error. A pulse may be very small and compressible to the finger, and yet the impulse of the heart be good, and the sounds clear and distinct. In such a case no stimulants are needed. But the pulse may, to our senses, be full, and apparently with some resistance to compression; but the impulse is imperceptible, and the sounds feeble and indistinct. Here, wine is needed, and, in the course of a few doses, you may listen at the præcordium, and you will have sufficient reason, in the more vigorous sounds now heard, to be convinced of the correctness of the indication which the stethoscope has afforded. There are other circumstances which will also guide you in the administration of wine. A failing temperature of the skin, a tongue becoming red and dry, confusion of thought, and a tendency to incoherency, all are suggestive of failing energies, and the propriety of a liberal allowance of stimuli. But the stethoscope will give warning long before the latter signs are present, and will enable you to keep the patient up with far less quantity, and at less hazard, than when the latter indications have tardily suggested that stimulative measures are imperatively required."

Dr. WHITEHEAD continues his *Notes on the Causes of Early Mortality*, and Dr. STUTTER reports a successful *Case of Ovariotomy*. We quote it:

"E. H., aged twenty-three, had been the subject of ovarian dropsy for five years. She believed that the swelling first commenced on the left side, but of this she was not quite certain. The catamenia had been regular, and she had enjoyed tolerably good health until the last twelve months.

"About twelve months ago, her health began to fail; she became debilitated and much emaciated; in spite of these symptoms, however, she married and became pregnant. From the fifth month of her pregnancy she had several attacks of severe pain in the abdomen, with tenderness on the slightest pressure, which still further reduced her, and at the end of the seventh month and a-half her condition was such as to render the induction of premature labour advisable, which was accomplished by detaching the membranes from the uterus with a sound. She gave birth to a living child, recovered rapidly from her labour, and began to improve in health from that time. The catamenia appeared at the middle of December. She still suffered from the distension and weight of her large ovarian tumour, and was anxious for something to be done to relieve her. After laying the danger of the removal of the tumour fairly before her, and consulting with Mr. Hutchinson (who saw the case with me at this time, and afterwards most efficiently assisted me at the operation), it was determined to perform Ovariotomy.

"*Ovariotomy.*—The patient was at this time pale and greatly emaciated; the abdomen distended from the pubes to ensiform cartilage; fluctuation very distinct; percussion in both loins clear; pulse small, average 80. Spirits good.

"*Operation*, assisted by Mr. Hutchinson, Dr. J. Hughlings Jackson, and Mr. Muriel, January 5, 1862.

"The usual precautions as to heat of room, etc., were adopted, and the patient was put under the full influence of chloroform. An incision, large enough to admit the hand freely, was made down to the cyst. Adhesions of a moderate firmness were discovered over a large extent in front. These were with but little difficulty broken down, and the cyst was then tapped with the large trocar. As it was drawn externally, other cysts came in view, and some of these required to be emptied before the mass could be delivered. When it was brought externally, the pedicle was found to be thin and of good length. It was at once secured by the ecraseur clamp. The tumour was cut away several inches above the clamp. The wound was closed by hare-lip sutures, which included everything except the peritoneum. The patient bore the operation well, and was removed to bed in a very satisfactory condition.

"But few remarks are necessary as to the treatment after the operation. No food or medicine was administered by mouth for three days, only ice and iced water being taken. A suppository of opium was administered immediately after the operation, and repeated night and morning for two days. The clamp was removed on the fifth day, and the pins on the seventh. The pulse ranged between 120 and 130 for about four days, and then gradually fell. The catamenia appeared the eighth day after operation. The wound united by first intention, and the patient made an uninterrupted recovery.

"The woman menstruated only twice before she became pregnant. She is now expecting her confinement.

"*Postscript.*—On December 4 this patient was delivered of a female child, and everything connected with her confinement went on well."

The 'British Medical Journal.' Mr. Pridham, of Bideford, contributes to this Journal a report of a *Suddenly Fatal Case after Labour*. We extract it:

"On October 2nd, I was called to attend E. T., of florid complexion, aged twenty-four. She was in labour for her first child, which was illegitimate. Her pains had been entirely confined to the abdomen from the commencement of her labour and were described as 'very cutting.' She had been in labour about ten hours; it was about midnight when I first saw the patient. She had great apprehensions as to the safety of her delivery, more particularly as her mother had always severe times, accompanied, as she said, with convulsions. I had not been in the room more than a quarter of an hour before a pain came on in the lower part of the abdomen, which was quickly followed by the first convulsion, which lasted about a quarter of an hour, passing off with foaming at the mouth; and during her convulsion her tongue had been severely bitten. The pulse was then at 120 in a minute, free and bounding. The pupils were much dilated. Before I had time to tie up the arm, in order to bleed my patient, another pain came on, which was immediately followed by a convulsion not less severe than the first, though not of so long duration. Thirty-five ounces of blood quickly flowed, by which a decided impression was made on the system, as the pulse fell considerably, and she became faint and pale. Her bowels had acted freely during the day, and she had passed her urine just before I arrived. I lost no time in examining the stage of the labour, and found the head presenting above the brim of the pelvis, the os uteri three parts dilated, and the membranes entire. I at once ruptured the membranes, and proceeded to turn the child; but in the attempt I encountered an almost insurmountable barrier in consequence of the irregular action of the muscles of the uterus, which, about its centre, embraced the body of the child so firmly that I was obliged gradually, and with much difficulty, to introduce my fingers, and lastly my hand between the child and the band I have already described, to reach the upper chamber, as it were, of the uterus, in order to get hold of a foot, the contraction still acting most powerfully on my arm. The convulsions, which now occurred about every twenty minutes, had become less severe and of shorter duration since the abstraction of blood. They were still preceded by pains in the abdomen, during which time I of course relaxed in my efforts to turn. I should here remark, that perfect consciousness did not return after the first convulsion; although when the patient was addressed by me in a very decided manner, she would give a confused answer to the question put.

"I was much struck with the remarkable expression of the countenance of the patient whilst in pain, when gave, instead of the evidence of suffering, a kind of idiotic smile. My efforts to turn and deliver were fruitless, as the contraction still continued as firm as ever; the convulsions, however, gradually subsided, and by three in the morning had quite left her, as well as the abdominal pain. At this time I made another effort to turn, and got down both feet; but the evolution of the child could not be effected, as the irregular action of the muscles of the uterus had not given way, and the body of the child remained perfectly fixed in its original position.

"I now gave a full dose of laudanum, hoping that its effect would act beneficially in relaxing the unnatural contraction of the muscles of the uterus, which the bleeding had failed to do; and having, with difficulty replaced the feet in the upper chamber of the uterus, I waited for two hours, during which the patient had some sleep, which was interrupted by occasional slight pains.

"At this juncture, feeling my apprehensions increasing as regarded the safety of my patient, I requested the assistance and advice of Dr. Fetce, a medical friend who happened to be in the neighbourhood. Having made a careful examination, he was of opinion that all efforts at turning would be fruitless. Under existing circumstances, it was deemed advisable to repeat the dose of

laudanum, and wait. Up to this time, the pulse was favourable and the patient had taken nourishment; there were short intervals of sleep. It now became evident that pains in the back existed, as she called for support in that direction; this gave us great hopes that all would end well.

"Three hours afterwards, I made another examination, being resolved, as the powers began to fail, to deliver by some means or other; and, to my great satisfaction, I found that the head had descended into the hollow of the sacrum. As the efforts were becoming very feeble, I at once delivered by means of the forceps, under the influence of chloroform. It was evident that the child had been dead some days. The uterus contracted well, and no hæmorrhage followed; she took in food; and her consciousness in a great measure returned; and so far we were thankful to feel that our anxieties in a great measure were over.

"Shortly after her delivery, a sudden change appeared to come over her countenance; and, without further warning, life was quickly extinct. I should state that the blood taken from the arm was greatly buffed and cupped.

"It is worthy of notice, that the state of the atmosphere during the time of labour was most oppressive, and lightening and thunder occurred at intervals during the night. I allude to these circumstances as men of note, such as Denman and Smellie, have spoken of the probable influence of a great amount of electric fluid in the atmosphere in attacks of puerperal convulsions: then, again, Ramsbotham, in his able work on 'Obstetric Medicine and Surgery,' says, in speaking of the remote causes of convulsions in childbirth that, amongst other causes he attributes those of the death of the child and the depressing passions; but the most frequent is some deranged state of the uterus itself—probably, the nervous system and consists in some irritation propagated from that organ to the brain. I should mention that the poor woman had become greatly dejected by being informed that the father of her child was a married man, to whom she was to have been united on the very day this unexpected circumstance was communicated to her. It is most probable that all the combined circumstances which I have related acted on the sensorium, resulting in the fearful convulsions which so often are the forerunner of death in childbed, as there was no paralysis or evidence of lesion of the brain whatever. I can only regret that it was not in my power to procure a *post-mortem* examination in order to prove that puerperal convulsions may be produced from exciting causes remote from the brain."

GENERAL CORRESPONDENCE.

HOT-AIR BATHS.

To the Editor of the Medical Circular.

SIR,—I read with intense interest your editorial review of a debate on the Turkish Bath, at a recent meeting of the London Medical Society, which appeared in your international Medical Journal of the 26th ult.

You show that the debate yielded no fruit. The President, in the name of the Society, said: "Neither do we give our sanction wholly to the bath, nor do we reject it as unworthy of notice." I concur with you that we want accurately observed and honestly recorded facts in therapeutics, "and that it would be deplored by every man who wishes to see the legitimate resources of medical science recruited and enlarged," if "this bath should fall into the hands of empirics, and to be used by hydropaths and others merely as a means of bolstering up the popularity of their establishments." I can perceive no analogy between the physiological influence of the hydropathic wet sheet pack and the hot-air bath. Under the former wet pack practice, the patient's seven millions of pores seem placed under a hydropathic blockade for the hour, so far as ventilation and respiration through the skin is concerned, while under the hot-air bath he can respire air saturated with caloric, and circulate it through the blood, where its thermo-electrical influence is calculated to promote nutrition, and all other vital functions, and to ventilate the system from within outwards—from the lungs through the pores of the skin.

The hydropath seems to forget that the mucous membrane of the lungs is an inverted skin, while the outer skin may be regarded as an everted lung more or less. When a patient is packed up in a wet sheet, he goes through a febrile paroxysm of a cold, a hot and sweating stage of a mild kind, which must lower the vitality of the blood. The skin of a patient after a hydropathic pack must look as after a poultice, as blanched as that of a cold-blooded animal, while after a bath of purified hot air the skin will be florid like that of a warm-blooded animal, because arterial blood is circulated on the surface of the skin in capillaries which were heretofore inactive in the work of respiration, i.e., in the attraction of oxygen to renovate red blood. The final physiological influence of the hot-air bath would indicate the purification of the body by our inward selves—in the act of perspiration. The hydropath doubtless will claim the same effect from his external wet sheet practice; but we must address ourselves more to the philosophy of the physiological causes than to mere empirical effects, and review them, not with the mere superficial light of observation, but with the higher light of scientific perception and reflection, in order to comprehend the surface fallacy of hydropathy when contrasted with a purified hot-air bath.

Hot-air baths may become the cause of disease as well as of health, as the hot air may happen to be pure or impure. The purified hot air of a bath seems well calculated to renovate the molecular lives of the blood—which is the sum of all the organs in the act of formation; while the foul hot air of an ill-ventilated or overcrowded bath would be calculated to poison the red vital cells of the blood, and engender therefrom a variety of diseases. As the breath of man is fatal to his fellows, the perfect ventilation of a hot-air bath is a matter of paramount importance. There seems to me to be as vast a difference between a purified hot-air bath and a foul hot-air bath of stagnant air, as between a current of pure spring water and a stagnant pool. Dr. M'Cormack, of Belfast, has shown the noxious influence of overcrowded, ill-ventilated apartments, in causing pulmonary consumption. Foul hot-air baths may have the same evil tendency, while purified hot air may prevent and remove more or less that disease.

An important question for consideration is the construction of a hot-air bath, so as to secure pure air. Under the hypocaustic form of bath the greater the ventilation the lower the heat, while under the patent plan by Dr. Bolton, heating and ventilation are both combined in one process, so that the greater the ventilation the higher the temperature of the bath. This seems an improvement, as a constant current of purified hot air is kept up—no stagnant atmosphere which occasionally causes suffocative faintings. I observed a few such cases. It appears from the Newcastle Infirmary reports that Dr. Bolton's patent bath is the one now in use there, and found superior to the hypocaust. The bath operator requires no wooden clogs on his feet, as the floor is not heated, nor is there any risk from burns should he faint or fall on the floors. I am informed that there is great economy in the heating power. The medical profession are therefore indebted to Dr. Bolton of Leicester, who is a registered medical practitioner of rising reputation for this improved form of purified hot-air bath. As purified hot air is calculated to recruit the blood and thereby remove congestions, we can perceive in it a useful medical adjuvant to counteract the remote causes of many diseases—embolism included. Caloric, like electricity, is merely an agent that acts upon the materials of the blood, but is no substitute for them, nor for medicines. It is therefore no panacea, though frequently a useful aid or agent in medical treatment. I give the result of more than one year's personal experience of the bath.

I remain, &c.,

Sligo, Dec. 17. J. TUCKER, M.D.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 9, 1862.

Dr. BABINGTON, President, in the Chair.

A paper by Mr. JARDINE MURRAY, of Brighton, communicated by Mr. CHARLES H. MOORE, was read on a

CASE OF A WOMAN WITH THREE HANDS—ILLUSTRATED BY ANALOGOUS MALFORMATIONS IN THE LOWER ANIMALS.

The case, which was illustrated by large photographs, derived additional interest from the circumstance, that no similar malformation has been met with in the human species. The patient, aged 38, was a well developed, healthy, active, and intelligent woman. She was married, and has had one child, in all respects normal. None of her relations had been or is the subject of malformation. The left upper extremity was the only abnormal part. The limb was muscular, the shoulder natural, and the external condyloid ridge of the humerus very prominent. Flexion of the elbow-joint was imperfect. The supernumerary hand was somewhat smaller than that which it so strangely accompanied. The thumbs were rudimentary. In working as a charwoman, the patient leans on the back of the flexed carpus. The double-hand could grasp firmly, though the maximum of power was not equal to that of the woman's right hand. Sensation was equally acute in all three hands. The case affords interesting material for speculation. Explanation was sought for by referring to comparative teratology; and drawings of two cases of double-foot in the pig were exhibited, in both of which the duplicity, as in the double hand, begins at the carpus. Drawings and preparations of somewhat similar malformations in birds were also shown.

A paper, by Mr. SPENCER WELLS, was read on the

HISTORY AND PROGRESS OF OVARIOTOMY IN GREAT BRITAIN; WITH OBSERVATIONS FOUNDED ON PERSONAL EXPERIENCE OF THE OPERATION IN FIFTY CASES.

The author commenced by proving that ovariotomy is an operation of British origin. It was first suggested by William Hunter, was warmly advocated by John Bell, and was first practised by Dr.

McDowell, an American pupil of John Bell. He then proved that its subsequent progress is chiefly due to the labours of British Surgeons. He traced the progress of the operation from its first performance in Scotland by Mr. Lizars, in 1823, Dr. Granville's attempts in London, in 1827, and the first successful case in England in 1836, by Mr. Jeaffreson, of Framlingham, to several other successful cases by provincial surgeons in that and the two following years. Mr. Morgan's attempted operation in 1839, and Mr. Phillips' completion of the operation for the first time in London in 1840, were also noticed, as well as the unsuccessful cases of Mr. Key and Mr. B. Cooper at Guy's, in 1843, and the commencement, in 1842, of Dr. Clay's long series of operations. This review showed that ovariotomy had never been successfully performed in London twenty years ago, although at least ten successful cases had been recorded by provincial surgeons. The successful cases in London, in 1842 and 1843 by Mr. Walne, Dr. F. Bird, and Mr. Lane, were next noticed, and the first successful case in a large London Hospital, at St. George's, by Mr. Cæsar Hawkins, in 1846, as well as many other cases in the provinces in the four following years. Mr. Duffin's case in 1850, by which he showed the importance of keeping the strangulated portion of the peduncle outside the peritoneal cavity, was alluded to as the inauguration of a new era in ovariotomy. The effect of the various papers published in former volumes of the *Transactions*, and the discussions which had taken place in the Society, were then shown to have had an unfavourable effect upon the progress of the operation, as did a number of unsuccessful cases which occurred between 1852 and 1856; so that when the author began to operate in 1858, ovariotomy was at a very low ebb in Professional opinion. After alluding to the introduction of the clamp by Mr. Hutchinson, and his own modifications of the details of the operation, especially with regard to the means of securing the pedicle, closing the wound, avoiding the abuse of opium, and supplying fresh air to the patient, instead of hot vapour; the author gave the results of his whole experience of the operation in the following table:—

SERIES I.—In which Ovariotomy was completed—50 cases: 33 recoveries; 17 deaths.

„ II. „ „ was commenced, but not completed—3 cases. No death from the operation.

„ III. „ an exploratory incision was made in aid of diagnosis—3 cases. 1 death.

SERIES I.—FIFTY CASES IN WHICH OVARIOTOMY WAS COMPLETED.

No.	Date.	Age.	Condition.	History, etc.	Result.
1	1858. Feb.	29	Unmarried.	Had been tapped seven times and injected with iodine twice. Multilocular, 26 lbs.	Remains quite well.
2	Aug.	38	Married.	Had been tapped three times. Multilocular cyst, 31 lbs.	Remains quite well.
3	Nov.	33	Married.	Never tapped. 57 lbs. of ascitic fluid removed. 23 lbs. pseudo-colloid ovarian tumour.	Recovered, and remained well for some months, but died 10 months afterwards of cancer of peritoneum.
4	1859. Jan.	39	Unmarried.	Pseudo-colloid tumour, 10¼ lbs.	Died 32 hours after operation.
5	May	43	Married.	Pseudo-colloid tumour, 10 lbs., surrounded by six gallons of ascitic fluid.	Remains well.
6	June	29	Married.	Fibrous and cystic tumour, 7½ lbs., surrounded by ascitic fluid.	Died on second day.
7	June	29	Unmarried.	Tapped twice. Multilocular.	Recovered.
8	July	47	Married.	Often tapped. Both ovaries removed.	Recovered, and remained well 2 years, and then died of hemiplegia.
9	Oct.	41	Married.	Tapped twice. Multilocular cyst, 38 lbs.	Remains well. Had a child 13 months after operation.
10	Oct.	37	Unmarried.	Multilocular cyst, 19 lbs.	Died on the fourth day.
11	Oct.	29	Unmarried.	Multilocular, 42 lbs.	Remains well.
12	Oct.	38	Married.	Tapped twice. Multilocular, 53 lbs.	Died on the ninth day, of tetanus.
13	Nov.	17	Unmarried.	Tapped eight times. Multilocular, 38 lbs.	Remains well.
14	Dec.	27	Unmarried.	Tapped nine times. Multilocular, 54 lbs.	Died 23 hours after.
15	1860. Jan.	23	Unmarried.	Tapped twice. Multilocular, 25 lbs.	Remains well.
16	Feb.	26	Married.	Tapped twice. Multilocular, about 25 lbs.	Died 30 hours after.
17	Feb.	33	Married.	Tapped five times. Multilocular, 31 lbs.	Died, 46 hours after, of intestinal obstruction by pedicle.
18	July	41	Married.	Multilocular cyst about 26 lbs.	Remains well.
19	July	36	Unmarried.	Multilocular, about 24 lbs.	Remains well.
20	Oct.	53	Married.	Very large multilocular, more than 50 lbs.	Remains well.
21	1861. Jan.	54	Married.	Multilocular, about 20 lbs.	Remains well.
22	March	22	Unmarried.	About 16 lbs., multilocular.	Remains well.
23	April	55	Married.	Semi-solid, about 20 lbs.	Remains well.
24	April	42	Married.	Very large multilocular cyst.	Died, 24 hours after.
25	June	34	Unmarried.	Multilocular, 55 lbs.	Died, 4 days after.
26	July	31	Married.	Multilocular, more than 50 lbs.	Died, 2 days after.
27	Aug.	27	Unmarried.	Nearly single cyst, 44 lbs. of fluid.	Remains well.
28	Aug.	35	Unmarried.	Tapped twice. Multilocular, about 17 lbs.	Remains well.
29	Oct.	54	Married.	Ascitic fluid round large colloid cyst, about 35 lbs.	Died, 47 hours after.
30	Dec.	50	Unmarried.	Tapped nine times. Multilocular, 40 lbs.	Remains well.
31	Dec.	46	Married.	Fibrous tumour, 27 lbs.	Died, 12 days after.
32	1862. Jan.	30	Unmarried.	Multilocular.	Died, 30 hours after.
33	Jan.	47	Married.	Multilocular, about 20 lbs.	Died, fifth day.
34	Jan.	32	Married.	Multilocular, very large.	Died, third day.
35	May	30	Unmarried.	Multilocular.	Died, thirteenth day, of tetanus.
36	May	41	Married.	Very large multilocular.	Remains well.
37	June	35	Married.	Large semi-solid tumour.	Remains well.
38	June	28	Unmarried.	Multilocular. Had been injected with iodine.	Remains well.
39	June	25	Married.	Large multilocular.	Remains well.
40	July	20	Unmarried.	Over 40 lbs. multilocular.	Remains well.
41	July	41	Unmarried.	Large semi-solid tumour.	Remains well.
42	Sept.	49	Unmarried.	Adenoid tumour.	Remains well.
43	Oct.	24	Unmarried.	Very small cyst, 7 lbs.	Remains well.
44	Oct.	56	Married.	Large Multilocular.	Remains well.
45	Oct,	43	Unmarried.	Large semi-solid.	Died 40 hours after.
46	Nov.	32	Unmarried.	Cystic and adenoid.	Recovered.
47	Nov.	23	Unmarried.	Multilocular cyst.	Convalescent.
48	Nov.	50	Married.	Large multilocular.	Convalescent
49	Nov.	23	Unmarried.	Large multilocular.	Convalescent.
50	Nov.	17	Unmarried.	Large multilocular.	Convalescent.

SERIES II.—THREE CASES IN WHICH OVARIOTOMY WAS COMMENCED, BUT NOT COMPLETED.

No.	Date.	Age.	Condition.	History, etc.	Result.
1	1857. Dec.	28	Unmarried.	Incision made, and intestines found anterior to tumour.	Recovered from incision, and died 4 months after from spontaneous rupture of cyst into peritoneal cavity.
2	1860. Oct.	21	Unmarried.	Abandoned from extent and closeness of parietal adhesions.	Recovered, and was tapped seven times afterwards; she died a year after.
3	1862. Oct.	46	Married.	Abandoned from connections around brim of pelvis, and to uterus and bladder.	Partially recovered, but died 3 weeks afterwards of rupture of a cyst into peritoneal cavity.

SERIES III.—THREE CASES IN WHICH AN EXPLORATORY INCISION WAS MADE.

No.	Date.	Age.	Condition.	History, etc.	Result.
1	1860. Sept.	38	Married.	Found the extensive attachments suspected, and simply tapped.	More relieved than by tapping, but died of natural progress of disease after 15 days.
2	1861. Oct.	30	Unmarried.	Found the close attachments to bladder which had been suspected before the incision was made.	Recovered; has been tapped twice since.
3	1862. Feb.	37	Married.	Found very firm parietal adhesions, as suspected. Tapped several cysts.	Died a week afterwards from inflammation of lining membrane of cyst.

He then attempted to correct some errors which tended to retard the progress of the operation, showing that many of the alleged difficulties of diagnosis were easily overcome: and that, as after other capital operations, the better the general health of the patient, and the smaller the injury that is done in the removal of any diseased part, the greater is the probability of success. He proved that when patients recovered they were restored to perfect health, had lived many years, and had borne children of both sexes. In conclusion, he left the Society to determine "whether an operation which has led to such results is still to be stigmatised as unjustifiable; whether they who perform it are necessarily open to the reproach that they do so rather to serve their own selfish purposes than for the good of their patients: whether they who, in the face of evidence sufficient to convince any unprejudiced mind, withhold from their patients a tried and approved mode of curing a disease otherwise incurable and certainly fatal, are not open to still more serious reproach; and whether it does not become us—as men of science, who practise our art not for our own advantage only, but with the earnest desire of doing the very best that can be done for those who are confided to our care, and who trust in our knowledge, our skill, and our honour—no longer to condemn and oppose this operation, but rather to study its past history; to regard it with pride as an offspring of British genius cultivated by British industry; and to assist our future progress by perfecting our means of diagnosis, and, by investigating the avoidable and removable causes of excessive mortality, reduce it to the comparatively low proportion to which it may be, and will be, reduced, and thus render ovariotomy in each coming year more honourable to British surgery, and more useful to mankind."

Dr. GRAILY HEWITT remarked that, in common with others interested in the treatment of ovarian disease, he had paid some attention to the subject, with a view of arriving at a conclusion on the important question of the performance of ovariotomy, and he begged to submit some results of his inquiry into the matter. It always appeared to him that the first and weightiest question to decide in reference to the matter was the following one:—What is the natural history of ovarian disease, such as would be likely to be considered suitable for operation by ovariotomy, in cases where no such procedure is attempted? Upon the answer to this question turns the whole decision; and the question must be answered, seeing that the argument, that such and such cases would not have ended fatally if they had been left alone, is perpetually made use of by those opposed to the operation. It is evident that this question has been too little considered. Very few attempts have been made to arrive at some definite conclusion on this point. The difficulties involved in procuring the desired information are very considerable, and it can only be in the cases of practitioners of long standing and experience, and who have been, moreover, in the habit of recording their experience, that it can be obtained. Even then the results procured are numerically limited, from the fact, that many cases must pass under observation for a time only, and the record as to the mode of termination of the case is wanting. He had been able to procure but few data on the subject; but such as they were he would now submit. In a valuable series of Clinical Reports on Diseases of the Ovaries, published nine years ago, Dr. Lee, a much respected Fellow of the Society had related his experience, and an examination of Dr. Lee's cases gave the following results:—Out of a much larger number of cases of presumed diseases of the ovaries, there were 44 complete cases, respecting which the account given left no doubt that the cases were such as could fairly be compared with those which, by individuals in favour of ovariotomy, would be thought proper cases for the operation; that is to say, they were cases in which, from the size of the tumour, its physical qualities, such as fluctuation, the fact of tapping having been performed, or some other distinctive characteristic, it could be stated that they were cases of progressive ovarian disease. Cases were necessarily omitted in which the result of the case was not given, or in which the tumour was so small that the question as to ovariotomy would not have arisen. Now, the date afforded by these 44 cases, as to the natural history of such disease, gave the result, that in 32 instances a positively fatal termination occurred, the cases being left to ordinary palliative treatment, tapping, etc. In 1 case the inference is that the patient died, in 1 the inference is doubtful, in 2 the patients were apparently dying, and in 1 other case the disease was "proceeding rapidly to a fatal termination." On the other hand, in 1 case the disease had not reappeared after a tapping 26 years previous, in 1 little progress had been made in 3 years, and in 2 the patients were alive after a period respectively of 2 and 3 years, in 2 death took place from ovariotomy, in 1 death occurred from an exploratory puncture. Thus the 44 cases are divisible into two series: 84 per cent. of the cases died, no radical measures having been attempted, and 16 per cent. lived (including the cases of ovariotomy and exploratory puncture, which might, perhaps, more fairly be put into the other series) for a period of 2 or 3 years, so far as the report shows, and in 1 case for a period of 26 years. So far as he (Dr. Graily Hewitt) had found there were no data afforded by other observers so extensive as those of Dr. Lee's. Of the 84 per cent. of cases with a fatal result, that result ensued, so far as can be judged from the report, within an average of a year and three-quarters. So far for the natural history of progressive ovarian disease. Next, with reference to the results of ovariotomy. The experience of the last few years, which only could be fairly taken as representing what could be done with ovariotomy, showed a favourable result of 68 per cent., 66 per cent., 70 per cent., figures so high as this, in the results of those who had operated most largely. Comparing, therefore, the results of the palliative and of the radical treatment, so far as the imperfect data belonging to the former class of cases allow us to do, it appears that the figures stand in the proportion of 16 to 60 or even 70. He would repeat that this was a most important point to consider in deciding for or against the treatment of ovarian disease by ovariotomy, the question which must be determined in each case being—What are the chances for the patient of surviving the effects of the disease when palliative measures only are adopted, as compared with the chances afforded by ovariotomy? He quite agreed with the author of the paper as to the great improvement that had been made in the diagnosis of cases, and its bearing on the favourable or unfavourable issue of cases. One error in diagnosis which had been of late more frequently committed than any other, was that of mistaking fibrous solid tumours of the uterus or ovary for disease of the more ordinary kind. It would be generally possible to avoid this by considering the history of the case. Large fibrous tumours, whether of the uterus or ovary, are of slow growth, as compared with tumours more properly suitable for ovariotomy.

Mr. ERICHSEN said he felt sure that all must have heard with deep interest the very valuable paper that had just been read. The results detailed in it not only reflected honour upon the author, but upon British Surgery, in which ovariotomy undoubtedly originated.

Dr. Graily Hewitt had related the lamentable consequences that result from leaving an ovarian tumour to take its own course, and he (Mr. Erichsen) knew nothing more distressing than to witness the misery usually entailed by the gradual and progressive development of such a disease. What resource did Surgery offer for its cure except ovariotomy? Medicine had no effect upon a tumour that was an independent organism developing in the interior of the body. The minor Surgical means, such as iodine injections, were more fatal than the extirpation of the growth. The opponents of ovariotomy were bound to answer this question—"If you reject that operation, what have you to substitute for it?" But Mr. Wells had pointedly put it to this Society to state whether ovariotomy was a justifiable operation or not, and this question ought to be answered here. Now, how were we to judge whether an operation is justifiable or not? By these tests—by the consequences of the disease being left to itself, by the mortality attending it, and by the result following its successful performance. They had just heard the lamentable consequences of leaving ovarian disease to run its own course, and it was known that medicine was inoperative in checking it. Now, as to the mortality after ovariotomy. Several years ago, before ovariotomy had attained that degree of perfection and of comparative safety which improved methods of diagnosis and of operative manipulation have now given to it, Dr. Lyman, of New York, published a most able essay, containing an analysis of 300 operations performed up to that time; of these, the mortality was about 42 per cent. Since that period ovariotamy had greatly improved in safety, as was evidenced by the results of the operations of Mr. Wells, Dr. Tyler Smith, and others. The mortality now was probably not 30 per cent. Let this for a moment be compared with what occurred in other operations, which no Surgeon hesitated for an instant to undertake. It was old and trodden ground to compare it with the result of the operations for hernia, ligature of arteries, &c.; and in these cases also the comparison was scarcely fair, as these were operations of necessity, whilst ovariotomy was an operation of expediency, and not of immediate and imperative necessity. But compare it with "amputations of expediency" of the lower extremity. He (Mr. Erichsen would take for this purpose the statistics of a most able paper, published two years ago in the 'Transactions' of this Society, giving the results of amputations performed in one of the largest hospitals in London—Guy's—where it was known, not only that the patients had the benefit of the most eminent professional skill, but all the appliances that wealth could afford for their recovery. In that very able paper Mr. Bryant stated that the mortality after amputation of the lower extremity for tumours was 36 per cent., and the mortality after 'amputations of expediency' of the leg was 66 per cent. Compare this result of amputations performed under the most favourable circumstances, by men of the greatest skill and judgment, with those of ovariotomy, and the advantageous position of the latter operation would be at once seen. Then take the next point—the result of ovariotomy as compared with other operations for tumours, say of the breast. No Surgeon hesitated to operate in cases of cancer of the breast, but he knew that the result was most unsatisfactory—certain, and probably speedy, recurrence; and he watched his patient with anxiety for the earliest signs of that return of the disease which he knew must inevitably occur. But how was it with ovariotomy? Why truly—

'Aut cita mors venit aut victoria læta.'

If the patient survived the operation, her recovery was complete and permanent. There were, doubtless, a few exceptional cases, in which the disease might return in the other ovary, but these were so few as scarcely to deserve being taken into account. In the great majority of cases the patient was at once and permanently cured, without fear of recurrence. Considering, therefore, ovariotomy from all these points of view, it must be pronounced as a proper and a justifiable operation. There were some very important considerations connected with the diagnosis of ovarian tumours, and their conditions as affecting the probable result of operation, which deserved to be carefully studied. These were, the effect of concomitant dropsical effusions, of adhesions, and the influence exercised by the age of the patient on the operation. Errors had, no doubt, been made in the diagnosis of ovarian as in that of all other tumours, external or internal; but these were much less likely to occur, and did actually occur with much less frequency, at the present day, when the question of operation had perfected the diagnosis, than happened formerly, when so accurate a knowledge of the nature and conditions of these tumours was not necessary. With regard to concomitant constitutional mischief, as influencing the propriety of an operation, the surgeon would, of course, be guided by those considerations that influenced him in all cases. But there were two special complications which were of peculiar importance: one was ascites, and the other anasarca of the general cellular tissue. Ascites appeared to him (Mr. Erichsen) always to be a serious complication, and he did not like to operate in such cases. Anasarca had been shown by Dr. Clay to be a condition unfavourable to operation, and in this he fully agreed. Then, as to adhesions. These, undoubtedly, were a serious obstacle to the success of an operation. They were an evil in two ways: first, by prolonging the operation, and sometimes causing great difficulties in separating the tumour from neighbouring organs. It was in this way that the intestine had been ruptured, portions of the liver torn away, the peritoneum stripped up from the abdominal wall, and other serious and fatal mischief induced. But adhesions were dangerous in other ways. They often contained blood-vessels which could not retract in the dense substance of the adhesion, and, though they did not bleed much at the time of their division, did so afterwards, slowly oozing into the abdominal cavity, and giving rise to dangerous and fatal hæmorrhage. But adhesions were not an unmixed evil. When extensive, they seemed to obliterate the peritoneal cavity, to destroy the serous membrane as such, and to render it less liable to take on inflammatory action than when it was in its normal state. In this respect the peritoneum resembled the synovial membrane of joints. Just as we often see, that when the knee has been chronically inflamed, its synovial membrane destroyed and replaced by fibroid tissues, a great amount of mechanical violence in the way of forcible extension and flexion may be inflicted upon it without exciting inflammation in it; so in the peritoneum, when that has been coated with old adhesions and organised plastic matter, inflammation is little liable to occur. Adhesions, therefore, were very dangerous and troublesome at the time of the operation itself, but rendered the patient less liable to the after-danger of peritonitis. Another important element in the success of the operation was the age of the patient. So far as his experience went, it was entirely in accordance with the deductions made by Dr. Lyman from his table of cases, that the operation was much more dangerous in young than in elderly women. Although not contra-indicated by early age, it must be looked upon with more anxiety in young women from eighteen to twenty-five than in women beyond the middle age. The most successful age for its performance was after the cessation of the menstrual function; and every surgeon who had had experience in the operation must have been struck by the great success often occurring in apparently most unpromising cases—in women between fifty and sixty years of age. There were many other questions of the highest importance in connexion with this operation into which time would not allow him to enter; but on reviewing the whole subject, he (Mr. Erichsen) thought that the Society must reverse the decision to which it came ten or twelve years ago, and, instead of condemning ovariotomy, give that operation its hearty approval and justification.

Mr. HUTCHINSON stated that he thought Mr. Wells deserved much credit for prominently bringing forward his facts respecting ovariotomy. He hoped that one great point would be gained by the recent progress in Professional favour which this operation had made. In the future we might expect that patients would be operated on at much earlier periods than had hitherto been the case. To this more than to any other change, he looked for an improvement in ovariotomy statistics. He agreed most fully with Mr. Erichsen in considering that the operation was a perfectly legitimate one. He had himself performed it in seven cases, with a result of four recoveries and three deaths. In an eighth case he had operated only on the afternoon of the day of meeting, and, therefore, could not include it. Now, as he had included several very bad cases in those operated on—one, especially, in which Mr. Erichsen assisted him, which was at a time almost beyond hope—he considered four recoveries a very satisfactory result. He could fully confirm the statement of Mr. Wells, that when patients recovered they usually regained very excellent health, and were permanently restored to full enjoyment of life. As he did not believe that adhesions were of the slightest possible advantage, but, on the contrary, considered that their influence on the hopefulness of a case were entirely on the other side, he held it to be very desirable that cases should be operated on early, before they had had time to form. In thanking Mr. Wells for the support which his facts gave to ovariotomists, he begged also to thank, not less warmly, Dr. Robert Lee, since he considered that the paper recently read by him, in which, for the first time, statistics were ignored by an opponent of the operation, was the greatest triumph which its advocates had yet achieved.

Mr. SPENCER WELLS said that the importance of the point raised by Dr. Graily Hewitt could hardly be exaggerated. No surgeon could be justified in performing any operation necessarily attended by serious risk to life, unless life was seriously threatened by the disease. If an ovarian tumour was not very large, or was not growing fast, no one would think of advising ovariotomy. It could only be justifiable when other treatment was useless, and life was threatened at no very distant period. But all experience showed that—putting aside some rare exceptional cases of women who lived for very many years with or without occasional tapping—it was rare for a patient to live for two years after an ovarian tumour had attained such a size as to raise the question of ovariotomy. He had stated his grounds for this belief in a paper read before the British Medical Association at Canterbury, and it was interesting to find that Dr. Hewitt's analysis of Dr. Lee's own cases more than confirmed the accuracy of his estimate of the duration of life under palliative treatment. He did not agree with Dr. Hewitt in regard-

ing fluctuation as being necessarily found in progressive ovarian tumours. He had seen many cases of such tumours, which grew very rapidly, and yet fluctuation could not be detected; especially if there was much fat in the abdominal wall. Nor did he think that it could be called a mistake if a surgeon removed a tumour, although he did not feel certain whether it would prove to be uterine or ovarian. The great questions were—"Is it movable, and can it be removed?" In two of his cases great doubt had been felt before the operation. One of them had been alluded to in the paper. The other patient had been examined by at least twenty gentlemen of great experience, and about half thought the tumour was uterine, and the other half ovarian. He himself felt great doubt, after repeated examinations; and though, at the time of the operation, he was inclined to think it was ovarian, he would not have been surprised if it had proved to be a peritoneal fibrous outgrowth from the uterus. Had it proved to be so, it would have been removed quite as easily, and probably quite as safely as it was, though the patient made an excellent recovery. Provided the uterus and the tumour could be moved independently of each other, he thought the Surgeon need not be deterred from operating by any doubt as to whether the tumour were uterine or ovarian; and he certainly could not be accused of a mistake if, before his operation, he felt the impossibility of being positively certain as to his diagnosis. Mr. Erichsen's support of the principal of the operation by comparing the mortality with that of other recognised operations was most valuable. With regard to anasarca, he had been led to regard it as an unfavourable sign, and had noticed that many of the patients, in whom it had been present, had done badly; but he thought we were arriving at a sort of law, that, when it merely depended upon the pressure of the tumour retarding the return of blood from the lower limbs, it was of no more importance than in pregnancy. But, when it depended on disease of liver, or spleen, or kidneys, or heart, or on leukhæmia then it should lead the Surgeon to consider the case as unfit for operation. So with ascites. If it depended on disease of the liver, kidneys, or spleen, or on chronic disease of the peritoneum, the case was very unfit for operation. But if no such disease could be detected, and the dropsy seemed to be caused by the mere pressure of the tumour, or by its movements mechanically irritating the peritoneum, the effusion ceased as soon as the tumour was removed. He had seen several such cases do verywell. In one there were fifty-seven pints of ascitic fluid, and in another forty pints. He could quite confirm Mr. Erichsen's statement that patients above fifty years of age recovered remarkably well. He had operated on seven patients between the ages of fifty and sixty, and only one died. But he did not think young women unfavourable subjects for the operation. He had twice operated successfully on girls of seventeen, and of fifteen cases between twenty and thirty, twelve had recovered. Between forty and fifty, of eleven cases, seven had recovered. But, between thirty and forty, of fifteen cases, only six had recovered. They seemed to do better before thirty or after forty, than between those ages. Whether this was accidental, and would be corrected by a larger number of cases, he could not say. He quiet agreed with Mr. Hutchinson's remarks as to adhesions although in many cases very extensive adhesions had not appeared to have any retarding influence upon recovery; and he concluded by thanking the Society for the attention which had been paid to the paper.

JUNIOR MEDICAL SOCIETY OF LONDON.

At a meeting of this Society, held at King's College on the 9th inst., H. Smith, Esq., Vice-President, in the chair, the following pathological specimens were exhibited:—

Encysted knotty tumour of liver, connected with a syphilitic origin, by Mr. Kempthorne, King's Coll.; larynx and trachea of a child, showing diphtheric exudations, by Mr. Talfourd Jones, University.

Mr. Yeo then proceeded to read a paper on Ovariotomy. The author commenced by observing, that the subject was so mature, and surrounded by so many well-authenticated facts, that it might fairly be discussed by this society. In doing so, it was desirable to be influenced, not so much by the weight of authority, but rather by a calm review of the facts of the case, and the reasonable inferences to be deduced from them. The history of the operation was then traced from its origin in America in 1809, and its inauspicious introduction into Great Britain by Mr. Lizars, of Edinburgh, in 1823, to its re-introduction by Dr. Clay in 1842, and its subsequent steady progress. He then enumerated the various other means that had been suggested for dealing with ovarian tumours, and alluded to their generally unsatisfactory results; and after sketching the usual course of a case of ovarian disease if left to itself, or merely submitted to palliative treatment, he passed on to the consideration of the operation of ovariotomy itself, pointed out the cases in which it appeared justifiable, and thought it should be restricted to those cases where the disease manifested a progressively fatal tendency, or where the patient's life was rendered so miserable that an operation was eagerly sought after. While alluding to the modes of performing the operation, and the proper after-treatment, the author mentioned the particulars of two recent cases—one in which Mr. Fergusson, and the other in which Mr. Bryant had operated. He then stated the common objections to the operation, and thought they would be removed by the results of an extended experience, a careful selection of cases, and a careful observation in operation of all the details that the most experienced in these cases have suggested and found necessary. Observing, in conclusion, that after, and in spite of much opposition, ovariotomy may now be regarded as about to take its place amongst the greatest achievements of the progressive surgery of the 19th century.

An interesting discussion then ensued, in which Messrs. H. Smith, Hayward, Freeman, Jones, Deck, Pick, Shears, Wintle, and Clarke, took part.

The Author of the paper having replied, the meeting then adjourned.

LEGAL INTELLIGENCE.

FOWKES AND ANOTHER *v.* THE MANCHESTER AND LONDON LIFE ASSURANCE COMPANY.

This was an action on a policy effected by one Henry Fowkes for 1000*l*. The action was brought by his executors. The company pleaded that certain of his answers were untrue, and (in another plea) that they were designedly untrue. A third plea alleged that he had obtained the policy by fraud, or by the omission of a material fact, of which the company ought to have been made aware.

The policy was effected by Fowkes, a commercial traveller, in Birmingham, in the year 1860. He was then forty-nine years of age. He was asked whether he had ever been afflicted with gout, and he answered "No." He was asked whether the life had been offered at any other office, and, if so, whether it was accepted, and he answered that it had baen proposed, and had been accepted at an ordinary rate. These were the answers which it was alleged were false. He died in June, 1861.

The issue being on the defendants, they began, and.

A surgeon from Birmingham was called, who stated that he had attended the deceased, and in May 1858, he believed he was suffering from suppressed gout. He had "an extremely slight attack of gout," and the witness gave him medicines to "bring it out." It came out in the great toe (laughter), but was "out" only a short time—not more than 48 hours. Witness thought he told the patient what was the matter with him, but could hardly say at this distance of time whether the patient had shown the toe, or he had asked to see it. Gout, however, was usually expected in the toe (a laugh), and the symptoms were such as the patient could see and feel—redness, tenderness, &c. He believed that the deceased died of suppressed gout in an aggravated form.

Mr. Huddlestone, on the part of the plaintiffs, urged that, as to the first question, it was not whether the assured had ever had the gout, but whether he had ever been "afflicted with gout," and this meant far more than merely having it, and meant some sensible and conscious suffering from it. His learned friend had said that no one who ever had it could doubt or forget it; but, on the contrary, it was probable that few persons over forty escaped it, though very few were conscious of it; and it appeared that doctors doubted it. He should call relatives of the deceased to show that he had no reason to suppose he was "afflicted with gout." As to the other question, he should prove that the deceased had, in fact, proposed at a third office, and that his life had been accepted by the Medical referee, but that he had declined to go on with it. So that the answer was strictly true.

The widow and other witnesses were then called in support of the case thus opened.

The widow said her husband was of a spare make and active habits, and exceedingly temperate and healthy. She said he died of a rupture of a bloodvessel. When asked whether she had never known her husband to have the gout, she said she "could not swear it was the gout," and, when further pressed, admitted that his toe appeared inflamed, and he could not wear his ordinary shoes.

A brother of the deceased said that he had enjoyed excellent health, and had never been known to have any serious illness until his death. The medical man himself was called, and said he had told the deceased his life was insurable, though not robust. This witness was pressed as to whether the deceased had not told him that he had a "touch of gout," and said he could not recollect, and believed not. This witness was one of the medical officers of the defendants' company. Another of the medical officers, who had examined the deceased, was called, and said he had found and reported that his life was a good "average" life. And various friends of his were called to prove that they had never heard that he suffered from gout, and never knew him kept from business a day. The evidence being thus as it stood so contradictory,—

The Lord Chief Justice recalled the first witness, the medical man who had attended the deceased, and desired him to state the

grounds on which he had stated that the deceased had died of "suppressed gout."

The witness stated several symptoms, but said there were "no active symptoms" of gout. The last illness was four days in duration. There was a previous illness in March. There was difficulty of breathing, spitting of blood, and extreme weakness, under which he sank. The symptoms were twice relieved by the presence of gout. In June there were similar symptoms—*i.e.*, all symptoms of the presence of suppressed gout, and such as had before been relieved by the presence of gout. The witness said he was not aware that the deceased had any important organic disease until the last illness.

One of the jury elicited that the company, when the deceased made his proposal, applied to the witness as his medical attendant, but, as they had not sent a fee, he had declined to answer. (Laughter.)

Mr. Serjeant Shee, on behalf of the company, contended that both questions had been untruly answered. "Afflicted with gout" did not mean "disabled by gout," and suppressed gout was the most dangerous form of the disease. Beyond all doubt there had been gout, and gout in its favourite seat—the great toe.

The Lord Chief Justice left it to the jury—first, whether the answers of the assured were untrue; and next, whether they were false to his knowledge. First, had he been "afflicted with gout?" The question might be considered with some reasonable latitude; and it was not because a man had some passing symptoms which a far-seeing medical man might ascribe to the presence of suppressed gout in the system, but was there gout in a sensible, appreciable form? And this, certainly, was stated to have been (before the proposal) "the slightest possible case" of gout, as the medical man himself had said. As to the other question—whether the life had been proposed at any office and accepted or declined—it appeared that the life had been proposed at two offices, and accepted at one and declined at the other. Had the assured answered truly, in simply saying that he had proposed and been accepted? The question, no doubt, was not in the most comprehensive form, but was it answered fully and fairly, and according to its obvious meaning and effect, by saying nothing of the proposal which had been declined? He thought not, but left it to the jury. He, however, thought further, that it was not strictly true that the life had been "accepted" in the sense in which the word was used—for it had not been accepted by any office on a proposal for assurance, but merely approved by the medical man. It was for the jury to say whether either of the answers was untrue, and, if so, whether either was untrue to the knowledge of the assured.

The jury consulted some time, and then retired. On their return they found, that the assured had not been afflicted with gout at the time of the proposal; that the answer to the other question was untrue, but not to the assurer's knowledge. Verdict for the plaintiff, subject to the question, whether the knowledge of the untruth was material.

Births, Marriages, and Deaths.

BIRTHS.

HOWISON.—On the 29th ult., at Northgate, Darlington, the wife of James Howison, L.R.C.P.E., &c., of a son.

MACINTOSH.—On the 11th inst., at Glasgow Royal Asylum, the wife of Dr. Macintosh, of a daughter.

MARRIAGES.

BANBURY—MILSOM.—On the 1st ult., at the Old Cathedral, Calcutta, Richard Banbury, Esq., Bengal Army, Civil Surgeon, of Mymensing, to Elizabeth S. T. Milsom, eldest daughter of the late G. P. H. Milsom, Esq., Surgeon, of Collumpton, Devon.

MORTON—HODGSON.—On the 9th inst., at St. Paul's, Hammersmith, D. T. Morton, M.D., Surgeon-Major of H.M.'s Madras Army, to Jane, widow of the late J. B. Hodgson, Esq., of Chesham.

DEATHS.

BLUETT.—On the 7th inst., at Haslar Hospital, Walter John Bluett, Esq., Assistant-Surgeon R.N., of H.M.'s ship 'Victory,' youngest son of the late Captain B. S. Bluett, R.N., K.H.

HARRISON.—On the 1st inst., at Cheltenham, John Gregson Harrison, M.D., late of Manchester, aged 56.

MACBRIDE.—On the 10th inst., at Magdalen hall, Oxford, Mary, the wife of Dr. Macbride, the last surviving daughter of the late Sir J. Radcliffe, of Milnesbridge house, Yorkshire, and Royton hall, Lancashire, aged 91.

WEBSTER.—On the 10th inst., Margaret, relict of the late Rich. Webster, Esq., Surgeon of the 4th Royal Irish Dragoon Guards, aged 75.

HONOURS AWARDED TO MEDICAL MEN IN FRANCE.—A handsome statue was lately inaugurated at Bicetre, representing one of the most celebrated and talented psychological physicians of these latter times. Esquirol was, indeed, a man whose benevolence and medical superiority place him on a high level among alienists, and it is honourable to the French medical body to have thus recognised the worth of this truly good man. Bicetre, the principal lunatic asylum (men) in Paris, was the fit place for such a statue, rather more so than the mouldy and lonely ponds on which Jenner is made sadly to gaze in Kensington Gardens.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Saturday the 13th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Charles Alfred Atkins, Farnham Royal, Bucks; Jackson Graham Davidson, M.D., Coburg, Canada West; Daniel Devereux, Middlesex Hospital; Frederick Royston Fairbank, Rugby; William Beamish Lane, Carrigbue, near Bantry, Ireland; Robert Laycock, Bramley, near Leeds; John Robinson, Frodsham; William Charles Worley, 1 New North road, Hoxton.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having undergone the necessary examinations, were admitted Fellows at the last meeting of the Council:—W. Adams, Harrington square; diploma of membership dated July 5, 1850; George Fowler Bodington, Cleveland terrace, Middlesborough; November 9, 1849; Robert Charles Brown, Preston, Lancashire; Nov. 5, 1858; Hector Helsham, Doughty street, Mecklenburgh square; Aug. 14, 1846; Jonathan Hutchinson, Finsbury circus; Aug. 2, 1850; Francis Mason, Conduit street, Hanover square; July 23, 1858; Henry Wilson Sharpin, Bedford; March 22, 1850; William Spencer Watson, Southampton street, Bloomsbury; July 3, 1857.

The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on Thursday last:—David Davies, Aberdare; diploma of membership dated Aug. 18, 1843; William Hall, Lancaster; July 17, 1840; Anthony Holbrow, Stonehouse, Gloucestershire; March 5 1819; George Francis Keys, Warwick street, Regent street; April, 16, 1841; David Thomas Morton, H.M. Indian Army; July 8, 1836; Richard Chambers Roberts, Ruabon, Wales; Dec. 17, 1837.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th inst.:—James Herbert Brown, Lewes house, Brighton; James Corrie, Carlisle; Henry Robert Faweus, South Charlton, Northumberland; Adolphus Burnell Greatrex, Eccleshall, Staffordshire; Thomas Mason Johnson, Manchester; Howell Charles Phillips, St. Mary's Hospital; Richard Purnell, Wells, Somerset; Charles Tozer Savory, St. Bartholomew's Hospital; Philip Richard Tomlinson, St. George's Hospital; John Watkin, Treaman, Glamorganshire; William Montague Hall Welby, Newark, Notts; Henry Willey, King's College.

The following gentlemen also on the same day passed their first examination:—Edward Bryan, St. Bartholomew's Hospital; Henry Nelson Edwards, ditto; George Lamb, University College; Thos. Haywood Smith, Sydenham College, Birmingham.

ST. MARY'S HOSPITAL.—Mr. Ernest Hart has been elected Ophthalmic Surgeon to this hospital, in the room of Mr. White Cooper resigned.

SURREY COUNTY HOSPITAL.—The Building Committee have selected the design of Mr. Lowe.

ILLEGITIMACY IN SCOTLAND.—In the eight principal towns in Scotland, the proportion of illegitimate births was as follows:—In Greenock, 4·9 per cent.; Edinburgh and Leith, 7·3; Paisley, 7·9; Perth, 9·3; Glasgow, 10·2; Dundee, 10·4; and Aberdeen, 16·5.

ODONTOLOGICAL SOCIETY.—At the meeting of this Society held on the 1st inst., Mr. Tomes, President, in the chair, the discussion of Retarded Development of the Permanent Teeth, introduced at the last meeting of the Society, was resumed by Mr. Vasey in a paper upon the subject. A variety of preparations of superior and inferior maxillæ, containing supernumerary teeth, were exhibited by the president. A short paper by M. Tellander, of Stockholm, was read, in which the author related a case of cystic tumour of the upper jaw, from which he removed twenty-eight small teeth more or less perfectly formed. The teeth were exhibited to the meeting. A point of some interest in this case was the circumstance of some of the permanent teeth in the position where the tumour originated never having appeared. The President, Mr. Cartwright, M. Tellander, Mr. Harrison, and other members of the Society, took part in the discussion.

UNIVERSITY OF CAMBRIDGE.—The Board of Medical Studies issue, for the information of medical students, the subjoined list of hospitals and medical schools at present recognised by them; and also the resolution adopted for defining what shall be deemed sufficient evidence of medical study out of the University:—The University of Oxford, the Medical Schools of Charing-cross Hospital, Grosvenor place, Guy's Hospital, London Hospital, Middlesex Hospital, St. Bartholomew's Hospital, St. George's Hospital, St. Mary's Hospital, St. Thomas's Hospital, Westminster Hospital, University College; Queen'sCollege, Sydenham College, Birmingham; Old Park Medical School Bristol; School of Medicine, Leeds; Royal Infirmary School of Medicine, Liverpool; Royal School of Medicine and Surgery, Manchester; College of Medicine, Newcastle-upon-Tyne;

University of Edinburgh; Medical School of Glasgow; Medical School of Aberdeen; Trinity College and College of Surgeons, Dublin; the Queen's University, Berlin, Bonn, Heidelberg, Leyden, Paris, Turin, and Vienna. In accordance with the regulation by Grace of Senate, that "it shall be the duty of the Board to define from time to time what shall be sufficient evidence of medical study out of the University," it has been resolved—That for the time claimed by the student as passed in medical study out of the University, evidence shall be required of diligent attendance on courses of lectures throughout each term or session, on two at least of the subjects required for either the first or second M.B. examination; or of diligent attendance on hospital practice, including clinical lectures, and on a course of lectures on one at least of the above subjects.

MANUFACTURE OF SALTPETRE.—Saltpetre is obtained in the Mammoth Cave, Kentucky, and considerable quantities were obtained from this source during the war of 1812. It is derived chiefly from the excrements of bats, &c. Most all the saltpetre which is employed for the manufacture of our gunpowder comes from India. It is not known whether any saltpetre is now obtained from natural sources in the Southern States. If the Secessionists were deprived of this substance entirely they could not carry on a war. The nitrate of soda is very abundant in many parts of the world, and were it not so deliquescent, it would answer just as well for making gunpowder as nitrate of potash. The formation of natural saltpetre is a very slow process, requiring about two years to complete. During the French Revolution 2,000 tons were made in one year in Paris; and were foreign supplies cut off, twice this quantity could be made in the same space of time in the city of New York with its present number of inhabitants. In Sweden, each peasant who owns a house is bound by law to make a certain quantity of saltpetre every year for the use of the State. In Spain, Egypt, Persia, and especially India, vast quantities of this salt are made annually; and it is not only a source of great profit but of warlike power to Great Britain.—'Scientific American.'

APPOINTMENTS.—Thomas Stephen Baker, M.R.C.S. Eng., L.S.A. Lond., has been re-elected Medical Officer and Public Vaccinator for District No. 2 of the Shepton Mallet Union, Somersetshire.—Frederick John Bird, M.D., Univ. St And., F.R.C.P. Edin., M.R.C.P. Lond., has been elected Fellow of the Linnæan Society.—Samuel Browne, L.K.Q.C.P. Irel., and L.M., M.R.C.S. Eng., has been elected Town Councillor for Belfast.—Thomas Brooks Bumpsted, M.R.C.S. Eng., L.S.A. Lond., has succeeded the late Arthur Wellington Thurnall, M.R.C.S. Eng., L.S.A. Lond., as Surgeon to the Cambridge County Goal.—Richard Caltaghan, L.R.C.P. Edin., M.R.C.S. Eng., L.A.H. Dub., L.M. Rot. Lying-in Hosp. Dub., has been elected an additional Medical Officer for the Cork Dispensary District.—Mr. Alexander Collie has been appointed Surgeon's Assistant in the Aberdeen Royal Infirmary and Lunatic Asylum.—William White Cooper, F.R.C.S. Eng. (exam.) has been appointed Honorary Consulting Ophthalmic Surgeon to St Mary's Hospital, Paddington, on resigning the office of Ophthalmic Surgeon.—Ronald Currie, M.D., M.C., has been appointed Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children, *vice* Donald Mac Iver, M.D. Univ. Edin., M.R.C.S. Eng., resigned.—Henry Curtler, M.R.C.S Eng., has been elected Medical Officer and Public Vaccinator for the Droitwich District and Union House of the Droitwich Union, Worcestershire, *vice* William Robson Jaques, M.R.C.S. Eng., L.S.A. Lond., deceased.—Walter Dickson, M.D. Surgeon R.N., November 25, 1848, has succeeded the late James Ormiston McWilliam, M.D. Univ. Edin., F.R.C.P. Lond., L.R.C.S. Edin., as Medical Inspector to the Board of Customs.—Alexander Harvey, M.D. Univ Edin., L.R.C.S. Edin., has been elected Physician to the Aberdeen Royal Infirmary and Lunatic Asylum *vice* George Jaffray Nichol, M.D. Univ. King's Coll Aberd., M.R.C.S. Eng., deceased.—Dr Strangways Hounsell, M.D., M.R.C.P. etc., has been appointed Physician to the Erith House Institution for diseases of the Chest.—Henry Robertson Howatt, M.D. Maisch Coll. Univ. Aberd., F.F.P.S. Glasg., has been elected Treasurer of the Glasgow Southern Medical Society.—William Henry Kempster, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the St. Mary's District of the Wandsworth and Clapham Union, Surrey, *vice* William Connor, M.B. Trin. Coll. Dub., F.R.C.S. Irel., L.S.A. Lond., resigned.—Thomas Liddard, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Resident Surgeon to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children, *vice* Dr. T. L. Brittain, M.D. Univ. Edin., resigned.—Robert Allan Macnab, M.D., Univ. Glasg., L.R.C.S. Edin., L.S.A. Lond., has been re-elected Medical Officer and Public Vaccinator for the Silsden District of the Skipton Union, Yorkshire.—Frederick Blakesley Mallett, M.D. Univ. Edin. L.S.A. Lond., has been appointed Assistant to the House-Surgeon of the Infirmary and Dispensary, Bolton-le-Moors, Lancashire.—Edward McMillan, L.R.C.S. Edin., has been elected Vice President of the Glasgow Southern Medical Society.—James Charles Pritchard, M.R.C.S. Eng., L.S.A. Lond., has been elected Medical Officer and Public Vaccinator for the St George's District of the Wandsworth and Clapham Union, *vice* Dr. Connor, resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 24.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, December 25.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.

Friday, December 26.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 27.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Frankland, On "Air and Water."—(Juvenile Lectures).

Monday, December 29.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 30.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Practical Notes on Diagnosis, Prognosis, and Treatment of Delirium Tremens. By Dr. T. Laycock. Edinburgh: Oliver and Boyd.
Third Annual Report of the Cranley Village Hospital.
The Chemist and Druggist for December.

NOTICES TO CORRESPONDENTS.

MR. BELL is thanked for his courtesy. The Notice shall be attended to.

GAMMA.—There is no law, we believe, that can prevent a Licentiate from calling himself "Doctor," and we do not suppose that there is any likelihood that the Act will be tested to ascertain its powers either one way or the other. The controversy is becoming unimportant.

*** The Report of the Cranley Cottage Hospital has come to hand. We are obliged to Mr. Napper for his kindness.

INQUIRER.—The Sarracenia Purpurea has not proved so successful in the hands of English practitioners as there was reason to hope it might. We suspect that it will turn out a failure.

DR. B.—Send your contribution to the Mansion-house Fund. The subscription Fund alluded to is, we believe, a mere humbug. The list of sums expended is not published.

MR. PORTER.—1st. Yes.—2nd Yes.

L.R.C.P. Edin.—It would be better to avoid the use of the title under the circumstances, though it would not be illegal.

W. H.—Brande and Taylor's Chemistry is the best. We have reviewed it very recently.

To the Editor of the Medical Circular.

SIR,—According to the provisions of the Vaccination Act, the parent or custodian of a child neglecting to have the same vacciuated within three calendar months, subjects him or herself to a penalty not exceeding 20s. Will you be so kind as to inform me through the medium of your column to correspondents, who in your opinion is the person legally authorised to prosecute in case of such neglect.

Yours, &c., R.G.S.

[The Parochial authorities.]

M.D. (not a Mad Doctor) commends the spirit of our article, observing "if it should be generally thought that the Profession defend Dr. Semple's carelessness it will do us irreparable injury. It may be well to separate the man from the act; we may pity him, but we must repudiate his negligence. I cannot understand why the 'Empty Gazette' as you used to call it, strived so hard to make Dr. Semple appear a martyr. Surely, never was martyrdom better deserved. All I say is, we cannot afford to suffer as a body for his wrong. In my opinion, Sir, this case will be ruinous to the Profession." Our correspondent little knows how valueless are the opinions of our Medical journals on personal questions. The 'Empty Gazette' as our correspondent elects to call it, is the understood organ of Apothecaries' Hall. The examiners there are strong on the staff of the journal. It would be ungenerous therefore, for them to take any other course. We do not blame them as men; but they cannot be considered as acting on public grounds. So again as regards St. Thomas's Hospital and the half despairing energy of the 'Lancet.' This cliqueism is the bane of Medical journalism, and is the cause of that insincerity which is evidenced in the unexpected and self-contradictory changes of opinion so often observed in our periodicals. There can be no consistency where there is no principle.

DR. J. S.—Your request has been attended to.

MR. MORLEY.—Received.

X. X. (Portsmouth).—The subject shall have an early notice.

MR. HATHERLY.—Received and inserted.

DR. EDWARDS CRISP.—Communication received.

MR. PULLIN.—A private note has been sent.

MR. HENRY HARRIS.—The degree cannot be obtained without residence. The fees are five guineas for M.B.; and twenty-one pounds and sixpence for M.D.

JOURNAL

OF

Practical Medicine and Surgery.

BIBLIOGRAPHY.

ART. 6346. *Traité Pratique de Médecine Légale Rédigé D'après des Observations Personnelles* (A Practical Treatise on Medical Jurisprudence, based on Personal Observation), *by J. L. Casper, M.D., Professor of Medical Jurisprudence at the University of Berlin, expert of the Courts, etc. Translated from the German, under the direction of the Author, by Gustave Germer-Baillière, Esq.* (*a*)

Good example promptly bears fruit. What Mr. Picard has done for Scanzoni and Virchow, is now accomplished for Professor Casper with equal success by Mr. G. Germer-Baillière. We hasten to congratulate this gentleman on having enriched French medical literature with a translation which permits us to appreciate one of the most justly esteemed works on Medical Jurisprudence in Germany. Mr. Casper's lectures in the University of Berlin are the counterpart of Mr. Tardieu's tuition in Paris: both are characterised by the same practical spirit, and are remarkable for their clearness and precision. But thanks to the popularity of forensic medicine in Germany, and to habits which we should be happy to find introduced into France, Mr. Casper's lectures are of a more clinical character than those delivered by Mr. Tardieu, and are, moreover, based on upwards of thirty years' experience.

Germany, as the translator remarks in his preface, is the birth-place of Forensic Medicine. So early as the close of the seventeenth century numerous professors imparted special instruction in this branch of science, a hundred years before it occupied the attention of the learned in England, France, or Italy. This superiority has continued up to the present day, and is illustrated by the fact that one of the principal branches of administration in Prussia bears the denomination of *Ministry of Medical Affairs*, and one of its most important sections is devoted to *Forensic Medicine*. "Every medico-legal affair," says Mr. Germer-Baillière, "is in the first place referred for examination to a sworn medical jurist, who takes official cognizance of all the cases brought before the particular court to which he is attached, and in the cities in which exists a medical college, his operations are carried on in the presence of the physicians and students of the Faculty, who are thus supplied with what may be termed a *clinical course of Medical Jurisprudence*. These duties devolve at Berlin on Professor Casper, and the pupils are present at all the post-mortem examinations required for the enlightenment of the tribunals." Mr. Germer-Baillière remarks that this public performance of autopsies, which might be adopted in France with much benefit, affords in addition to the publicity of the trials, a guarantee of accuracy as well as of impartiality, interferes in no wise with the proper administration of justice, a fact acknowledged by the Prussian examining magistrates, and in addition, powerfully assists in the education of medical jurists.

It is highly desirable that a similar publicity be imparted to proceedings of this kind in France, where most students acquire their diploma without having witnessed even a single case of practical medical jurisprudence. Until such time as this system has been adopted, would it not be practicable, as Mr. Germer-Bailliere suggests, to open a clinical course at the *Morgue*, and thus to combine practical tuition with the theoretical lectures delivered at the School of Medicine? Young medical jurists would doubtless be spared many difficulties and mortifying observations, and President Troplong would then cease to be justified in asserting, as he did on a recent occasion: ". . . What I have seen and heard, during my judicial career from certain medical practitioners, exceeds all belief."

(*a*) Two vols. 8vo. Germer-Baillire, Paris.

Professor Casper's work is divided into two sections, the first treats of biology and of all circumstances connected with the living; the second is termed thanatological, and includes all questions relating to cases in which death has taken place.

The biological section comprises sexual intercourse, gestation, delivery and abortion, injuries and wounds which have not occasioned death, feigned bodily diseases, and insanity. Mr. Casper concludes from his researches on virginity, that in 999 cases out of a thousand, the absence of the hymen is a sign of defloration, a remark which entirely agrees with Mr. Tardieu's personal observations. Both professors also concur in the assertion that the two-thirds of rapes and criminal assaults are committed on children aged from two to fourteen years. These authors differ on the question of unnatural offences, and we are inclined to think that Mr. Tardieu's views on the subject are practically more correct than those propounded by Mr Casper. The latter gentleman asserts that "no characteristic evidence can be obtained by examination of the active agent," and that "syphilitic symptoms existing simultaneously on the organs of generation of one of the parties, and about the anus of the other, afford no grounds whatever for an inference of guilt." It is obvious, however, that the coincidence would at least be an extremely suspicious fact. The form of the penis also deserves attention, and we may say the same of certain signs derived from the expression of the countenance, gait, and manner, a description of which will be vainly sought for in the work of the German professor.

Mr. Casper has instituted special inquiries as to the average length of utero-gestation, and concludes that pregnancy always extends over ten catamenial periods, and, therefore, in women who menstruate every thirty days only, pregnancy would be protracted to 300 days or 43 weeks.

Our limited space debars us from entering into a lengthened examination of the important chapters devoted by the author to insanity. This part of the work contains many ingenious opinions and facts which will be referred to with advantage. French authors will, however, not fail to observe that Mr. Casper views the subject more as a jurist than as a physician, and that he entirely omits all mention of general paralysis, a disease which, as Mr. Brierre de Boismont correctly remarks, affects, mentally and physically, thousands of individuals.

This portion of the work may perhaps be deemed somewhat deficient; but the learned author makes ample amends by the full description of all the anatomical and morbid changes of any interest to the medical jurist. This history of death, or, as Mr. Casper terms it, thanatology, entirely fills the second volume, and is in every respect a complete exposition of the subject in all its bearings. We must especially notice the chapter devoted to the weapons used in producing wounds, and the remarks suggested by the different resistance of living and dead textures. Mr. Casper's experiments on firearms, and the different kinds of projectiles, will also be read with much interest. When treating of burns, he considers the hypothesis of *spontaneous combustion* as perfectly untenable, all the alleged cases having been related by unprofessional persons, such as clergymen, village mayors, or peasants; no physician has ever witnessed this unaccountable phenomenon.

After the history of poisons, for the chemical part of which the reader is referred to special treatises on the subject, Mr. Casper enters on the consideration of asphyxia. The work is concluded by an extremely remarkable chapter on the *Biothanatology of New-born Infants*, which includes everything that concerns the age of the fœtus, docimasia pulmonaris, the death of the child before and after delivery, and vagitus uterinus. The author expatiates on these various subjects, and it is not difficult to perceive that these pages are written *con amore*; here will be found displayed, in the highest degree, the qualities peculiar to the mind of the author—viz., sagacious observation, close reasoning, and the most scrupulous accuracy in all matters concerning statistics. (*a*)

(*a*) With regard to the questions of jurisprudence discussed in Professor Casper's work, the translator remarks that the *Code Napoléon* is in vigour in Rhenish Prussia, and that the difference between that legislation and the French laws often lies merely in the application of the penalty.—THE EDITOR.

ART. 6347.—*Des Affections Nerveuses Syphilitiques* (Nervous Syphilitic Affections), *by Léon Gros, M.D., former Interne of the Strasbourg Hospitals, and V. Lancereaux, Laureate and Interne of the Hospitals of Paris.* (*a*)

Des Affections Nerveuses Syphilitiques (Nervous Syphilitic Diseases), *by — Zambaco, M.D., Chef de Clinique of the Faculty of Medicine of Paris.* (*b*)

Both the works noticed in the present article have been crowned by the Academy, and in the competition of 1859 the Civrieux prize was divided between the authors. Were we to consider the relative merit of these volumes, as estimated by the commission of prizes, we should in the first place devote our attention to Mr. Zambaco's volume, but Messrs. L. Gros and Lancereaux's book having been the first published, we shall, according to our custom, follow the chronological order.

Up to a comparatively recent date, the existence of a host of syphilitic visceral affections was admitted without discussion; it was then altogether denied, and in order to throw some light on this much-controverted question, the Academy proposed for competition, *an inquiry into the nervous diseases due to the syphilitic diathesis.* In the opinion of Messrs. Léon Gros and Lancereaux, the actual existence of such affections admits of no doubt. Syphilis must be considered as a general taint of the system; its action may be localised in certain tissues, but no texture of the human frame enjoys absolute immunity from its manifestations. The views propounded by the authors harmonise more closely with generally received opinions than would appear at first sight. Thus it is a generally admitted fact that syphilis chiefly affects the glandular and fibrous structures of the body, and as a vascular and a cellular element are the necessary constituents of all our organs, Messrs. Gros and Lancereaux's doctrine seems to be merely a more comprehensive view of the ideas which generally obtain on the subject. Their researches are based on 270 cases carefully selected from a much larger number, and the authors have therefore been enabled to demonstrate both from anatomical data and from clinical observation, facts hitherto merely suspected or unsatisfactorily expounded. They consider themselves, for instance, justified in asserting that the manifestations of syphilis in the nervous system do not materially differ from its morbid expression in the other organs, and are analogous, if not identical. Whatever structure be locally affected, the disease invariably betrays itself by congestion, inflammation, and plastic exudation, and, as in most general affections, proceeds habitually from the surface to the more deep seated parts.

The work before us may be summarised in a certain number of dogmatic propositions, of which the following is an abstract:—

Nervous affections may be developed at all periods of constitutional syphilis, and induce, separately or simultaneously disturbances of the three great functions of the nervous system—viz., sensation, motion, and intelligence. They are extremely varied in form, and may respectively assume the characters of neurosis, and of diseases symptomatic of organic changes in the nerves or nervous centres.

The disturbances of sensation consist in rheumatoid pains frequently coincident with the incipient stage of constitutional syphilis and sleeplessness, which is often observed in children who have inherited the taint, and is possibly connected with asteocope, a distinctly tertiary symptom. The most common forms of neuralgia induced by syphilis are tic douloureux, gastralgia, and sciatica.

General convulsive paroxysms, simulating epilepsy, may also be the result of the infection; they are preceded by vertigo, and attended with loss of consciousness. They differ from genuine epilepsy—1. By the headache which ushers in the fits; 2. By the occurrence of the first attack at a more or less advanced period of life; 3. By the absence of the habitual causes of epilepsy; and, 4. By the prompt and permanent cure effected by specific treatment. Eclamptic convulsions are occasionally observed in children labouring under congenital syphilis, the existence of which will assist the practitioner in detecting the nature of the paroxysms. Partial spasmodic attacks may also closely resemble chorea.

The modifications of the intellect consequent on syphilitic infection are analogous to lypemania and monomania (*syphiliphobia*).

The incidental causes which seem to promote the localization of syphilis in the nervous system are those which tend to stimulate or depress nervous power, such as an excitable temperament, excess of all kinds, exhausting intellectual exertion, mental pre-occupation, &c.

The diagnosis rests—1. On the coincidence or previous existence of one or more symptoms characteristic of the special diathesis; 2. On the manifestation of the symptoms at an age different from that at which they are habitually observed; 3. On the absence of the usual causes of nervous disturbances; 4. On the regularity with which the nervous symptoms supervene at a given period of the general affection; 5. On the successive appearance of various and complex nervous phenomena, which impart to the disease a peculiar character; 6. On the failure of the remedies habitually efficacious in nervous maladies; 7. On the favourable effects of specific treatment; and, 8. On the relapses observed when the curative medication has not been sufficiently persevered in.

The prognosis varies according to the general condition of the patient, the presence or absence of physical changes in the nervous system, the seat of the symptoms, &c.

Of all the affections accompanied by anatomical change in the nervous structures, the most serious are those which have induced inflammatory action.

The tertiary and quaternary forms of syphilis are more especially connected with our subject, and their treatment consists in the exhibition of mercurials and of iodide of potassium. Messrs. Gros and Lancereaux demonstrate by statistical figures the fallacy of the accusation preferred against mercury of causing the greater number of nervous complications observable during the progress of syphilis. The preparations peculiarly recommended by these gentlemen, who in this respect agree with Mr. Rayer, are Sédillot's pills (*a*), and the bichloride and protoiodide of mercury. As a general rule, mercury is an appropriate remedy for the cure of nervous affections supervening during the evolution of the secondary period, or at its close. They would appear to be particularly useful when the congestive or inflammatory forms of disease are present, as in meningitis, encephalitis, amaurosis, &c. At a more advanced stage of the affection, when naught remains but plastic deposits disseminated in the system, or collected in the shape of gummata, the iodide of potassium exhibited alone, or in conjunction with mercury, is the most effective remedial agent.

The iodide should, however, be prescribed in larger doses than those commonly resorted to, and the daily amount exhibited should seldom be less than one drachm. Messrs. Gros and Lancereaux relate a case in which no amendment was obtained so long as one drachm only was daily administered, and in which a cure promptly followed when two drachms, and more, were taken. The authors of the work before us do not share the fears of Messrs. Rodet, Baumetz, and others, as to the perils of the combined use of mercury and of iodide of potassium. They are, on the contrary, fully convinced that the simultaneous or successive exhibition of these anti-syphilitic drugs produces results which could not have been attained by their separate administration.

"In ancient and obstinate cases," says Mr. Yvaren, "the treatment should be as chronic and persevering, as the disease. The dose of the medicine is of less import than its uninterrupted exhibition." In this view our authors cannot coincide except after the disappearance of the symptoms; until this has been effected a large dose is all important, and their opinion is borne out by the experience of Mr. Nélaton and of the Professors of the *Hôpital du Midi.*

Nervous syphilitic affections are occasionally accompanied by genuine inflammatory symptoms, and Messrs. Gros and Lancereaux are not inclined to reject absolutely antiphlo-

(*a*) One vol. 8vo, pp. 486. Adrien Delahaye, Paris.

(*b*) One vol., 8vo, pp. 600. J. B. Baillière, Paris.

(*a*) ℞ Ung. hydrarg. fort.-Saponis ā, ʒj., Pulv. glycirrhizæ q. s. M. divide in pilulas xl.

gistic measures of treatment on account of the origin of the disease. They recommend a recourse to bloodletting when the brain or spinal cord are apparently affected, and when life is in peril. But, in general, venesection should be resorted to in these cases with much reserve, and in several instances in which the method seemed to be required by an obviously congestive state, it aggravated the condition of the patients. The application of counter irritants is a safer practice.

Electricity is an auxiliary which often proves most valuable in certain forms of paralysis, with or without atrophy; Chalybeates, more especially the iodide of iron, and sulphur also deserve the attention of the practitioner. Indeed, according to many able writers on the subject of hydrology, sulphurous waters are not only possessed of active tonic virtues, but serve as a touchstone by which the nature of obscure symptoms may be tested, and increase on the other hand the curative properties of mercurial compounds.

These remarks sufficiently illustrate the practical tendencies of Messrs Gros and Lancereaux's work. It was our intention to have contrasted their researches with the equally valuable book published by Mr. Zambaco, but the analysis of the latter volume requires more space than we can devote to it on the present occasion, and we are, therefore, compelled to postpone our remarks to our next number.

ART. 6348.

MISCELLANEA.

The fourth Annual Meeting of the General Association of the Medical practitioners of France, took place on the 26th of October, in the amphitheatre of the administration of hospitals. The meeting was numerously attended, and the Delegates of the Provincial Societies testified by their presence of their sympathy with the objects of the Association.

Professor Rayer, the president, took the chair, and delivered an address in which he expatiated on the reciprocal duties of the Administration, and the Medical Corporation, and of the Profession, and the public in general. The Financial Accounts of the Central Society were presented by Dr. Legouest, the successor of the late Mr. Ludger-Lallemand, and an exposition of the present state and future prospects of the Association was read to the meeting by Mr. Amédée Latour.

The Association now consists of 5,000 members. The cash in hand amounts to 8,450*l.* Twenty-four departments, including the Dép. de la Seine, have not yet joined the Association.

— The Italian periodicals state that Dr. Bruno succeeds the late illustrious Professor Ribéri in the Chair of Clinical and Operative Surgery at the Faculty of Turin.

— In order to diminish the number of cases of deserted children in his Department, the Préfect of La Loire Inférieure has decreed that in future a sum of 60f. shall be awarded as a recompense to the midwife who, in the course of the year, shall have presented the greatest number of applications for the assistance granted to natural children.

— At a recent meeting of the Academy, Mr. Chevalier produced photographs increased in size from six to eight times, by means of an optical apparatus constructed by his father, and modified by himself. This new system of photography seems especially adapted to the representation of anatomical preparations, which may be so magnified as to be visible to pupils situated at the furthest end of an amphitheatre.

— Mr. Boudin has presented another paper to the Institute on the subject of deaf-muteness, in which, after expressing his conviction that this condition may henceforth be considered as one of the probable consequences of marriages between near relations, he contends that the infirmity is by no means hereditary. The parents of deaf and dumb children, he observes, are generally in perfect health; and deaf and dumb parents, not related to each other, seldom have children afflicted in the same manner.

— A man named Jean Louis Goupy, of Alluyes, in the Department of Eure et Loir, was, for the twenty-fourth time, brought before the tribunal of Chartres for the illegal practice of surgery. His brother was implicated in the accusation. The tribunal condemned the former to fifteen days' imprisonment, 45f. fine, and 250f. damages; and the latter to one month's imprisonment, a fine of 90f., and 300f. damages.

— Dr. A. Voisin, Mr. Bouillaud's clinical clerk, publishes a case, observed in the Professor's wards, which confirms the views entertained by that pathologist on the influence of the cortical substance of the anterior convolutions of the brain, on the performance of articulate speech. In Mr. Voisin's case, the loss of speech was connected with the presence of a sanguineous cyst situated in the arachnoid, and pressing on the first and second frontal convolutions, which were visibly indented.

— We have to record the decease of one of the most distinguished members of the Academy of Medicine, Dr. C. Londe, the author of a popular *Treatise on Hygiene*. This eminent practitioner had long suffered from a disease of the heart, which ultimately proved fatal on the 16th of October. At the approach of death, Mr. Londe displayed the firmness and self-possession which had marked his entire career.

Two speeches were delivered at the grave, one in the name of the Academy, by Dr. Béclard, the other by Mr. Joulin, in the name of the Medical Press, which numbered Mr. Londe, among its most worthy and laborious contributors.

The Medical Circular.

ON THE PROXIMATE CAUSE OF CONSUMPTION AND ITS SPECIFIC TREATMENT BY THE HYPOPHOSPHITES.

By J. FRANCIS CHURCHILL, M.D. (Paris).

(Continued from page 453.)

No. XIII.

REPORTS OF CASES TREATED SUCCESSFULLY IN THE THIRD STAGE (THAT OF EXCAVATION). (*a*)

On the Prognosis of Phthisis when treated by the Hypophosphites.

With the exception of the hypophosphites, no mode of treatment hitherto known shows greater efficacy against the earliest stage of the disease than against its latest. If we make proper allowance for the chances of error in diagnosis *when the tubercular matter has not reached the stage of softening*, and, when consequently, there is no pathognomonic sign which enables us to distinguish with certainty congestive or inflammatory induration from that produced by tubercular deposit, it will be found that the final prognosis is very nearly the same at all stages of the disease, and that in nearly all it is fatal.

This melancholy fact is superabundantly proved by the recorded experience of a host of experimenters and observers, who, for a number of years past have tried remedy after remedy against this untractable complaint. Next to him who succeeds the man whom we should honour most is he who tries and fails. Success is often a matter of chance, of circumstances over which the man himself has no control, but the will to break from the barren aimless track of routine, beaten by the weary feet of unsuccessful predecessors, the attempt, even when made in vain, to explore the fresh untrodden realms of nature lying in either hand, is a merit we cannot applaud too highly. I confess that, for my own part, it is with a feeling of both sympathy and respect that I trace the struggles of those who in our own branch of knowledge have laboured on through doubt and darkness towards the goal at which we all aim—the alleviation of human misery; nor do I envy the feelings of the man who can sneer or rail at their shortcomings in a path where failure is so often the lot of the best. Not only therefore, do I feel inclined to award their due meed of praise to those who, in our times, have striven to discover some new remedy for phthisis, but I am ready to accept their own statement as to the results of their treatment. Even with this allowance, however, I cannot find that any real progress has been made towards the discovery of a remedy for phthisis, and whoever will take the trouble to examine the proofs adduced in support of the curative action of the different remedies proposed for the last twenty years against consumption, such as iodine, tartar emetic, chlorine, cod-liver oil, &c., as set forth in the writings of Scudamore, Sir James Clarke, Pascal, Campbell, Giovanni de Vittis, Gannel, Bricheteau, J. Hughes Bennett, Amédée Latour, Piorry, Chartroule, Burslem, Williams, &c., will, I think arrive at the same conclusion. So long, in fact, as medicine rests upon the same uncertain basis as in the time of Hippocrates, that of individual *experience*, so long will it be impossible to draw from the clinical records of individual observation any exact data for the advancement of medicine as a positive science. Admitting that all the averments of the authors just named are free from error, the fact that in a

(*a*) Translated from the second edition of my work, 'De la Cause Immédiate de la Phthisie Pulmonaire.' In the Press.

certain number of cases a certain mode of treatment was followed in some instances by recovery, affords no data for calculating what may be the probable issue in any given case, unless we are told, or can ourselves discover what were the conditions in each mode of treatment which brought about the result. As I stated in my introductory paper, positive science is the application of definite means to a definite end. But not only in the use of all the remedies introduced of late years in the treatment of consumption, is there no precise and positive statement of the conditions of success or failure of the remedy, but when we come to examine matters more closely, we find that even on the most partial view the favourable results seldom or never amount to more than the proof that recovery is sometimes possible—a point which, as we have already seen was long since established by pathological anatomy. All hitherto claimed for any of the remedies above-mentioned, and for many others I have passed over, comes in fact to this, viz.—that a cure was obtained in a very small proportion of cases out of a total which is seldom indicated, but which we can usually ascertain to have been very large. The following quotations will bear out these assertions:

I.

Bricheteau (Maladies Chroniques de l'Appareil Respiratoire, Paris, 1851) has published as examples of cure in phthisis: one case in the first stage, one in the second, and seven in the third, observed by himself under the use of tartar emetic, and he has collected nine other instances from the medical journals, but it took him *twelve years* to collect these eighteen cases.

II.

Hughes Bennet (Pathology and Treatment of Pulmonary Tuberculosis, Edinburgh, 1853) has published four cases of cure in the third stage observed by himself, due to a spontaneous arrest of the disease, and eight others under the use of cod-liver oil.

If we consider that Dr. Hughes Bennet is an able and well-known specialist; that, as clinical professor of the University of Edinburgh, he has the practice of a large hospital, and that it took him *nine years* to collect these *twelve cases*, it follows that though they prove the possibility of a cure in phthisis, yet they do not in any way modify the generally admitted prognosis.

III.

According to the Report published (Medico-Chir. Review, No. 10, 1850, p. 321) by the physicians in charge of the Brompton Hospital, there was relief in twenty-five per cent. of the patients in the second and third stages; slight improvement in eleven per cent.; arrest of the disease for a time in six per cent.

It may be asked what chronic complaint is there in which, with or without treatment, a similar result might not be obtained with poor patients as the consequence of a longer or shorter stay in an establishment where they are placed in proper hygienic conditions, and supplied with the necessaries which they were previously in want of? (See quotation from Watson, given above.)

IV.

Two years later there had been no progress in this respect, for Dr. Cotton (The Nature, Symptoms, and Treatment of Consumption, London, 1852) gives us the result of the treatment of forty-one cases by cod-liver oil among the out-patients of the Brompton Hospital, consequently among the most favourable cases, the following figures: In sixteen patients in the second stage, six cases of great improvement and four of slight improvement. In twenty-five cases in the third stage, four of great improvement and four of slight improvement. So in four years the Brompton Hospital, though specially founded for the discovery of a remedy for phthisis, was not able to publish a single case of cure out of many hundreds of patients. I am not aware that in the twelve years which have elapsed since the hospital was established, there has been any change in the above.

V.

Austin Flint (American Journal of the Medical Sciences, January 1858, p. 53) has published twenty-four cases of cure observed by him, of which two were in the third stage, but these results are open to the same objections as those of Hughes Bennet. Dr. Flint stands high in the United States as a specialist: he has large hospital practice, and yet it took him *fifteen years* to collect these twenty-four favourable cases.

VI.

The same remark also applies to the last published opinion of Piorry in 1859, in a memoir read to the Academy of Medicine (Sur la Curabilité et le Traitement de la Phthisie Pulmonaire et des Tubercules, dans la *Gázette Hebdomadaire*, 21 October, 1859), wherein he expresses himself as follows:

"Is there any medicine which is of use in acting on the various stages of the indurated masses that surround or separate the tubercles? Thousands of facts collected during many years past in the practice of La Petié and La Charité justify an answer in the affirmative. There is now no doubt that the preparations of iodine given by fumigation, draught, friction, &c., modify very advantageously the disintegration of tubercles. (See quotations VII. and IX. in a preceding number.) Under the influence of iodine combined with prolonged and frequent inspirations, I have seen tubercular indurations diminish in extent, the symtoms of the disease sensibly diminish, the appetite return, the heart recover its volume, and the adipose tissue fill up. I have seen this improvement continue for months, and in some cases for years. But it must be confessed that the number of really radical cures is very small, and I cannot remember more than *twelve* in all."

A remedy which out of *several thousands* of cases produces only *twelve cases* of cure can scarcely lay claim to much share in the result.

VII.

But the most important opinion on the point in question is that of C. J. B. Williams, and I commend to the careful meditation of my readers the result of his experience during seven years' practice in the treatment of phthisal cases. He says:

"I have notes of *seven thousand* cases of phthisis, and I find the average duration of life under the disease has been four years; they have terminated in the immense majority of cases in death. The experience of Louis and Laennec gave an average duration of two years; so that by the introduction of cod-liver oil and other agencies we have lengthened the period and doubled its duration. What further? This is only a minor success—a prolongation of life. Can we claim success—a cure? It is doubtful; I can hardly say. I have notes of patients who having presented the usual unequivocal signs of phthisis, have lived afterwards from two to eighteen years in comparatively good health, but it were hard to say whether they were perfectly cured. Phthisis is a constitutional disease, and it is hard to change the constitutional character. I have notes in this period of only *twenty-four* cases to which the word 'cured' could be applied. They have gone on from two to eighteen years in fair health, and filling their places as useful members of society. Of partial cure, cases in which the duration of life has been prolonged beyond the average of four years to a longer period, I have thirty-one cases of prolongation from six to thirty-one years. They have passed these years in a considerable degree of comfort, and with the ability of fulfilling their social duties and partaking in rational pleasures. These persons are now living; their life has been rendered useful and comfortable, and they may yet live for many years. I have another set of cases in which, although *death has followed in almost if not quite all of them*, life was prolonged to a considerable extent. There are twenty cases in which it was extended from six up to sixteen years. These three classes make up in all *seventy-five* cases. These are all the successes of which I can boast." (Dr. C. J. B. Williams, "Lumlean Lectures," see MEDICAL CIRCULAN of April 30, 1862, p. 319.)

I have but two remarks to make on the foregoing. The first is that the profession and the world at large are deeply indebted to Dr. Williams for the plain and straightforward statement here quoted. His rank as a general pathologist, his skill in the diagnosis of diseases of the respiratory organs, and his long experience as a practitioner, all concur to give his opinion on the subject as much weight as that of any man living. Now upon this opinion it must henceforward stand upon record that the *chances of recovery of any given case of phthisis treated by cod-liver oil*, even in the hands of the most skilful physician, *are less than one in a hundred.*

My second remark refers to Dr. Williams's apparent hesitation in claiming the successful results as instances of cure. I will try to help him on that point. Supposing he were charged by the Royal Medico-Chirurgical, or any other society of which he is a member, to report upon the efficacy of some new mode of treatment in small-pox, syphilis, or cancer, and found on examination that the number of recoveries under the new mode of treatment was *less than one per cent.*, would he report that such results were to be referred to the treatment employed, or would he not rather assume they were owing to fortuitous, and as yet undiscovered, circumstances? As for the prolongation of the average duration of life from two years to four, even this advantage, slight as it is, can hardly, upon really scientific grounds, be assigned to the action of cod-liver oil. The cases observed by Laennec and Louis were those of underfed inmates of a French hospital, subjected either to an expectant or an anti-phlogistic treatment. Dr. Williams's patients were many of them of the higher classes of society, and probably in the habit of taking a fitting quantity of animal food, it would therefore, I contend, be requisite to ascertain the influence of these conditions before attributing the difference Dr. Williams has noted to the action of cod-liver oil as a remedial agent. (*a*)

(*a*) In the face of such facts, and of statistical conclusions resting on so large a basis, I cannot understand how such men as Dr. Chambers can go on talking of cod-liver oil as a *rational* mode of treatment. If such expressions signify anything at all, they mean that we know the reason why cod-liver oil cures consumption—*i.e.*, the primary physiological modification which it produces in the organism, and which is followed by the cure of the disease. But it will hardly be denied that *less than one per cent.* of recoveries amounts to no *cure* at all, consequently, to assert that we have a rational knowledge of the action of cod-liver oil in phthisis only means that we have discovered the cause of a *non-existing* effect. So much for one way of viewing *rational* medicine. (*Vide* "Chambers on the Mode of Treating Pulmonary Consumption," MEDICAL CIRCULAR, June 4, 1862, p. 403.)

(To be continued.)

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 31, 1862.

Christmas is the hallowed season of good wishes and beneficent acts. The heart that has been hardening all the year round among iron hammers and whirring wheels, flying shuttles and snorting engines, railway shares and American stocks, long lines of figures hard to calculate, and infinitesimal balances giving the sole satisfaction of a conscientious evasion of the income-tax,—such a heart softens, on Christmas-day, under the sunny influences that beam upon it at home and abroad, and finds that the healthfullest of all joys is, after all, that which flows from a sense of a good deed done, and of a great accumulated human debt frankly and faithfully discharged.

Christmas is the season consecrated to charities, household and social. The blazing hearth diffuses warmth and cheerfulness abroad upon the family circle; kind thoughts spring up spontaneously like primroses and violets under a warm bank in Spring; genial sentiments beget generous acts; fathers present mementoes to their children, and children honour their parents, and the wheel of affection and gratitude turns round so kindly that we are almost lifted off our feet with very joy as we witness the pleasant gifts tumbling into one lap and another from the spokes of the revolving circle.

It is quite right that charity should begin at home, the scoffs of Pharisaical philanthropists notwithstanding. He who has no love for his own can have none to spare for the rest of the world. If every man made his own family happy, what a merry Christmas indeed there would be all over this broad island!

Perhaps most of us try to be gay, if not happy, at Christmas time. We must "keep" Christmas any way, and in some way; many "keep" it who can but poorly afford the means, and the sacrifice hallows the gift; others keep it ostentatiously, because their neighbours keep it so, and they can do no less; and many there be who keep it both thoughtfully and generously, filling their own gala-lamps with oil, and giving out of their abundance the wherewithal to illuminate the sadness of other homes.

Doubtless there are men of all classes in our profession—though we devoutly believe that there is among us a large proportion of the best. To them we appeal. Our charities are not numerous, and less rich than numerous, whilst the demands upon them are in melancholy contrast to their means of relief. There is the Royal Medical Benevolent College, the Benevolent Fund of the Association, the Metropolitan Widows' and Orphans' Society, and two or three local institutions having philanthropic purposes. They would be all thankful for a Christmas gift, and not they only, but the superannuate surgeon, and the widow and orphan in every hamlet of Great Britain.

It might serve to stimulate generosity if we could give a list of all the widows and orphans of the profession; and beside that, another list of those for whom professional liberality has made provision. The result, we fear, would be a sorry one. Can we not make a richer provision for our widows and orphans than now exists? What reason is there that a single widow or orphan of a certain age should be without the means of a decent subsistence? Who can look upon the fair forehead of his young ones, or upon the matronly graces of her who has borne with him the toil and burden of the day, and not wish, if not for them, at least for their sakes, that every mother and child in our ranks should be exempted, in the day of tribulation, from that last pinch of penury which the living father's heart would bleed to witness?

A very large sum, we believe, would not be necessary to realise this hope; but it must not be expended in bricks and mortar, or in subsidiary projects. This is the season for the consideration of such undertakings; and we trust that our readers will pardon us for making this plea for charity.

SUMMARY OF THE WEEK.

DEATH OF DR. KNOX.

Alas! poor Knox! What a train of sad associations is not called up by the mere mention of this remarkable name? We liked the man,—and where is he who did not like him—and we admired his genius erratic, positive, coruscating like a bursting rocket, or playing fancifully like the spectrum of a prism, now glancing at a deep truth, now flying from it to catch a gaudy image ere it escaped from his memory, affecting a loving admiration of the transcendental, yet dogmatically realistic, and standing self-conscious on the hard and bare bottom of fact, of a fine fancy, and keen intellect, but unsympathetic, caustic, dry, and biting, yet withal mantled with a robe of grace, and speaking with a tongue of sweetness that softened all that was austere, and enhanced the charm of all that was beautiful in his unique and complex character.

It is now many years since he who indites this article first met Knox—perhaps, seventeen or more. He was then a wanderer; driven from his beautiful city of Edinburgh, and his own school in it, made famous by his genius; and he was on the search for some new occupation. Thibert's Museum was then in London and Knox was desirous that it should become, in some way or other, public property, and be permanently established in the Metropolis. It was a part of his design that casts of the models should be sent to all the great Provincial schools to form local museums, and that there should be some kind of central administration of these federated institutions. Knox, of course, was to be Curator. He desired to engage such influence as we had in behalf of this grand scheme. We saw him often upon this subject, and as at that time he based his expectation of a future subsistence upon the realisation of this design, he was peculiarly eager in impressing us with a sense of its importance. We shall not readily forget him.

His image is now in our mind's eye. We can see the Socratic countenance, the square bald forehead, not too large, the inharmonious and indecisive nose, the *one* eye full of bright and searching intelligence, the play of gesture, the incessant movement of his fingers—a chironomy which was perhaps natural to him, but which also we thought he affected; and assuredly it detracted from the very expressiveness he desired to produce—the soft, finely-modulated persuasive voice, the rapid turns of thought, the kaleidoscopic views of his subject, the mingled earnestness, vanity, vivacity and sarcasm of his conversational style,—in fine, we can see still the brilliancy of his original genius, obscured by a manner rather finical, and by a want of that atmospheric serenity in which great lights always shine with most splendour.

We saw no probability of giving effect to his views, and we lost sight of Knox for some years. When next he crossed our path in the Strand, he looked grievously older, more careworn, and he did not seem to desire to renew acquaintance. Then we heard that he would deliver a lecture on "Races" on a certain evening at a Mechanic's Institute, and being anxious

hear him on his favourite topic, and in the character in which he had earned his renown, we repaired to the theatre. We have met with many disappointments in such matters, and this was one—perhaps, the saddest? His voice was gone—gone irretrievably. He spoke in a husky whisper—the harp of Eolus was unstrung. His sentiments were adapted or intended to be adapted to his hearers, and were without the merit of beauty or depth; and having incautiously uttered one of his favourite sarcasms at the coarse and brutal Saxon, he was arrested by a very unmistakeable expression of disapprobation, which caused him to observe more prudence for the remainder of his lecture. We left with some solemn thoughts on the fate of genius in this unpitying cheap-John, work-every-day world! Mark it well! Genius wo'nt pay, unless it make a steam-engine, or construct a spinning-jenny. Would you succeed, and have a handsome house, with gilt furniture, and be a patron in your sphere, bury your genius in the depths of your resolute heart, and call it forth for an airing only on holydays and occasions of pipe and tabor, when you pay for the honour.

Again we met him, but he had fallen into the hands of the Philistines. His hair had been clipped. His powers were on the wane; his volition gone; his genius "shorn of its beams." He was deaf, too; yet the expression lived, and flashed up as often as he could catch the beam of the minute. The question was not what can Knox do; but what can be done for Knox? Difficult problem. The sun was setting rapidly; diffusing, indeed, a purple splendour on sea and sky, but already half buried in the dark cloud that will soon shut out his light for

Knox was born on Sept. 4, 1793, and was the son of Robert Knox, the Professor of Mathematics in the University of Edinburgh. He is said to have been descended from the great image-breaker John Knox, and surely he inherited a considerable portion of the reformer's bold and searching spirit. He received his early education in the High School, where he obtained the gold medal, and pursued his medical studies at the University. After taking his degree, he entered the army, was appointed Staff Assistant-Surgeon, and attached to the 72nd Regiment. He went to the Cape, and was engaged in the Kaffir war in the year 1819-22; and he was the first to give an account of this interesting race of people.

The routine service of the army was not adapted to his inquiring and active mind, and still less to his ambition; he, therefore, left it on half-pay, and commenced lecturing on anatomy, in Surgeon's Square, Edinburgh. His passionate love of his subject, his philosophic views, and his racy manner made him eminently popular. Some of the most distinguished men of our day had the benefit of his instruction, among whom we may name Fergusson and Owen. We have heard him speak on several occasions, with pardonable pride, of his illustrious pupil, William Fergusson. His aggressive spirit, his biting sarcasm, his supreme self-esteem, his obtrusive infidelity, and his ill-concealed indifference to the conventionalisms of the society in which he moved, gradually roused public opinion against him, and at length he succumbed to an outcry against the management of his School, and fled from Edinburgh. He now went to and fro on the earth, finding no place of rest. He wrote for the booksellers—we say it not unkindly, for Mr. Renshaw was his best friend; and gave him opportunities to produce works on which his future fame will rest.

He translated various treatises from the French and German, wrote a "Manual of Anatomy," an "Artistic Anatomy for the use of Painters, Great Artists, and Great Anatomists," and his "Ethnology." The latter work originally appeared as lectures in the 'Medical Times;' and the elder readers of that journal must remember with pleasure the graphic pictures of manners, caustic humour, amusing dogmatisms, and fruitful suggestiveness, for which those lectures were remarkable.

It is unnecessary now to criticise Dr. Knox's philosophical views. He always seemed to us to be haunted by two principles which he could not reconcile,—one being his own, the other adopted—his own being considered the true, and the adopted the philosophical. In other words, he was ambitious to be thought a philosopher, and taught those high transcendental doctrines which stand, in the opinion of a majority, as the highest exponents of the philosophic mind; on the other hand, he had his own convictions, and knew in his heart that his reputation must rest for weal or woe on the outspoken expression of the truths he had divined. Knox's mind was rather intuitive than analytic. He seems to have perceived truth at a glance rather than to have found her after a tedious search; and when he brought her forth he dressed her up in such gay and embroidered drapery that every imagination was won by the fascinating presentment. In a recent review we described the spirit of his philosophy as applied to art, and on the same occasion we pointed out the erroneousness of some of his conclusions. His general principles were sound, but not novel; his idealism of nature, his perception of the surpassing loveliness of the female form, and of the instinct of the beautiful in man are beyond cavil; but as a Philosophy of Art it seems to us that his work is defective, and that he wanted a wider knowledge and a deeper sympathy.

Even his professed love of Nature is evidenced in an admiration of the general features of the broad landscape—an admiration easily expressed in appropriate and eloquent words—rather than in an intimate and fond perception of the thousand beauties of flower and bush, rippling stream and dancing waterfall, plumed birds and tiny golden-winged insects that buzz in the air and make it choral with their multitudinous melodies.

In Ethnology he made his boldest stroke. Here he revelled in the detail wanting to his descriptions of natural phenomena. Himself a Celt, and with strong gallic tastes—tastes powerfully displayed in his terse and brilliant style—he wrote from the instincts of his own spirit. The Celt was the paragon of nature;—the Saxon a sort of gorilla—by some mistake or other set on perpendicular legs and shorn of his hair. The Saxon was a brute, he fought with his fists clumsily, and relied on mere physique; not so the Celt, he was a gentleman, he used a small-sword dexterously, thrust carte and tierce and relied on his skill. Since that time, however, all the fisticuff line of business has fallen to the lot of the Celt, and the best bruisers in the two hemispheres are Sayers, Heenan, Morrissey, and a few more gallant Irishmen. The Saxon character was intended as a caricature of the modern Englishman; but as we believe that the notion of a preponderance of the Saxon element in British brain is a mistake, so we are not concerned to vindicate the humanity of our countrymen from the eloquent diatribes of the philosophical doctor. Dr. Knox taught the ultimate ascendancy of every pure race; mixed races must perish, the original types alone are permanent. Thus he taught, and he enforced his doctrines with evidence brought from the old and new continents. We

ever.

must, however, conclude this notice. Dr. Knox was seized with a fit of apoplexy on December 10, at his residence at Hackney, and died on the 20th, thus living ten days after the onset of the disease. As the most remarkable link in our time between medical science and general literature, we can ill spare a man of his unquestionable genius, and gladly do him that honour which literature owes to her proudest illustrations.

The Chemistry of Opium.—Professor T. Anderson, of Glasgow, enumerates nine well determined substances obtained from opium: morphine, codeine, papaverine, narcotine, thebaine, narceine, meconine, meconic acid, and theobolactic acid; besides three doubtful—pseudo-morphine, porphyroxine, and opianine. Professor Anderson commenced the study of this subject in 1850, and has communicated the results of his experiments in a valuable memoir in the 'Journal of the Chemical Society'

The Ratio between Sickness and Mortality.—It has been estimated that the amount of sickness prevalent in a place bears a tolerably constant proportion to the mortality. The law of proportion is found to be, "that the number constantly suffering from acute sickness at any year of age (from fifteen and upwards) will amount to double the number of yearly deaths; and the number of invalids, or permanent sufferers from past sickness, will be equal to the number of annual deaths."—T.R. Edmonds, B.A.: "On the Statistics of Health."

Chassaignac's Ecraseur.—Dr. Demel has given in the *Vienna Medic. Wochensch*, a sketch of the present surgical practice in Paris and is not sparing in his somewhat bitter criticism. He especially mentions an amputation of the arm with the écraseur performed by Chassaignac. The operation lasted three quarters of an hour, and required seven applications of the instrument. Whilst the operator was lauding the bloodless mode of section the brachial artery gave way and had to be tied. Out of the forty five minutes, the patient, a woman of sixty-seven, had on waking from anæsthesia, to bear the crushing for twenty minutes. Dr. Demel dwells principally on the fact that the disease of the elbow-joint for which the arm was taken off consisted of the existence of a tumour, two inches in diameter, situated below the olecranon; the joint was with this exception perfectly healthy. The same observer ventures to say that Civiale, though a clever operator, cannot be considered a scientific man, for which calumny he is severely chastised in the same journal by Dr. Ivanchich. Dr. Demel finally advises his countrymen to repair to Berlin and Vienna, and not to Paris, in order to improve themselves in surgical science and practice.

Effect of Magenta on the Blood.—At the last meeting of the Manchester Scientific Society, Dr. Roberts exhibited some preparations illustrating the effect of a solution of magenta on the blood. The red blood-discs were tinted of a faint-rose; the pale corpuscles were more strongly tinted, and dyed of a magnificent carbuncle-red. The experiments showed that the corpuscles divided, and that from each three or four nuclei were formed, and subsequently became developed into blood-red discs.

REVIEW OF THE PERIODICALS.

The 'Lancet.' Dr. Fuller continues in this journal his Clinical Lectures on *Gout* and *Rheumatism*, and Mr. Keith Macdonald contributes an article on the *Varieties of Post-Partum Hæmorrhage*. He says:

"So far as my own experience is concerned, I have observed three different varieties of hæmorrhage after delivery: one is when the hæmorrhage either precedes or follows extraction of the placenta, another when an interval elapses between the birth of the head and body of the child—a sudden and profuse gush follows extraction of the latter; and a third, when the hæmorrhage for the most part takes place internally. The last two are by far the most dangerous. Should the hæmorrhage be alarming in its character—if a short time intervenes between each gush, it is astonishing to what extent blood may in this way be lost without proving immediately fatal. But if, on the other hand, the gush is sudden and profuse, or the hæmorrhage internal, syncope and collapse immediately follow. The most reliable symptom of internal hæmorrhage is vomiting; next, restlessnes, pallidness, and collapse. The occurrence and duration of the discharge are sufficiently diagnostic of the others.

"Now, since the treatment of these alarming cases requires great confidence and coolness, it is not only necessary to be acquainted with the most efficient remedies, but to be prompt in their application. I do not see what benefit can accrue from having the head stuffed with a long list of remedies—such as ergot, acids, lead and opium, compression of the aorta, galvanism, &c., when pressure by the hands' grasp, cold, and the introduction of the hand into the uterus, are the most efficient and most easily procurable measures that can be adopted. Who would ever think of sitting down to write a prescription, to procure an enema syringe, or send for assistance or a galvanic battery, while he could procure cold water and use both hands? I do not mean by this to disregard altogether the therapeutic uses of ergot and opium in their several modes of action; but to cases of post-partum hæmorrhage I consider them wholly inapplicable, for the patient is either dead or the hæmorrhage has ceased before they possibly could have passed through the system. I have had many cases of this kind, and have always found the above remedies (pressure and cold) to act promptly and efficiently.

"Within the last three months I have met with two cases that have rather surprised me. One was that of a primipara, who suffered from hæmorrhage after artificial delivery to such an extent that I positively declared that she could not survive the loss. The scene around us had more of the appearance of a slaughterhouse than a lying-in chamber; but my astonishment was almost unbounded to find her next day sitting up drinking a cup of tea. The other was a case of internal hæmorrhage. On my arrival, the patient was vomiting, very restless, and talking incoherently; pulse imperceptible, and the uterus much distended. I was refused permission to remove the clots per vaginam; but seeing that death was imminent, I exerted strong pressure over the uterus, and, as it were, forced the coagula away in enormous masses.

"The amount of stimulation necessary in these cases has, I believe, no limits. In two cases, at least, I have given as much as twelve ounces of brandy in four hours.

"In conclusion, I may mention that these remarks are simply practical deductions from what has fallen under my own observation, apart from the more important and collateral pathological questions."

The same journal contains a brief description of a bandage for the treatment of *Congenital Rupture of the Groin*, by Mr. Charles Vines. The method is thus described:—

"It consists of a long narrow loop of the finest flannel, rolled upon itself, with a pad of the same material at one end; attached to the pad are two little tape-strings. When worn, the circular end of the loop is passed over the thigh of the affected side, and the opposite, or padded end, is carried round the child's loins and opposite hip, so as to encircle the body. The pad is then fitted upon the seat of rupture, and secured underneath the loop around the thigh by the little tape-strings. The mother should be provided with three or four of these little supports, so that every day, if necessary, a clean one can be used. The softness of the material, as well as a moderate degree of elasticity, constitute the advantages of this bandage. At least forty cases of congenital rupture, principally occurring in my own practice, have been cured by the use of this ingenious, though simple, contrivance."

The 'Medical Times and Gazette.' Mr. Soelberg Wells writes this week on *Strabismus*. He remarks:—

"The fact, that binocular vision generally becomes impaired, or even lost, after a squint has existed for a short time, and that this suppression of the pseudo image is mostly accompanied by a considerable amblyopia, should urge us to operate as early as possible. I know that the question is often debated whether children should be operated upon for squint, or whether we should wait until they have grown up. My advice to you is to operate as early as possible, whilst binocular vision still exists, and before the sight of the eye is impaired. You have seen that diplopia is essentially necessary for a perfect cure; why wait, then, until this is lost, and the sight of the eye, perhaps, permanently injured? Besides these evil consequences of delay, we have also to think of the change which the contracted muscle undergoes; it becomes fibrous, and its antagonist is soon weakened, so that the mobility of the eye in the direction of the latter becomes more or less curtailed. We shall see hereafter that such cases of fibrous degeneration of the muscle often prove very troublesome, and require repeated operation.

"If, for some reason, the operation must be postponed, we must endeavour to change the monolateral into an alternating squint. By the alternate use of each eye, the sight of both will be preserved, as also binocular vision.

"The one eye is to be periodically excluded by a bandage, &c., and the squinting eye temporarily used, so as to exercise its vision. In this way we may often succeed in producing alternating squint, and preserving the sight of both eyes.

"I have met with cases of alternating squint in which the sight of both eyes was perfect, and yet no binocular vision existed, nor could diplopia be produced by prismatic glasses either before or after the operation. I have seen the same thing in monolateral squint. These patients have most likely never enjoyed binocular vision; the sight of each eye was perfect, but the two had never been used together; hence, the squint produced no diplopia, and there was,

consequently, no call for the suppression of one retinal image, which is accompanied so frequently by impairment of vision. I admit that such cases are rare; but I have met with several within the last few months.

"The amblyopia which is produced by the suppression of one retinal image, may be frequently greatly improved by the operation for squint. Von Graefe has found that this improvement varies with the degree of the amblyopia, and he has divided these cases into three groups:—

1. Cases in which the impairment of vision is not considerable, the patients being able to read moderate-sized or large print (No. 4 to 14 of Jäger) tolerably well, their sight being improved by convex-glasses. The field of vision and excentric vision normal. The fixation firm; the yellow spot (optic axis) being fixed upon the object. In such we may expect considerable improvement of vision from the operation.

"2. The patient can only read Nos. 14 to 20 of Jäger, or count fingers up to four or six feet. Convex-glasses improve slightly. The fixation is uncertain and wavering, not absolutely central, but there is no deviation of the optic axis in one certain direction, and at a certain angle. Such cases are only slightly improved by an operation.

"3. Vision greatly impaired; the patient can only decipher letters of No. 20, and count fingers up to two or four feet. The optic axis deviates in a certain direction (inwards), and at a certain angle from the object; convex-glasses do not improve at all. In such, the operation does not, generally, prove of any benefit.

"We may often improve the sight of the squinting eye considerably by exercising it frequently with convex-glasses; this is particularly the case after the operation.

"Let us now pass on to the treatment of strabismus. The nature of concomitant squint is totally different from the paralytic. In the latter the innervation of one or more of the muscles of the eye-ball is impaired; concomitant squint is, however, due to a change—an increased degree of tension, in the muscle, in the direction of which the squint occurs; but its innervation is normal, as is at once proved by the perfect mobility of the eye-ball in this direction, and by the fact, that the secondary deviation exactly equals the primary, and does not exceed it, as in cases of paralysis. Practically, we may regard the affected muscle as shortened. We often meet with mixed forms of squint, for paralytic and spasmodic affections of the muscles of the eye may give rise to concomitant squint, leaving behind them but very slight traces of the original affection. But, just as paralysis may be the cause of concomitant squint, so may the latter, if it be excessive in degree and of long standing, produce changes in the opponent muscle. Let us, for instance, suppose that there is an excessive convergent squint of the one eye, if the latter is not frequently exercised, and made to fix its optic axis upon the object, either by an artificial or natural alternation, the non-use of the external rectus will gradually induce atrophy of this muscle. The internal rectus will, at the same time, become fibrous, and the mobility of the eye outwards will be considerably curtailed. These changes in the structure of the muscles are best prevented by the frequent, separate exercising of the squinting eye.

"Concomitant squint can be cured only by an operation: the effect of the latter may be perfected by after treatment with prisms or (so-called) orthopædic exercises, but with these alone we shall never succeed in curing squint. They are, however, occasionally of very great use in strengthening weak muscles, *e.g.*, after paralysis, or in slight cases of insufficiency of the internal recti muscles.

"The object of the operation is to weaken the muscle in whose direction the squint occurs, so that its influence upon the movements and position of the eyeball may be diminished. This is effected by carefully dividing the tendon as close as possible to its insertion; the muscle will then recede slightly, and acquire a new insertion somewhat further back. This recession is, however, accompanied by a certain diminution of power, for the further back the insertion, the less power can the muscle exercise upon the movements of the eye-ball. We wish to weaken the muscle, but, at the same time, to preserve as much of the lateral mobility as possible. We must, therefore, carefully regulate and adapt the amount and nature of the operation to the requirements of each individual case, and we shall see hereafter how its effect may always be estimated to a nicety. The success depends less upon manual dexterity than upon a thorough knowledge of the theoretical part of the subject.

"After the tenotomy and retrocession of the muscle, the eyeball will fall over passively to the side of the opponent, to about the same extent as the muscle receded on the sclerotic. The diminution in the lateral mobility towards the side of the operated muscle will, however, exceed the extent of this retrocession. If, for instance, the muscle has receded two lines, the loss of mobility will be from two to three lines, and this would impair the result of the operation considerably (particularly with regard to the accommodative movements), if it was not for the fact, that the mobility of the squinting eye is pathologically increased towards the side of the shortened muscle. Hence, the mobility will be in reality but slightly diminished by the operation, or it may even remain equal to that of the other eye.

"The question, whether one or both eyes are to be operated upon does not hinge upon the fact, whether both eyes squint or not, but depends solely upon the extent of the squint. It is quite erroneous to confine the operation to one eye, merely because the squint is monolateral, and to perform the double operation only in cases of alternating or double strabismus.

"If the squint measures from two to two and a-half lines, we may generally correct it by a single operation; by incising the sub-conjunctival tissue somewhat freely and, by using a larger hook, we may even obtain an effect of two and a-half to three lines. This is particularly the case in children. If the deviation exceeds two and a-half to three lines we must always divide the operation between the two eyes.

"Let us suppose, for instance, that a patient is affected with a convergent squint of the right eye of about four and a-half lines. To correct this by one operation we should have to divide the tendon of the internal rectus muscles of this eye to such an extent that the muscle might recede four and a-half lines. This would be, however, accompanied by a diminution in the mobility inwards of about five and a-half lines; and even supposing that the pathological increase in the mobility in this direction had been previously about one line, we should still have a deficiency of about four and a-half lines after the operation. The associated movements towards the left side of the patient will, therefore, be greatly impeded; and this want of mobility inwards will make itself particularly felt during the accomodative movements, for it will prevent the proper convergence of the optic axis during reading etc. for the optic axis of the right eye will deviate slightly outwards from the object, and this divergent squint will soon increase in extent and become permanent. In order to obviate this we must divide the operation between the two eyes. Let us suppose that the tenotomy of the right external rectus has corrected two and a-half lines of the deviation, there will, consequently still remain an inward squint of this eye of about two lines. On covering the left eye with one hand, and telling the patient to look at the object with the right, the latter will have to make an outward movement of two lines, and this will be accompanied by an inward, *associated* movement of the left eye of the same extent. We must now calculate the extent of the operation which will be necessary to correct the secondary squint of the left eye, just as if the latter was primarily affected with a convergent squint of two lines. Let us now assume that the left internal rectus has been divided, and that we have obtained an effect of two lines; the eye will consequently, fall outwards to this extent, a divergent squint of two lines being in fact produced; and it will, therefore, require an extra exertion of the internal rectus to bring the optic axis of the left eye to bear again upon the object. Now, this inward movement of two lines will be accompanied by an associated outward movement of the right eye to the same extent; hence the convergent squint which had remained after the first operation will be completely corrected. If binocular vision exists, the double images will now be so very closely approximated, that a very slight muscular effort will be able to unite them permanently, and the cure of the squint will be perfect.

"The operation is always to be performed in such a manner that the greater amount of correction is apportioned to the squinting eye, as the mobility is pathologically increased in the direction of the shortened muscle."

OBITUARY.

DEATH OF MR. BINGLEY.

It is with much regret we record the decease, from scarlet fever, of Mr. Bingley, a pupil of the University College Hospital, and at the time of his death performing the duties of Clinical Clerk in that Institution. Mr. Bingley had by his amiability, talent, and attention to his duties, won the goodwill and esteem of the physicians and surgeons of the hospital in an unusual degree. He had just completed his education, and in a few months would have taken his Degree in Medicine at University College. In the course of his duties he had to attend to the out-patients. A family (of three in number) were suffering from scarlet fever. Mr. Bingley caught the infection, and was attacked by the disease in its malignant form.

By the advice of the physicians, he was at once removed to a private room in the Hospital, where he had every comfort and the constant attention of the physicians, Dr. Jenner, Dr. Hare (Brook street), and Dr. Harley. But though medical skill (united to the impulses of personal friendship) did everything Science could suggest; all was vain, and he sank after suffering for ten days under the malady. Thus another name is registered in the melancholy roll of Medical martyrs.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following gentlemen passed the Major examination as Pharmaceutial Chemists on the 17th inst.:—John Bray, Crediton; Samuel C. Hardy, Birmingham; Joseph Ince, London; John Edwards Jones, Cardigan; Henry William Stevens, Colchester; Alfred Utley, London.

MEDICAL NEWS.

Royal College of Physicians of London At the ordinary general meeting of the Fellows, held on Monday, the 22nd inst., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—William Cayley, M.D., Old Burlington street; Henry Gervis, M.D., St. Thomas's-street, Borough; Edward Montgomery, M.D., Queen's road, Regent's park; Geoffrey Pearl, M.D., Victoria street, Westminster; Edmund Symes Thompson, M.D., Upper George street, Portman-sq; Morris Tonge, M.B., Lancaster terrace, Hyde park gardens; Henry Matthews Tuckwell, M.B., Oxford.

At the same meeting, the following gentleman, having undergone the necessary examination, and satisfied the College of his proficiency in the Science and practice of Medicine, Surgery, and Midwifery, was duly admitted to practise Physic as a Licentiate of the College:—Edmund Cutis Nicholson, Dublin.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 18th inst:—John Deans, St. Mary's Hospital; George Douglass, Gateshead-on-Tyne; Charles Evers, St. Bartholomew's Hospital; Balthazar Walter Foster, Queen's College, Birmingham; Henry Lyell, Guy's Hospital; Henry Parr Mallam, Oxford; Francis Drake Pearce, Kingsbridge, Devon; George Augustus Pointer, Camden town.

The following gentlemen also on the same day passed their first examination:—Edwin Burrell, Guy's Hospital; Thomas Hinchliffe Haigh, Leeds; Frederick M'Nair, Guys Hospital; Frederick Sutton, ditto; William John Wey, Middlesex Hospital.

American Soilders in Hospital.—Official documents show that in the various hospitals there are no less than 130,000 men.

Testimonial to C. Robinson, Esq, F.R.C.S.—A hundred-guinea binocular microscope (by Smith, Beck, & Beck), a cabinet for microscopic objects, a silver tea and coffee service, and a silver inkstand, have been presented to Mr. Robinson, on his leaving Edgware, by his friends and patients, in acknowledgement of twenty years' skilful professional services accompanied with unwearied kindness, and in testimony of his private worth.

Glasgow Southern Medical Society.—At the eighteenth annual meeting of this Society, held on the 4th inst., the following gentlemen were elected office-bearers for the ensuing session:—President Dr. James Stewart; Vice President Mr. Edward M'Millan; Treasurer, Dr. H. R. Howatt; Secretary, Mr. R. T. Paton; Seal-Keeper, Dr. R. T. Corbett.—Court-Medical: Dr. H. R. Howatt (convener), Dr. Dunbar, Dr. James Morton, Dr. James Stewart. Officer T. Robinson.

Attempt to Bribe a Surgeon.—An inquest was opened on Monday, at Limehouse, by Mr. Walthew, on the body of a youth named Curtis, who was supposed to have been murdered on board ship under circumstances of great atrocity. Mr. Wm. Giles had been called on to give the usual certificate of death, but having strong suspicions in the case, he refused. The captain of the vessel, desirous of suppressing the evidence of Mr. Giles, offered a bribe to him to abstain from giving evidence on the inquest, which he indignantly rejected. The inquiry was adjourned.

Guy's Hospital Prizes.—On Saturday, the 20th inst., the treasurer, Mr. Thomas Turner, in the presence of the medical and surgical staff and lecturers, awarded the gold medals, prizes, and honorary certificates to the successful students at the recent examinations. The following is the list of names:—Third year's students: Thomas Stevenson, Bradford—the treasurer's gold medal for clinical medicine; Julius St. Thomas Clarke, Leicester—second prize, 35*l.*—Second year's students: Robert Thomas Nichols, Rotherhithe—first prize, 35*l.*; Frederick Long, East Dereham, Norfolk, second prize, 30*l.*—First year's students: Reginald Eager, Guildford—first prize, 30*l.*; Henry Greenaway Howse, Reading—second prize, 25*l.*; George Henry Savage, Brighton—third prize, 10*l.* 10s. (presented by one of the governors); George Paddon, Hitchin, Herts—honorary certificate; John Augustus Ball, Stradbroke, Suffolk—honorary certificate; Frederick Crowdy, Newbury—honorary certificate.—Entrance examination in classics, mathematics, &c.: William Arthur Brailey—first prize, 25*l.*; no second prize awarded; Geo. R. Raine—third prize, 15*l.*; Henry Morris—prize, 10*l.*

Conversazione at Guy's Hospiaal.—On the 23rd inst., a very large number of ladies and gentlemen were present at a conversazione at Guy's Hospital, given by the treasurer. Many very beautiful objects were exhibited, a number of chemical experiments performed, and several discourses delivered on spectrum analysis. Amongst the company present, we noticed the Lord Mayor.

Apiol, a Substitute for Quinine.—MM. Joret and Homolle have presented to the Society of Pharmacy at Paris a new remedy, to which they have given the name apiol, and which they claim to have the medicinal properties of cinchona bark. The new product is obtained from common parsley seeds, the mode of preparation of which they have appended to their report.

University College Students' Christian Association.—On Friday evening, the 19th inst., a special meeting of the above Association was held in the Lecture-room, behind Regent's park Chapel, to commemorate the founding of the Society exactly twelve months previously. The chair having been taken at eight o'clock by Professor Malden, A.M., the Rev. Dr. Hoppus offered prayer. The secretary, Mr. Coxetor, then read the past minutes of the Society, after which short addresses were delivered by the President, Mr. C. Read, Professur Hoppus, Dr. Hare, Dr. Edward Ellis, Mr. W. Scarnell Lean, Mr. Bompas, M.A., and others. About forty students were present on the occasion. In concluding, the chairman expressed the very great pleasure he had felt in being present at such a meeting, and sincerely hoped that the Society would be increasingly prosperous. This Association, now numbering nearly fifty members, composed of students of both the faculties of Medicine and Arts, and which is entirely unsectarian in character, has for its objects the conversational study of the Scriptures and prayer; and it also affords to new students, especially those who are strangers in London, an opportunity of forming good and useful friendships.

Death-Rate in the Army.—The death-rate per 1,000 in 1860, calculated on the same proportion of men serving at different periods of life in each arm stands as follows:—Household Cavalry, 4·63; Dragoon Guards and Dragoons, 6·09; Royal Artillery, 9·57; Military Train, 9·83; Foot Guards, 9.05; Infantry Regiments, 9·71; Cavalry Depôts, 9·75; Depot Brigade, Royal Artillery, 14·77; Depot Battalions, 15·76. Against which has to be set a mortality of 8·76 for the civil male population of England, or 7·37 for its healthier districts.

Incompetency of American Army Surgeons.—Several surgeons of Boston have addressed a letter to Surgeon-General Hammond, U. S. Army, representing that the sick and wounded require more careful attention and protection against neglect, and the performance of needless operations. They believe that a considerable proportion of the surgeons in the army are "incompetent as operators, and also incompetent to judge when operations are required, and at what time and under what conditions of the system they can be safely performed." They add: "We have reason to believe that the Profession has been disgraced by many of its members, who, having no just conception of the sacred duties of their calling, have entered upon it from wholly selfish and mercenary motives." They suggested a remedy that the Surgeon-General "appoint a sufficient number of surgeons, who shall be men of acknowledged ability and experience in surgical injuries and operative surgery to each corps d'armée, division, brigade, and depôt for the wounded, whose duty shall be a general supervision of the wounded, in examining personally, so far as can be done, all the wounded, whether on the field,, during or after battle, in a general or other hospital, or at any depôt for the wounded, and to decide as to the primary surgical treatment in the cases presented; and, if any operation is deemed necessary, to direct a suitable person to perform it, and at the proper time; and, furthermore, that no important operation, such as amputation of the large limbs, ligature of any of the principal arteries, or excision of bone, should be performed, except under great sudden emergency, till one or more members of this supervisory board shall have given his or their approval." In his reply the Surgeon-General acknowledges the incompetence of many Medical officers, and states that he has made every effort to secure qualified surgeons to superintend the operations on the battle-field, but without success. He adds: "I am free to confess that first class surgeons have not come forward for field service with the alacrity that is to be desired. ('American Medical Times.')

Sanitary Condition of the City.—Dr. Letheby, medical officer of health, has just presented his quarterly report on the sanitary condition of the City of London to the Commissioners of Sewers. The following are extracts: "642 births have been registered during the quarter, and 606 deaths. In the corresponding quarter of last year there were 839 births and 640 deaths; and the average numbers for the summer quarters of the last ten years are 808 births and 780 deaths. The falling off, therefore, in the proportion of births has been at the rate of nearly 20 per cent., and of the deaths about 23 per cent. Tubercular diseases have declined from a general average of 156 in the quarter to 138, alvine flux from 66 to 33, and chronic maladies from 187 to 164. Inflammatory affections of the lungs exclusive of phthisis, have, however, advanced from 56 in the quarter to 64, and zymotic diseases from 114 to 132. The chief increase in the latter has been from continued fever and measles; the former has advanced from an average of 28 deaths in the quarter to 38, and the latter from 15 to 42. The exact causes of this are not apparent. Fever of a low typhoid character has been very generally prevalent throughout the country, and we in the City have not been exempt from it. In the corresponding quarter of last year there were but 18 deaths from the disease; in the succeeding quarter the number advanced to 39, then to 44, and lastly to 53. That was the number returned in the spring quarter of the present year. So that, although the summer quarter is generally more prolific of this malady then the spring quarter, the number of deaths has actually declined from 53 to 38. The sickness returns among

the poor do not, however, show so favourable an aspect. In the corresponding quarter of last year the number of fever cases attended among the poor of the City by the union medical officers was but 46; in the present quarter it has been 263. In the spring quarter the number was 223; in the winter quarter 129; and in the autumn quarter of last year 141. There has, therefore, been a progressive increase of the malady for the last twelve months, and during the last three months it has reached its climax. Measles also have exhibited an erratic outburst of power, which is not easily accounted for. In the summer quarter of last year there were but 2 deaths from the disease, and in each of the two succeeding quarters there were but seven deaths; then, however, the number rose to 36, and in the last quarter it was 42. The rise and progress of these maladies appear to be clearly indicated by the advance and decline of the mortality returns; but the real causes of these fluctuations are not discoverable. That the worst localities of the City have been, as usual, the chief seats of the disease, is an undoubted fact; but then again there is no part of the City which has been entirely free from either of the maladies. The markets and slaughter-houses have been duly inspected, and the officers have seized 30,859 lbs. of meat and 1,357 head of game and poultry, as unfit for human food. 19,338 lbs. of the meat were diseased, 7,935 lbs. were putrid, and 3,586 lbs. were from animals that had died from accident or disease. It consisted of 100 sheep, 33 pigs, 5 calves, 207 quarters of beef, and 162 joints of meat. Lastly it may be mentioned that 20,394 lbs. of the meat were seized in Newgate and Tyler's Markets, 6,950 lbs. at Leadenhall, and 3,515 lbs. of it at Aldgate. All of it was at once sprinkled with carbolic acid—the creosote of coal tar—and then sent to the boilers. During the quarter three persons have been brought to justice and convicted for having sent diseased meat to the city markets."

Appointments.—R. T. Abbott, M.D., Assistant-Surgeon, Indian Service, has been appointed to the Medical charge of the Gwalior Agency, *vice* Assistant-Surgeon F. Crosbie, deceased.—John Anderson, M.R.C.S. Eng., L.S.A. Lond., has been appointed Junior House-Surgeon to the Manchester Royal Infirmary and Dispensary, *vice* William Owen Jones, M.R.C.S. Eng., L.S.A. Lond., promoted to the office of Senior House-Surgeon, in place of William Ravenscroft Heath, M.R.C.S. Eng., L.S.A. Lond., whose term of office has expired.—Valentine Walshman Blake, F.R.C.S. Eng., L.S.A. Lond., has been re-appointed one of the Honorary Surgeons to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, on the expiration of his term of office (ten years).—J. C. Bow, M.D., Assistant-Surgeon Indian Service, has been promoted to Surgeon, *vice* Henry Batson, M.R.C.S. Eng., retired.—H. A. Bruce, M.D., Inspector-General of Hospitals with temporary rank, Indian Service, has been promoted to be Inspector-general of Hospitals, *vice* G. McGinnon, M.D., C.B., retired.—G. S. Curdew, Deputy Inspector-General of Hospitals with temporary rank, Indian Service, has been promoted to be Deputy Inspector-General of Hospitals, *vice* Bruce.—J. C. Collins, Assistant-Surgeon Indian Service, has been promoted to Surgeon, *vice* Inspector-General of Hospitals C. McKinnon, M.D., C.B., retired.—Assistant-Surgeon F. Corbyn, Indian Service, Civil Assistant-Surgeon of Bareilly, has been appointed to take charge of Dr. A. P. Tomkyn's duties as Superintendent of the Central Prison at Bareilly, during Dr. Tomkyns' absence on sick leave.—Joshua Pasley Courtenay, L.R.C.S. Irel., Assistant-Surgeon R.N., January 26, 1860, has been appointed to the 'Excellent.'—Henry Edward Eastlake, M.D., L.K.Q.C.P. Irel., and L.M., M.R.C.S. Eng., and L.M., L.M. Univ. Edin., L.M. Rotunda Hospital, Dublin, has been appointed Accoucheur to the St. Marylebone General Dispensary, Welbeck street, Cavendish square, *vice* Alexander John Balmarno Squire, M.R.C.S. Eng., and L.M. L.S.A. Lond., resigned.—The posting of Assistant-Surgeon James Augustus Foy, Indian Service, M.R.C.S. Eng., to the 9th Regiment Native Infantry has been cancelled, and he is to continue to do duty in the Northern Division.—William Tennant Gairdner, M.D. Univ. Edin., F.R.C.P. Edin., Professor of the Practice of Medicine in the University of Glasgow, has been elected Physician to the Royal Infirmary, Glasgow, *vice* Joseph Bell, M.D. Univ. St. And., F.F.P.S. Glasg., deceased.—Peter Gentle, M.D., has been appointed House-Surgeon and Apothecary to the Northern Infirmary, Inverness, *vice* Robert Craig, M.B., resigned.—Assistant-Surgeon A. Guthrie, Indian Service, 3rd Battalion Rifle Brigade, has been appointed to the Medical Charge of Nynee Tall Convalescent Depot.—Ernest Abraham Hart, M.R.C.S. Eng, has been elected Ophthalmic Surgeon to St. Mary's Hospital, Paddington, *vice* William White Cooper, F.R.C.S. Eng. (exam.), resigned.—J. W. Johnston, M.D., Assistant-Surgeon Indian Service, has been appointed Civil Surgeon of Goojrat.—William Francis Nootl, M.D., Surgeon, R.N., January 26, 1855, has been appointed to the 'Egmont.'—William Cockerell Orford, M.R.C.S. Eng., L.S.A. Lond., has been re-appointed one of the Honorary Surgeons to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, on the expiration of his term of office (ten years).—G. Richard Pemberton, M.D., M.R.C.S. Eng., Assistant-Surgeon Indian Service, has been promoted to Surgeon, *vice* Surgeon-Major Major T. Alman Wethered, M.R.C.S. Eng., retired.—Mr. Frederick Petter has been appointed Dispenser to the Nottingham General Hospital, *vice* Mr. George Shepperley, resigned.—James Pollard, M.R.C.S. Eng., L.S.A. Lond. has been elected Medical Officer for the St. Mary Church District of the Newington Abbot Union, Devon, *vice* Henry Appleton, M.R.C.S. Eng., L.S.A. Lond., deceased.—J. C. Reed, M.D., Assistant-Surgeon 3rd Cavalry, Hyderabad Contingent, has been appointed to the medical charge of the 4th Cavalry (of which he was in temporary charge), *vice* Surgeon-Major, W. Mackenzie, resigned. Daniel Richardson, M.R.C.S. Eng., L.S.A. Lond., Medical Officer for the Western District of the Parish of Brighton, has been appointed to discharge the duty of the Medical Officer for the Northern District, the latter having been suspended. Edwin Hodgson Roe, M.R.C.S. Eng., L.S.A. Lond., has been elected Physicians' Assistant to the Manchester Royal Infirmary and Dispensary, *vice* Charles Hitchman Braddon, M.D., Univ. St. And., M.R.C.S. Eng., L.S.A. Lond., appointed Assistant Resident Medical Officer to the Bridge street Workhouse, Manchester.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 31.

Operations at Middlesex Hospital, 1 p.m.; St Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m.

Thursday, January 1.

Operations at St George's Hospital, 1 p.m.; Central London Ophthalmic, 1 p.m.; London Hospital, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; London Surgical Home, 2 p.m. Fibrous Tumour of Uterus, Excision of Hypertrophied Labium of Clitoris; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; Royal Institution, 3 p.m.—Professor Frankland, "On Air and Water." (Juvenile Lectures.)

Friday, January 2.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, January 3.

Operations at St Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Royal Institution, 3 p.m.—Prof. Frankland, On "Air and Water."—(Juvenile Lectures).

Monday, January 5.

Operations at Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, January 6.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

Mr. J. H.—The report forwarded to us has not sufficient interest for the Profession to justify its re-publication.

Dr. W. S.—1st. No.—2nd. No.

Medicus.—A private note has been sent.

Physiologist.—The fact is not remarkable; pachyderms generally being without a gall bladder.

A Subscriber.—It is difficult to advise you. As a rule we object to the employment of large doses of opium in delirium tremens, and have never seen any real advantage from them. Opium is undoubtedly very useful—almost a *sine qua non* in the treatment of that form of affection characterised by nervousness, tremors, gastric disorder, and mental depression caused by abuse of alcoholic beverages;—but we have no faith in it in cases of acute delirium tremens until the acute stage is passing away, when it has a sustaining and quieting effect. During the stage of excitement it is as well to avoid—if the friends will let you—too much interference with drugs. It will abate in due time. For many years past we have never been without cases of alcoholic poisoning under treatment, and this is the result of our observation. There is more difficulty in consoling friends than in curing the patient.

Lex.—You are quite right.

M.R.C.S. Eng.—There is every probability that the new establishment of St. Thomas's will consist of a town house and a country house. It is unnecessary to indicate the exact proportions; but this principle of distribution will be adhered to. We do not believe the City authorities would object to it. The authorities at St. Bartholomew's meditate the establishment of a country branch; and there was a talk at King's College some time since of having similar accommodation. St. George's has funds for the same purpose—or had—for they are now stupidly enough locked up in chancery. Under these circumstances, it would be an act of sheer barbarity, as well as shortsightedness, for the Governors of St. Thomas's to expend all their means upon a Metropolitan establishment. Rely upon it, every London Hospital will have a country branch ere long.

L.S.A.—The Act is not repealed; but as there is no probability of its being acted on, it is as good as dead.

W.T.—Chlorodyne is very generally esteemed to be a useful remedy. We do not know its composition, and, therefore, cannot advise in the dark.

Mr. Benson.—Yes.

Dr. Clarke.—Received with thanks.

Querist.—All his recent works were published by Renshaw, Strand.

A Subscriber (Leeds).—Attended to.

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